

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245560	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/07/2020
NAME OF PROVIDER OF SUPPLIER EDGE BROOK CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 505 TROSKY ROAD WEST EDGERTON, MN 56128	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation and interview, the facility failed to ensure all staff wore source control masks in accordance with the Center for Disease Control (CDC) and Centers for Medicare & Medicaid Services (CMS) guidelines for COVID-19. Findings include: Interview on 4/6/20 at 9:30 a.m., with the infection control preventionist (ICP) identified the facility had an ample supply of face masks available for source control. She had received an emailed memo from the corporate office upon arrival to the facility that morning. Both she and the administrator were working to develop a facility policy for the use of source masks. The memo directed the facility to implement the use of those masks for source control as of 4/6/20. On 4/6/20, at 1:20 p.m. nursing assistant (NA)-A and NA-B were observed providing care to R4. Neither NA-A nor NA-B wore a source control mask while assisting R4. Both identified they had not received education on the CMS requirement to wear source control masks by staff at all times. During interview on 4/6/20, at 11:45 a.m. with the dietary manager (DM) identified the facility had not implemented use of source control masks in the facility. Over the past weekend, The DM was made aware a case of COVID-19 had been confirmed in the county. She identified the infection preventionist (IP) and administrator were working on a plan to implement source control masks, but had yet to do so. Interview on 4/6/20 at 12:05 p.m., with licensed practical nurse (LPN)-A identified the facility had no residents with symptoms of COVID-19. The facility had not ensured staff wore source control masks at the present time. Interview on 4/6/20 at 2:30 p.m., with NA-C and NA-D identified they had received education on infection control and use of PPE which had included competency of donning and doffing gowns and gloves. Both had not received any notification on the need to use source control masks when in the facility. Interview on 4/6/20 at 4:30 p.m., with the facility administrator identified he had received updates from either the facility's corporate office or CMS daily on the COVID-19 changes and/or recommendations. The facility had ample masks available to use for source control, but had not implemented those masks as he was unsure about the ability to acquire more due to the national shortages. He identified he had received an emailed memo dated 4/3/20, from the corporate office that would require staff to wear source control masks effective 4/6/20. Source control masks had not been implemented per CMS and CDC guidelines. The facility had no policy related to implementation of source control masks at the time of the survey.</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.