

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245245	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER HERITAGE MANOR		STREET ADDRESS, CITY, STATE, ZIP 321 NORTHEAST SIXTH STREET CHISHOLM, MN 55719	
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 COVID-19 guidance to ensure immediate screening and surveillance of staff members for potential COVID-19 symptoms before entering the facility and having contact with the residents. This had the potential to affect all 68 resident's currently residing in the facility. Findings include: On 4/13/20, at 8:00 a.m. the main entrance provided signage and information related to COVID-19 to ensure immediate screening and surveillance of staff and visitors for potential COVID-19 symptoms before entering the facility and having contact with the residents. In addition, upon entrance into the facility, a table with individually labeled brown bags to properly store employee reusable masks was observed. On 4/13/20, at 8:36 a.m. nursing assistant (NA)-A was interviewed and stated she completed the COVID-19 screening herself. NA-A further stated she would report a temperature of over 99.9 to the registered nurse (RN) on charge located at the Unit one nurse's station. On 4/13/20, at 8:36 a.m. NA-B stated staff complete the COVID-19 screening at the beginning of each shift themselves. NA-A further stated she would report a temperature of over 99.9 to the director of nursing (DON) or a nurse located at Unit one nurse's station. On 4/13/20, at 8:22 a.m. RN-A was interviewed and stated staff complete their own screening when they enter the facility. RN-A stated staff sanitize their hands, complete the screening, take their temperature and retrieve their personal mask in the labeled brown paper bags. RN-A further stated she would report a temperature of over 99.9 to the nurse in charge located at Unit one nurse's station. On 4/13/20, at 9:50 a.m. record review of facility white binder located in main entry screening area which included individual monthly employee COVID-19 screenings revealed 19 employee COVID-19 screenings lacked temperatures and completed questionnaires. On 4/13/20, at 10:02 a.m. the director of nursing (DON) stated staff do self-screening for Covid-19 symptoms when they arrive to work. The DON stated staff enter through the main doors and walk directly to the screening station located in main entry. The DON stated the employees would have to go to the nurse's station to report a change in condition such as a temperature. The DON verified numerous employee COVID-19 screenings were lacking proper surveillance and temperatures. On 4/13/20, at 11:35 a.m. the DON verified numerous employee COVID-19 screenings for the month of April, 20, were not completed accurate. The DON stated there was not proper oversight and implementation of surveillance for signs and symptoms of COVID-19 and or other infectious diseases for facility employees. The facility document Facility Focused Survey dated 4/2/20, directed a screener would be staffed at main entrance to ensure all employees completed proper COVID-19 screening prior to entering facility. The facility document COVID-19 Facility Update dated 3/26/20, directed all employees or anyone entering the building must have a temperature taken upon entering and complete the COVID-19 screening. The facility memorandum dated 3/30/20, included all staff need to enter through the main entrance to ensure COVID-19 screening is completed prior to walking around 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.