

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245499	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER CALEDONIA REHABILITATION & RETIREMENT CENTER		STREET ADDRESS, CITY, STATE, ZIP 425 NORTH BADGER STREET CALEDONIA, MN 55921	
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)		
E 0024 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many F 0880	<p>Establish policies and procedures for volunteers.</p> <p>Based on interview and document review the facility failed to develop an emergency staffing plan which had the potential to effect all 41 resident in the facility. An emergency preparedness (EP) policy related to staffing during an emergency was requested, was not provided. According to a telephone interview on 4/22/20, at 10:03 a.m., the facility administrator said they discussed possible plans for staffing adjustments; however, administrator confirmed the facility did not have a EP policy related to emergency staffing.</p> <p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and document review the facility failed to actively screen staff and visitors upon entrance to the facility. In addition, the facility failed to properly disinfect equipment between resident uses. Findings include: On 4/16/2020 at 9:30 a.m., surveyors entered the facilities entry way and observed a tray table with masks, gloves, gowns, bottle of hand sanitizer and a wall mounted hand sanitizer, sign in sheet with symptom check questions, thermometer in small container with alcohol wipes, signs posted included an instruction sheet that read, stop, you must check temperature and wear a mask before entering the facility per Centers for Disease Control and Prevention (CDC) guidelines dated 4/5/2020, and an instruction sheet on how to use the thermometer. During observation and interview on 4/16/2020 at 9:33 a.m., family member (FM)-A and FM-B entered the buildings entry way neither one used hand hygiene. FM-B took the thermometer and obtained FM-A temperature and placed the thermometer back in the container without wiping it down. FM-B assisted FM-A with mask and gown. FM-A placed coat and cane on the tray table of the PPE supplies. FM-A wrote name and temperature on sheet but did not answer the screening questions. FM-A proceeded to enter the facility through the next set of doors. FM-B said that the facility just started to allow FM-A to come visit since significant other was in the dying process. FM-B left the building. The administrator and director of nursing (DON) came to the entry area where they were updated of the process and screening process for staff and visitors. DON confirmed that staff and visitors have been self-screening. A dietary aide (DA)-A entered the facility and was observed to not perform hand hygiene. DON asked DA-A to check back in on the screening sheet and the DON then screened DA-A after surveyor updated DON staff were not to screen themselves. Surveyors had asked DA-A to perform hand hygiene before proceeding through the next set of doors. DON asked surveyors to complete the screening sheet. During an observation on 4/16/2020 at 9:58 a.m., maintenance (MAINT)-A entered the west entrance door. MAINT-A proceeded to pick up the thermometer, opened the alcohol wipe packet and wiped off the end of the thermometer. MAINT-A placed the thermometer on the forehead, looked at the reading and proceeded to repeat the process two more times then placed the thermometer in the yellow bin on top of the alcohol wipe packets. MAINT-A completed the screening questions independently, mask on, used the hand sanitizer and proceeded through the doors into the hallway. During an interview on 4/16/2020 at 10:00 a.m., housekeeping (HCKP)-A stated staff perform self-screening at the west entrance. During interview on 4/16/2020 at 10:05 a.m., MAINT-A verified the thermometer was not cleaned after use. MAINT-A stated alcohol wipes are there to clean before taking temperature. MAINT-A stated was unaware thermometer needed to be wiped down after use. During an interview on 4/16/2020 at 10:22 a.m., physical therapist (PT)-A stated staff have been doing self-screening upon entrance. During an interview on 4/16/2020 at 10:30 a.m., registered nurse (RN)-A stated all staff perform self-screening at the west entrance. During an interview on 4/16/2020 at 10:59 a.m., nurse aide (NA)-A stated all staff self-screen every time entering the facility. NA-A stated staff take own temperature, answer the questions, and apply new mask each time they enter the facility. NA-A stated visitors self-screen and are required to wear mask, gown, and gloves.</p> <p>EQUIPMENT CLEANING During an observation on 4/16/2020 at 12:15 p.m., NA-B exited resident room with ez-stand carrying small garbage bag. NA-B left ez-stand outside doorway. NA-B disposed of garbage and used hand sanitizer. NA-B then moved ez-stand into another resident room without being disinfected. NA-B exited the room at 12:30 p.m. and placed ez-stand in hallway and was not observed to be disinfected. During an interview on 4/16/2020 at 12:33 p.m., NA-B stated had been educated on infection control, hand hygiene, personal protective equipment (PPE), etc. NA-B verified ez-stand was to be cleaned between residents. NA-B confirmed disinfection was not completed. NA-B stated there is usually sani-wipes in the bag on the ez-stand and vital sign machine. NA-B confirmed there was not any sani-wipes on either machine or in the area. During an interview on 4/16/2020 at 12:37 p.m., NA-C stated staff should be disinfecting equipment in between residents and that equipment should be wiped down right after using. NA-C stated wipes should be available on the equipment. During an interview on 4/16/2020 at 12:40 p.m., DON stated supplies are available for staff to obtain as necessary. DON confirmed sani-wipes should be on the equipment and used in between residents. Facility policy on Equipment Cleaning and Disinfection to Prevent Spread of Coronavirus Disease 2020 indicated all e-z stand, hoist lifts, blood pressure cuffs, pulse oximeter's, stethoscopes, bath/shower chairs, thermometers, etc. will be cleaned after every resident use by spraying with EPA-registered disinfectants and leaving on surface or scrubbing per disinfectants recommendations.</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.