

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/02/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEW BRIGHTON A VILLA CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>825 FIRST AVENUE NORTHWEST NEW BRIGHTON, MN 55112</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and document review, the facility failed to follow precautions and educate staff regarding personal protective equipment (PPE) in accordance with Centers for Disease Control (CDC) guidelines. In addition, the facility failed to follow directive of current federal and state government guidelines on Coronavirus Disease 2019 (COVID-19) to restrict all visitors who want to visit the facility, including family and friends, for 1 of 1 residents (R1) observed to have visitors. The facility also failed to ensure social distancing was maintained amongst staff according to current COVID19 federal and state government guidelines. This had the potential to affect all 86 residents residing in the facility. Findings include: When observed on 4/2/20, at 10:20 a.m. receptionist (R)-A exited the front of the facility, stood outside in the entry of building, touched the outside of the facemask, adjusted over the nose area with bare hands, then returned to the inside of the facility, sat at reception desk and touched desk and computer with unwashed hands. R-A did not perform hand hygiene/sanitizing after touching and adjusting the facemask. When observed on 4/2/2020, at 11:17 a.m. the infection preventionist (IP) touched outside of her mask, adjusted her mask, and did not complete hand hygiene following. When observed on 4/2/20, at 11:31 a.m. nursing assistant (NA)-A touched her nose, adjusted and touched the outside of the facemask, then went and sat at nurse's station, touched desk and computer. The facemask was worn below NA-A's nose. No hand hygiene/sanitizing was observed. When interviewed on 4/2/20, at 12:12 p.m. NA-A stated, I don't know why I had it down like that, it's just my eyelashes touch it so I had it down a little, I just didn't notice how far down it was. I am happy that someone said something about it. NA-A verified that it would not be proper use of the mask to have it below the nose. NA-A verified she had received previous training and was aware that the mask was to cover the mouth and nose. When interviewed on 4/2/20, at 12:10 p.m. R-A stated while wearing a mask, staff should, Try not to touch the mask with your hands. R-A verified that the string was the only thing that should be touched on the mask when removing. Hands should be immediately washed if touching mask. The facility's Education Sign-In Sheet for PPE masking dated 3/31/20, indicated NA-A was not on the sign out sheet as being re-trained in PPE masking procedure. The facility's Infection Prevention and Control Manual Interim Policy for Optimizing the Supply of Facemask's- COVID-19 Pandemic included, Employee must be careful not to touch or adjust facemask. If the facemask is touched or adjusted, immediately perform hand hygiene. R1's admission Minimum Data Set (MDS) dated [DATE], indicated R1 had moderate cognitive impairment. The MDS also indicated R1 required extensive assist of two persons for most activities of daily living and used a wheel chair for locomotion. R1's face sheet indicated R1's medical [DIAGNOSES REDACTED]. When observed on 4/2/20, at 11:21 a.m. R1 was lying in bed with three visitors at R1's open window. NA-A and Registered Nurse (RN)-A moved R1's bed up against the window. R1 was within 2 feet of visitors and the window was cracked open about five inches. NA-A stated, This is as far as the window will open, might need to call maintenance to see if they can get it to open further. The visitors had not been screened for signs/symptoms or exposure to [MEDICAL CONDITION] and were not wearing face masks. The visitors did not maintain social distancing. The visitors spoke with R1 through the open window and RN-A and NA-A exited the room. When observed on 4/2/20, at 10:36 a.m. R-A was sitting in chair at reception area, another staff member approached and leaned on the back of R-A's chair at the front desk which created less than 1 foot distance between them, not observing CDC guidelines of social distancing at 6 feet apart. On 4/2/20, at 11:30 a.m. IP and RN-A were observed standing closely together at a nursing cart near nursing station, not observing CDC guidelines of social distancing at 6 feet apart. When interviewed on 4/2/20, at 11:27 a.m. NA-A stated, They (residents) are not supposed to have any visitors for 2 weeks. NA-A stated, It was the first time that I have seen that as far as the window, they have been having families doing that - coming to the window, they just can't come inside. NA-A reported there were no precautions to NA-A's knowledge that family were supposed to be talking with the window visitation. When interviewed on 4/2/20, at 12:20 p.m. RN-A indicated family are allowed to visit as long as they are outside, and as long as they are 3 feet away from each other. When asked about visitor distance from R1, RN-A stated family was, about 1 foot distance from R1. When asked about precautions, RN-A stated, Right now everyone who is in contact with the resident should be wearing a mask. RN-A verified he was unsure and wanted further direction on this. RN-A verified with administrator and per administrator, visitors do not need mask for window visits. RN-A then verified with IP and per IP, staff should not be opening the window for visitors to be in direct contact with the residents. RN-A indicated that he was not aware of this, and felt that this should be conveyed to all staff. When interviewed on 4/2/20, at 12:35 p.m. the infection preventionist (IP) stated, Staff should have had the window closed and use the phones to communicate. IP indicated at this time they usually conduct visits through the front window which is fully closed and they use their cell phones to speak to one another. Furthermore, the IP addressed that all staff should be and would be educated on the policy and procedure. The facility's Infection Prevention and Control Guideline directed, Signs posted for symptomatic visitors to wear a facemask, maintain at least 3-foot separation from others. Per the CDC, [MEDICAL CONDITION] is thought to spread mainly between people who are in close contact with one another (within about 6 feet). The facility's Personal Infection Prevention Tips sheet dated 3/25/20 directed, Maintain social distancing-6 feet away if possible! The facility's Infection Prevention and Control Manual Interim Policy for Optimizing the Supply of Facemask's- COVID-19 Pandemic dated 3/20/20 directed, Secure facemask's in public areas and distribute to visitors in accordance with your visitor COVID-19 policy. The facility's Frequently Asked Questions - COVID-19 (Coronavirus) Updated: 3/16/20 indicated, CURRENT RESTRICTION STATUS: At this time, no visitors are permitted to the center. Accommodation will be made only for visitors to residents who are at end of life and in the state of actively dying. Any permitted visitors will be screened and subject to additional protocol, including confining visitation to the resident room only. The facility's Frequently Asked Questions - COVID-19 (Coronavirus) Updated: 3/16/20 indicated, Visitors, residents, and staff are expected to observe proper infection control protocol, including proper hand washing or the use of alcohol based hand sanitizers, covering their mouth when coughing or their nose when sneezing, maintaining safe distance from others (ideally keeping a separation of at least 6 feet), and minimizing direct contact with others.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER  
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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.