

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245425</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/04/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THORNE CREST RETIREMENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1201 GARFIELD AVENUE ALBERT LEA, MN 56007</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 implement a comprehensive infection control program to include the Centers for Medicaid and Medicare Services (CMS) COVID-19 recommendations to ensure active screening and surveillance of staff for potential COVID-19 symptoms before entering the facility and having contact with the residents. This had the potential to affect all 40 residents who resided at the facility. Finding include: On 5/4/20, at 9:00 a.m. the building's main entrance had stop signs posted on the entrance doors directing no visitors allowed. The doorbell was rang, and surveyors were greeted and allowed entrance into lobby by receptionist-A. Receptionist-A instructed surveyors to sanitize hands, fill out screening sheet, take temperature, and then left the area. A table was located next to facility entrance door that included hand sanitizer, screening sheets on a clip board, a visitor and employee screening log tool, alcohol pads, two temporal thermometers, source control masks, and signs including: Please use hand sanitizer first thing when you walk in; Please take your temperature and record it on the sheet, visitors must wear mask, please fill out form and bring to front desk; STOP if you answered YES to any of the COVID-19 screening questions, please do not enter the main lobby area. You must immediately contact our director of nursing, or our nurse manager BEFORE proceeding into the building; Your temp should be between 95-99. Please check with nurse if above or below; Thermometer disinfection process: 1. after each use of the thermometer it must be disinfected before the next person uses it. 2. Use one (1) alcohol swab and completely wipe the thermometer down including the scanning area and the handle. If the thermometer is visibly soiled, clean with a first swab and then disinfect with a second swab. 3. Allow there thermometer to completely air dry. Surveyors were allowed to screen themselves independently and were then brought to a conference room by DON. During interview on 5/4/20, at 9:15 a.m. receptionist-A indicated no visitors were allowed, except for essential providers such as hospice. Receptionist-A further verified she did not have to complete the screening on the visitors, only instruct them to complete themselves. The receptionist-A further indicated a supervisor was present at change of shift. During interview on 5/4/20, at 11:30 a.m., a dietary aide (DA-A) was delivering trays to residents in their room. DA-A verified she starts her shift at 5:30 a.m., and that she takes her temperature, records it and answers the COVID 19 screening questions. There is not another staff member screening her. During interview on 5/4/20, at 11:35 a.m., DA-B was delivering trays to resident rooms. DA-B indicated that she takes her own temperature, records it and answers the COVID 19 screening questions, and another staff member was not involved in screening her. She verified that once she arrived in the kitchen the cook would ask her if she had done her screening at the entry door. On 5/4/20, at 11:45 a.m. the DON stated staff were screened daily upon arrival to work, and staff arriving at alternate times were to be screened by their department supervisor. However, the DON identified the department supervisors were probably screening themselves in, and was not aware dietary staff had been screening themselves. The DON stated the facility could tighten the process up. The facility policy COVID-19: visitation Restriction guidance for Residential Care Facilities in Minnesota dated 3/25/20, directed visitors and essential health care providers should be actively screened prior to any visit. Essential health care workers include but are not limited to facility staff, therapists, home health, hospice providers, [MEDICAL TREATMENT] staff, physicians, necessary lab/X-ray staff, clergy, mobility drivers for transport to essential appointments, local public health, the ombudsman, state agency survey staff, and Minnesota Department of Human Service (DHS) staff. Any essential health care provider exhibiting acute respiratory symptoms will be prohibited from entering the building.</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.