

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245379	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER KENYON SUNSET HOME		STREET ADDRESS, CITY, STATE, ZIP 127 GUNDERSON BOULEVARD KENYON, MN 55946	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to implement a symptom screening for all residents, failed to cancel communal dining and failed to ensure staff were entering the same entrance for screening upon the start of their shift. In addition, the facility failed to ensure masks were appropriately applied for 2 of 3 dietary aides (DA-A, DA-B) observed working in the kitchen. These deficient practices identified during the covid-19 infection control survey have the ability to effect all 16 residents, staff and visitors in the building. Findings include: During interview on 4/21/2020, at 12:52 p.m. licensed practical nurse (LPN)-A said staff only documented on symptoms and temperature for residents that were quarantined. LPN-A stated residents eat in the main dining room, two residents at a table, six feet apart. LPN-A stated the facility was waiting on supplies for the residents to be able to eat in their rooms. During interview on 4/21/2020, at 1:11 p.m. nursing assistant (NA)-A stated as soon as they get all of the equipment, residents will be eating in their rooms. NA-A stated right now residents are eating in the dining room two at a table and six feet apart. NA-A stated we were hoping to start having residents eat in their rooms last week. During interview on 4/21/2020, at 1:37 p.m. NA-B stated residents were eating in the dining room, two at a table and were six feet apart from each other. During an interview on 4/21/2020, at 2:06 p.m. the director of nursing (DON) stated residents were eating in the dining room spaced six feet apart. The DON stated the facility did not have enough plate covers and they have been waiting for the covers. The DON stated she thought this was fine because if they had a resident who had any respiratory symptoms they have them eat in their room. During an interview on 4/21/2020, at 2:28 p.m. LPN-B stated staff monitored for symptoms and documented in the nursing notes. LPN-B stated they were not taking temperatures or monitoring oxygen saturations of residents as a part of the screening process. LPN-B stated they only document on a resident for screening when they are showing symptoms. During an interview on 4/21/2020, at 2:35 p.m. the DON stated if a resident did not show symptoms we are leaving them be. The DON stated if they (residents) are showing symptoms, we document in progress notes. The DON stated that for a hospital admission there was a standing order and nursing checked the temperature of the resident once a day. The DON stated they only monitor oxygen saturations if the resident was on oxygen or if they were showing signs of hypoxemia. The DON stated she thought it was a recommendation if you have a resident in the building with covid-19, you needed to start symptom-screening residents. The DON verified the facility was not currently monitoring for covid-19 symptoms of residents.</p> <p>During an observation on 4/21/2020, at 12:30 p.m., on cart behind front entrance desk there was a instructional sheet of how to apply a mask, a bin with lid of cloth masks, box of surgical masks, and plastic containers with masks in them. During an interview on 4/21/2020, at 1:00 p.m., nurse assistant (NA)-C stated all staff and visitors come thru the front door and all other doors are locked. NA-C stated cloth masks are available in a bin at the entrance for non-direct care staff and direct care staff wear surgical masks for up to 5 days. NA-C stated there is 2 residents to each dining table for meals but thinks there is a meeting about changing the practice to residents eating in their rooms. During an interview on 4/21/2020, at 1:25 p.m. therapy department (TD)-B stated the therapy department is using peroxide multi-surface cleaner on equipment and not sure if it has to sit for a period of time or not. TD-B stated there was no instruction or education on how to use. TD-B stated they used to use the sani-wipes with a purple top for disinfecting but went through a lot so thought that is why it was changed. During an observation and interview on 4/21/2020, at 1:47 p.m. dietary aide (DA)-A was observed wearing cloth mask below the nose. DA-A stated the mask keeps falling off. DA-A stated they had been educated on mask use and when to replace the mask. DA-A walked with surveyor to front entrance area to obtain a new mask. During an observation and interview on 4/21/2020, at 1:53 p.m., licensed practical nurse (LPN)-B was walking from kitchen/dining area to front entrance. LPN-B stated she came in kitchen entrance and placed items in locker prior to coming to front entrance. LPN-B stated kitchen entrance is unlocked during day and locked in the evening. During an interview on 4/21/2020, at 2:05 p.m., dietary manager (DM)-C stated residents have been eating in dining area spaced apart but that there is a meeting to discuss changing to in room dining. DM-C stated the eating in rooms was first recommended but now mandated. DM-C stated all dietary staff required to wear cloth mask and stated it was ideal to wear over the nose. During the interview, surveyor and DM-C observed DA-B coming out of kitchen area into dining area with cloth mask below the nose. DM-C stated there was only hand hygiene competency but not mask. DM-C stated staff will be re-educated and address DA-B regarding mask. Document review of Peroxide Multi Surface Cleaner and Disinfectant (https://www.ecolab.com/offerings/all-purpose-cleaning/peroxide-multi-surface-cleaner-and-disinfectant) indicated features and benefits of broad disinfection claims with 3-5 minute kill time, effective against emerging [MEDICAL CONDITION] pathogens, no PPE required when diluted according to label directions. The facility policy on Donning and Doffing PPE (personal protective equipment) effective date 3/1/2020, indicated instructions for donning a mask include: secure ties or elastic bands at middle of head and neck or behind ears if surgical mask with elastic bands, fit flexible band to nose bridge, and fit snug to face and below the chin. Instructions for doffing a mask included the following steps: front of mask/respirator contaminate. Do not touch, grasp only bottom then top ties/elastic and remove, and discard in waste container. The policy indicated if hands become contaminated while removing PPE, to provide hand hygiene before continuing steps. The policy also included safe work practices of keeping hands away from face, work from clean to dirty, limit surfaces touched, change when torn or heavily contaminated, and perform hand hygiene. The facility policy and procedure on Cleaning and Disinfection effective dated 4/14/2020 indicated that Kenyon Senior Living is responsible for appropriately cleaning and disinfecting our facility and employees are educated on performing proper cleaning, disinfecting, laundry, and waste removal. The procedure indicated staff will wear gloves to clean and disinfect and other PPE may be necessary as well,</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.