

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245052</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/16/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MOORHEAD REHABILITATION &amp; HEALTHCARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>2810 SECOND AVENUE NORTH MOORHEAD, MN 56560</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 0885  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and document review, the facility failed to notify residents, representatives and families with any confirmed cases of Coronavirus Disease 2019 (COVID-19), when two residents (R4, R5) and two employee (E1 and E2) tested positive for COVID-19, per current federal guidelines. In addition, the facility failed to provide cumulative updates weekly to residents, their representatives and families of any subsequent positive cases or respiratory illnesses. This deficient practice had the potential to affect all 29 residents, families and representatives at the facility. Findings include: Center for Medicare &amp; Medicaid Services (CMS) Center for Clinical Standards and Quality/Quality, Safety and Oversight Group (CMS QSO) memo 20-29 NH dated 5/6/20, required nursing homes to inform residents, their representatives, and families of those residing in facilities by 5 p.m. the next calendar day following the occurrence of either a single confirmed infection of COVID-19, or three or more residents or staff with new-onset of respiratory symptoms occurring within 72 hours of each other. The memo further directed facility's to provide cumulative updates at least weekly to residents, their representatives and families on any subsequent positive cases or respiratory illnesses. R4's quarterly Minimum Data Set ((MDS) dated [DATE], identified R1 had [DIAGNOSES REDACTED]. The MDS did not address R4's cognition. R4's [DIAGNOSES REDACTED]-COV-2 RNA (severe acute respiratory syndrome coronavirus 2 ([DIAGNOSES REDACTED]-CoV-2) [MEDICAL CONDITION] RNA (COVID-19), lab results dated 5/5/20, and resulted positive on 5/6/20. R5's 5-day Perspective Payment System (PPS) MDS dated [DATE], identified R2 had [DIAGNOSES REDACTED]. The MDS identified R2 was cognitively intact and was in isolation for active infectious disease at the time of the assessment. R5's [DIAGNOSES REDACTED]-COV-2 RNA lab result was obtained 5/11/20, and resulted positive on 5/12/20. Review of the facility's Employee Infection Control Spreadsheet for the month of May 2020, revealed a line listing, which identified various information which included: employee name, discipline, onset date, test date, and results. The spreadsheet listed two employees has been tested for COVID-19 following after 5/6/20. The spreadsheet identified the following: E1 had symptoms of cough and shortness of breath, was tested for COVID-19 on 5/6/20, resulted positive on 5/8/20. E1's [DIAGNOSES REDACTED]-COV-2 RNA lab result was obtained on 5/6/20, and resulted positive on 5/8/20. E2 was asymptomatic, was tested for COVID-19 on 5/20/20, resulted positive on 5/21/20. E2's [DIAGNOSES REDACTED]-COV-2 RNA lab result was obtained on 5/19/20, and resulted positive on 5/20/20. On 6/16/20, at 12:33 p.m. licensed practical nurse (LPN)-A who was identified by the facility as the infection control nurse, stated letters regarding new cases of COVID-19 were sent to residents and their family members/representatives after mass testing had been conducted in the facility in April. LPN-A stated she was not responsible for the notifications and indicated the facility administrator had delegated the task of notification to other employees. The facility provided a letter titled, Our Residents and Family Members, dated 4/4/20, which indicated a resident in the facility had tested positive for COVID-19. Actions taken to mitigate the spread were to screen staff, restrict visitors, and cancel activities. The facility was unable to provide any further documentation notifications were provided to residents, family/representatives. On 6/16/20, at 1:00 p.m. the nurse manager (NM)-A stated she was aware in the past the facility had sent out letters to residents, family members/representatives which served as notification of COVID-19 positive cases in the facility. NM-A stated she was unaware of what the facility was currently doing to notify residents, family members/representative of new cases of COVID-19. She indicated she understood the administrator was responsible for notifications. On 6/16/20, at 2:05 p.m. the administrator stated the facility had sent out a letter to families and residents in March and another letter in April 2020. She confirmed the facility had not updating residents and their families or representative since then. The administrator was aware of CMS's direction for notification of COVID-19 cases dated May, 2020, but stated the facility had not started this process. The facility policy titled COVID-19 Guidelines and Procedures for all facilities, updated June 2020, indicated any positive COVID-19 result or three or more residents or staff with signs or symptoms occurring within 72 hours of each other, notification would occur to families by 5:00 p.m. the following day. Subsequent notifications would occur each time as stated. In the notification, it should include any changes the facility would take to mitigate the spread. The facility would choose how the notification would occur, but they should be no less than weekly.</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.