

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OF SUPPLIER ECUMEN LAKESHORE		STREET ADDRESS, CITY, STATE, ZIP 4002 LONDON ROAD DULUTH, MN 55804	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and document review, the facility failed to ensure staff were wearing eye protection while in resident rooms. This had the potential to effect all 30 residents who resided in the facility. Findings include: R5's Admission Record printed on 6/24/20, indicated R5 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. R5's room had a contact precaution sign on the door. -At 9:19 a.m. RN-A and nursing assistant (NA)-A exited R5's room. RN-A was interviewed at that time, and stated eye protection was not needed when entering a resident room who was in contact isolation. RN-A stated only a mask, gown, and gloves were necessary. RN-A stated staff only needed to wear eye protection when entering the room of a resident on modified droplet isolation. -At 9:26 a.m. NA-A was interviewed. NA-A stated eye protection was only to be worn when caring for new residents, because they were on modified droplet precautions. -At 10:02 a.m. physical therapy assistant (PTA)-A was interviewed. PTA-A stated eye protection was worn only when with residents in modified droplet precautions. R6's Admission Record printed on 6/24/20, indicated R6 was admitted to the facility on [DATE], with [DIAGNOSES REDACTED]. R6 was on modified droplet precautions. -At 11:51 a.m. NA-B entered R6's room wearing a mask. NA-B had eye protection on the top of her head. -At 11:55 a.m. NA-B was interviewed. NA-B stated she forgot to put on her eye protection prior to entering R6's room. NA-B stated she was aware she should have worn eye protection. -At 12:38 p.m. RN-B was interviewed. RN-B stated she would expect staff to wear eye protection when caring for any resident. -At 12:58 p.m. the director of nursing (DON) was interviewed. The DON stated staff should wear eye protection all of the time when taking care of residents. The facility document Responding to and Monitoring COVID-19 Exposures in Health Care Settings dated 6/8/20, directed to institute use of eye protection (e.g., face shield, goggles) during all patient care encounters as a way to reduce COVID-19 exposure risk, now that [DIAGNOSES REDACTED]-CoV-2 is circulating. Eye protection is recommended for all routine outpatient, acute care, and long-term care encounters when PPE supplies allow. The facility policy Infection Control Time Out undated, directed staff to check to make sure they had the appropriate PPE, which included eye protection and facemask (or face shield) at all times. The Minnesota Department of Health (MDH) Toolkit dated 6/5/20, directed staff to institute the use of eye protection during all resident care encounters.</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.