

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245375	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER STERLING PARK HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 142 NORTH FIRST STREET WAITE PARK, MN 56387	
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 ensure all staff entering the facility were being actively screened (screened by another employee) and failed to cancel all group activities for residents, for the prevention and potential transmission of COVID-19. This had the potential to affect all 32 residents currently residing in the facility at the time of the COVID-19 Focus Survey. Finding include: Upon entering the facility on 4/30/20, at 9:00 a.m. the administrator stated the facility had three residents test positive for COVID-19. One resident was still in the facility and the other two residents were currently hospitalized. The facility had a separate COVID-19 wing that house the current COVID-19 resident along with residents with potential exposure to COVID-19. SCREENING During interview on 4/30/20, at 10:27 a.m. registered nurse (RN)-A stated she entered the facility through the back door and checks her own temperature, fills out a COVID-19 questionnaire, grabs her goggles and mask, and clocks in for work. She stated she is able to check her own temperature as she was trained to do so. During observation on 4/30/20, at 10:54 a.m. the back employee entrance. There was a table set up with disinfecting wipes, screening tools, thermometer and walkie talkie. There was no staff present at the back entrance. There was a sign on table directing staff to call the nurse with walkie talkie to be screened. The administrator stated staff were able to screen themselves, if they have been trained to do so (nurses). All other staff were to call with the walkie-talkies, to have a nurse come and check their temperatures. During interview on 4/30/20, at 11:05 a.m. dietary assistant (D)-A stated they entered the facility through the back door. They filled out their own screening questions, took their own temperature and recorded it. Sometimes there was someone already at the back entrance to complete the screening and other times there was not anyone present. D-A had attempted to use the walkie talkie when staff were not present; however, no one came to the back to complete the screening process. During interview on 4/30/20, at 11:08 a.m. physical therapy assistant (PTA)-A stated she entered the facility through the back employee entrance. Staff was not present to screen the staff. PTA-A obtains their own temperature and records it along with answering the COVID-19 symptom screening questions. Occasionally there are staff present to witness the screening like the maintenance staff. During interview on 4/30/20, at 12:15 p.m. the director of nursing (DON) stated per facility protocol staff were to call nurses to be screened prior to starting their shift. No one should be performing their own screening upon entering work. Further, the facility started having staff check and record their temperatures upon leaving the facility. The staff were instructed to check their own temperature upon leaving at end of shift, this could have confused the staff. The undated facility policy Accura Health, included, Employee screening: Any team member who has been appropriately trained may perform the screenings on employees. Nurses do not have to be the only team member responsible for the screenings employees. Please ensure and document that the staff you choose to perform the screening have been educated on the screening tool and that they are to immediately report positive responses to the DON/designee before allowing staff to come into the building. ACTIVITIES During interview on 4/30/20, at 9:15 a.m. the administrator stated residents were still participating in group activities. All group activities were completed with 10 or less people including the staff, and were kept at least 6 feet (ft) apart. The facility was still providing group activities like church, chair yoga, and bingo. During interview on 4/30/20, at 10:17 a.m. nursing assistant (NA)-A stated residents were still participating in church and bingo. Activity groups were kept to less than 10 residents and are spaced 6 feet apart. During interview on 4/30/20, at 10:35 a.m. (NA)-B stated residents were still participating in small group activities. They were keeping residents 6 ft. apart and no more than 10 residents in the activity. During observation in 4/30/20, at 11:13 a.m. a puzzle table was in the extended dining/activity areal. The puzzle pieces were out on the table and the puzzle was in process of being completed. During interview on 4/30/20, at 12:15 p.m. the DON stated facility was still encouraging activities in small groups less than 10. Usually only 5-6 residents participate in the group activities. Activities were being done in the big dining area with residents being 6 feet apart. Staff were disinfecting bingo cards with bleach after use. The provided undated Activity Log identified the following current group activities: On 4/23 group exercise (chair), jokes, inside sterling walkers, and treat cart. On 4/24 rosary and positive news. On 4/25 bingo and snack social. On 4/26 bingo and word finds. On 4/27 group activities, positive news, bingo and snacks. On 4/28 group exercise (chair), trivia, rosary, and word scrambles. On 4/29 group exercise (chair), reminiscing topics, bingo and snacks.</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.