

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245544	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/13/2020
NAME OF PROVIDER OF SUPPLIER VICTORY HEALTH & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 512 49TH AVENUE NORTH MINNEAPOLIS, MN 55430	
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 implement a comprehensive infection control program to include the Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control and Prevention (CDC) COVID-19 Long-Term Care (LTC) Facility Guidance for all LTC facility personnel to wear face masks while in the facility. In addition the facility failed to cancel all group activities. This had the potential to affect 60 of 60 residents residing in the facility at the time of the COVID-19 Infection Control Focus Survey. Findings include: During observation on 4/13/20, at 9:53 a.m. the South Hall common area had 5 unidentified residents who were gathered for a morning activity, coffee and news. The residents were each assembled on blue tape X marks which were placed six feet from each other. There were eight X marks in the room. The two marks closest to the only door had residents on them. Activities person (A)-A was reading the newspaper to the residents. A-A was not wearing a face mask. Two unidentified staff members and one unidentified resident walked into the common area during this time and retrieved items from the vending machine. In doing so, they walked past several residents and did not maintain a six foot distance. They were not wearing face masks for source control. When interviewed on 4/13/20, at 10:01 a.m. activity aide (AA) -B indicated if the staff is not doing one on one cares with a resident the staff does not need to wear a mask. AA-A indicated she did not know the policy on wearing masks. On 4/13/20, at 10:06 a.m. interview with Social service director, indicated the facility had no active cases of COVID-19, so the staff do not have to wear a mask. The social service director was noted to go into a room and stand next to the resident's bed, pick up the water pitcher and bring it out into the hallway. During observation on 4/13/20, at 10:48 a.m. A-A entered resident (R1's) room and dropped off a newspaper. R1's side table was adjacent to and touching the resident's bed. A-A was not wearing a mask. A-A (not wearing a mask) stated staff were required to wear a mask when within six feet of someone. A-A then pulled a plastic bag containing a mask out of pocket and donned (put on) the facemask. A-A stated, I just placed the paper on the side table while (R1) was sitting on the bed. A-A verified and stated, We were discussing daily news section (during the morning activity) and before that was exercise. There are Xs on the floor (to place residents). We are still having group activities. If too many people (more than eight) then they have to leave. We try to keep them (the residents) talking and staff to keep them busy. On 4/13/20, at 11:00 a.m. a laundry staff was noted to be going in and out of residents rooms on the north hallway delivering clean clothes, without wearing a mask. Interview with laundry staff, indicated she was given a mask on Friday, with no specific instructions on when to wear it. On 4/13/20, at 11:10 a.m. the housekeeping supervisor was observed going into a residents rooms on the the north hallway without a mask on. The housekeeping supervisor indicate the facility did not have any cases, so she did not need to wear a mask. During observation on 4/13/20, at 12:18 p.m. the white board by the nurse's station indicated Monday April 13, 2020, 9:30 morning stretch, 10:00 daily news, 1:00 Busy cart (candy cart), 2:15 Jeopardy, 3:00 social hour. During observation on 4/13/20, at 12:06 p.m. the administrator was in the hallway and at the nurse's station without a facemask and in close proximity with several unidentified staff members. During observation on 4/13/20, at 12:28 p.m. nursing assistant (NA)-A delivered a room tray R2's room while NA-A's mask was down around chin not covering mouth or nose. NA-A placed mask up over mouth and nose when approached but then pulled it away from mouth and nose to speak. NA-A verified and stated, You should wear one (a mask) when talking to someone, anyone, staff or resident or standing too close. We use the same mask for two to three days. NA-A was within six feet during the interview. During observation on 4/13/20, at 12:37 p.m. NA-B was seated at a table in dining area assisting an unidentified resident with lunch. NA-B's mask only covered mouth and not nose. NA-B confirmed receiving training on how and when to wear a mask. NA-B stated, It should cover the mouth and the nose. When interviewed on 4/13/20, at 12:09 p.m. activities director (AD) stated, We are just doing the activities listed on the white board. We are trying to keep people six feet apart. We were finding before that if we don't have monitored activities they were congregating anyway. We used to have nine activities a day now we have two in the morning and about two or three in the afternoon. They are all on the white board. AD verified and stated, (A-A) should have had a mask on. AD further stated the facility has been slow use them due lack of supply. On 4/13/20, at 1:15 p.m. administrator stated, We are doing okay with supplies. I am keeping a weekly log of supplies. On 4/13/20, at 1:25 p.m. director of nursing (DON) stated, Staff are expected to wear mask everyday but since we do not have a positive case they are not wearing all the time. If someone is going to be doing direct care or within six feet they should have a mask on. DON further stated group activities have been minimized and are held in the main dining area so residents can be kept six to twelve feet apart.</p> <p>The facility's COVID-19 Action Plan for Health Care Facilities indicated the action, Cancel all group activities (including field trips outside facility) and communal dining, was not completed and did not have any comments. The facility document titled PPE Inventory Stock Count: Exclude on units indicated a supply of 300 masks on 4/10/20 and 900 masks on 4/13/20. The facility's April activities calendar indicated five group activities a day every day in April. The CMS communication dated 4/2/20, titled COVID-19 Long-Term Care Facility Guidance instructed facilities, For the duration of the state of emergency in their State, all long-term, all LTC facility personnel should wear a facemask while they are in the facility.</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.