

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 24E150	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/13/2020
NAME OF PROVIDER OF SUPPLIER GRAND AVENUE REST HOME		STREET ADDRESS, CITY, STATE, ZIP 3956 GRAND AVENUE SOUTH MINNEAPOLIS, MN 55409	
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 follow Centers for Medicare & Medicaid Services (CMS) guidance QSO-20-14-NH for actively screening staff in accordance with Centers for Disease Control (CDC) guidelines for COVID-19. In addition, the facility failed to ensure proper infection control practices by not utilizing the temperature threshold recommended by the CDC for screening, failure to wear eye protection when providing direct care to residents, and failure to adhere to CDC and Occupational Safety and Health Administration (OSHA) guidelines for mask utilization. This had the potential to affect all 19 residents who resided in the facility. Findings include: During an interview on 5/11/20, at 9:30 a.m. licensed practical nurse (LPN)-A stated a nurse screens employees and visitors upon arrival to the facility. Screening consisted of an active process of checking an individual's temperature and asking Covid-19 screening questions. However, nurses were permitted to check their own temperature and document their own screening questions resulting in a passive screening process. Furthermore, LPN-A stated an employees' temperature was required to be under 100.4 degrees Fahrenheit (F) in order to work. During an interview on 5/11/20, at 9:30 a.m. office manager (OM)-A stated they had not implemented eye protection for employees, stating these ladies haven't been outside in seven weeks. OM-A indicated she was not aware of the CDC recommendation for eye protection. In addition, OM-A reported residents are screened for Covid-19 symptoms twice a day and the temperature threshold was 100.4 degrees F, above the CDC recommendation of 100.0 degrees F. During an observation and interview on 5/11/20, at 9:30 a.m. the office manager, nurse, activities personnel, cook and housekeeper were observed wearing N95 masks which, according to the CDC, are intended for use when providing care for patients with suspected or known Covid-19. OM-A stated there were no suspected or known Covid-19 residents in the facility, but cloth masks aren't effective enough so staff were given N95 masks. OM-A verified that OSHA-required medical clearance had not been completed nor was the required fit testing done prior to issuing N95 masks to employees, nor was there a plan in place to do so. OM-A's mask, which was originally white in color appeared dirty and grayish in color. OM-A was observed touching it frequently as she spoke and indicated she was unaware to avoid touching the outside of the mask, and if touched, to wash hands. During an interview on 5/11/20, at 10:10 a.m. the N95 mask of activities employee (AE)-A was observed to have a colored drawing on the outside center of it. (AE)-A stated she did the drawing on her mask and was not aware this may have reduced the integrity of the mask. During an interview and observation on 5/11/20, at 10:20 a.m. LPN-A stated staff reused their N95 mask for seven shifts and stored them in Ziploc bags between shifts. Masks in Ziploc bags were observed pinned to a bulletin board in the front office rather than in a breathable container such as a paper bag. LPN-A stated she was unaware masks should be stored in a breathable container. During an interview and observation on 5/11/20, at 10:30 a.m. housekeeper (H)-A's N95 mask, originally white in color, was now grayish in color. H-A was observed pinching the mask to adjust it as she spoke, to the point where there was a gray fuzzy protrusion on the center of the mask. (H)-A stated she was not aware that she should not touch the outside of her mask and was unaware the mask should be changed if soiled. In addition, one of the two straps on the N95 mask was not secured to her head but rather under her chin. When pointed out, (H)-A stated the mask felt too confining with both straps secured. During an interview and observation on 5/11/20 at 10:40 a.m. the N95 mask for cook (C)-A slipped down on her face as she spoke causing her to frequently adjust and push it back up. The mask appeared gray and dirty. C-A stated staff got a new mask after seven days. During an interview on 5/11/20, at 11:15 a.m. OM-A stated they had no policy regarding masks, including which mask to use in specific clinical circumstances, no policy addressing proper handling of masks, and no policy indicating how long a N95 mask could be reused. OM-A stated the rationale to wear masks for seven days was due to having a limited supply of N95 masks; however she did not know what the supply of N95 masks were as they were at her home. The decision to wear N95 masks was for extra precaution although there were no residents who had Covid-19 or who had symptoms of Covid-19. OM-A stated she had 100 surgical masks, but were not using them. During an exit interview via telephone on 5/13/20, at 2:35 p.m. the administrator, OM-A and director of nursing (DON) were informed their screening temperature of 100.4 degrees F utilized for residents, staff and visitors was higher than the temperature of 100.0 degrees F. recommended by the CDC. The administrator stated he knew the temperature should be 100.0 degrees F and had corrected it. During record review the two documents listed below reflected the screening temperature for residents, staff and visitors to be 100.4 degrees F. Facility policy titled GRAND AVENUE RESIDENCE COVID-19 (sic) OUTBREAK, dated 3/30/2020 indicated: Policy: Even before a confirmed outbreak occurs within the facility, we will take steps to reduce exposure. If an outbreak occurs, we will mitigate widespread contamination of staff and residents and treat the infected residents to the best of our ability and that of the healthcare system. --Screening of visitors and staff may occur. When this is implemented, use the screening tool to document. --When at high risk or during an outbreak, we suspend visitations, activity outings and unnecessary appointments to protect residents and staff. All personnel who are not employees and need to come into the building will wear a mask. Doors are locked 24x7 and anyone wishing to enter will need to call the office for clearance. All staff will wear a mask during this time. --Staff will wear protective equipment as needed when caring for residents who are ill and performing direct care: Gloves, masks, gowns, shields, etc. --Take vitals and listen to lung sounds at least once per shift. Temperatures will be taken at least twice per shift. Definition of fever is single oral greater than 100.4 degrees F. It is best to look at resident baseline temp. --When a temp reaches 101 F and if any diminishing lung sounds, call MDH for advice. Facility document titled GRAND AVENUE RESIDENCE - EMPLOYEE COVID-19 (sic) TRACKING TOOL, updated 04/25/2020 indicated: --Use one form per day starting with the 7-3 shift. All staff must check in with nursing. --Please complete each box. Fill in the time, your name and initial the other boxes as appropriate. --If you have symptoms of COVID-19 (sic), immediately notify the Director of Nursing. There were nine columns on the tracking tool which included time, staff name and six symptom-screening questions. Last column read: Temp (F) Must be below 100.4 F.</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.