

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245446	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/09/2020
NAME OF PROVIDER OF SUPPLIER ASSUMPTION HOME		STREET ADDRESS, CITY, STATE, ZIP 715 NORTH FIRST STREET COLD SPRING, MN 56320	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and document review, the facility failed to ensure staff were being actively screened for signed and symptoms of COVID-19, upon entry to the facility. This had the potential to affect all 70 residents currently residing within the facility, as well as, all other facility staff and visitors. Findings include: South Cove and Heritage Way Units On 4/09/20 at 8:15 a.m., survey team entered the facility via the building's main entrance. The director of nursing (DON) took the temperature and asked COVID-19 symptom screening questions of the survey team, before allowing entrance to the facility. When interview, the DON stated that the facility did not have any presumptive or confirmed cases of COVID-19. During facility observations of both South Cove and Heritage Way units, from 9:00 a.m. - 10:39 a.m., it was observed that facility staff were wearing face masks (both commercially and homemade) during their assigned shifts. Furthermore, facility staff were observed performing hand hygiene when entering and exiting resident rooms. Although, the facility staff were wearing face masks to protect the facility residents and themselves from potential spread of infection, during facility staff interviews, the survey team was informed staff were self-screening prior to starting each of their shifts. In an interview on 4/9/20, at 9:04 a.m., environmental services (HSKP)-B stated that when she gets to work, she enters through the employee entrance to the employee breakroom, where she takes her temperature and answers questions on a sheet where she also writes her temperature. HSKP-B stated that if her temperature is high, she must call the nurse up front, and they will come back to check her out. An interview on 4/9/20, at 9:14 a.m., dietary aid (DA)-A stated that when she comes to work, they take their own temperatures and fill out a screen form. During an interview on 4/9/20, at 9:31 a.m., nursing assistant (NA)-B stated when she enters the building, they have been told to report to the breakroom, where they are to take their temperatures and fill out a symptom screen. NA-B stated that if any of the symptoms are noted, they are to call the nurse up front and are assessed. In an interview on 4/9/20, at 9:37 a.m., NA-C stated she checks her temperature in the breakroom and fills out a sheet with questions before coming on to the floor for work. An interview on 4/9/20, at 10:08 a.m., NA-D stated she checks her temperature in the breakroom and fills out a sheet with questions before coming on to the floor for work. During an interview on 4/9/20, at 10:12 a.m., NA-E also stated she checks her temperature in the breakroom and fills out a sheet with questions before coming on to the floor for work. In an interview on 4/9/20, at 10:17 a.m., HSKP-C stated she also checks her temperature in the breakroom and fills out a sheet with questions before coming on to the floor for work. NA-F also stated she checks her temperature in the breakroom and fills out a sheet with questions before coming on to the floor for work during an interview on 4/9/20 at 10:30 a.m. Cobblestone and Woodland Units During interview on 4/09/20, at 9:32 a.m, environmental services (HSKP)-A stated they were trained to enter the facility via the employee entrance. HSKP-A stated in the employee breakroom, they were to take their temperatures and fill out a illness questionnaire. HSKP-A stated she had heard the nurses were going to be doing the screening, but that had not yet happened. HSKP-A further stated that if they show any signs of illness symptoms while working, they are sent home. HSKP-A pointed out an email on the housekeeping closet wall, which indicated the following: soon we will be having someone in the breakroom taking your temps and giving you a mask at the beginning of your shift. During interview on 4/09/20, at 9:47 a.m. NA-A indicated that all employees were self-screening prior to reporting to their floor assignments. NA-A also stated she had heard that the nurses were going to be doing the screens, but had not yet started. NA-A stated that if they answered 'yes' to the screening questions, a nurse was to be informed. During interview on 4/09/20, at 10:10 a.m. licensed practical nurse (LPN)-A stated she was trained to check her own temperature and fill out the symptom screening after entering the employee breakroom by the employee entrance. LPN-A stated that if your temperature is elevated, or you answer 'yes' to one of the screening questions, an RN is informed to further assess. During an interview on 4/9/20, at 11:30 a.m. with the facility's infection control preventionist (ICP) stated that the facility staff were currently self-temping (taking their own temperatures) in the breakroom and filling out their own symptom screens. ICP stated that is concerns are noted with a temperature, staff were to contact a nurse already in the facility to come back and be assessed before going onto the floor. In an interview on 4/9/20, at 12:43 p.m. the director of nursing, when asked, stated they were aware that they should be actively screening all their employees before the start of their shifts. The DON stated that they would be starting it this coming weekend, while we had a lot of people working a lot of hours, and never got around to it. A review of the facility policy, entitled: Staff Screening (undated) indicated the following: Staff are to enter through the employee door at the beginning of their shift. They may leave through whatever door they please at the end of their shift but need to utilize the employee door when arriving. This is to limit the flow of traffic through specific doors. When staff arrive, they will take their temperature and fill out the screening form. If the staff answer yes to any of the questions on the screening form (or) have a temperature greater (than) or equal to 100.2 (degrees Fahrenheit), they are to obtain a mask immediately and locate a Registered Nurse (RN). If an RN is not available, then Charge Licensed Practical Nurse (LPN) who will then contact the on-call RN for guidance. The employee can not continue about their day until they have been cleared by nursing. If the RN suspects that the employee may have a respiratory illness, they are to have them return home and seek guidance from their physician</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.