

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245227	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER BAYSHORE RESIDENCE & REHAB CTR		STREET ADDRESS, CITY, STATE, ZIP 1601 ST LOUIS AVENUE DULUTH, MN 55802	
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 comprehensive infection control program to include the Centers for Medicaid and Medicare Services (CMS) COVID-19 recommendations to ensure active screening and surveillance of staff for potential COVID-19 symptoms before entering the facility and having contact with the residents. In addition, the facility failed to discontinue communal dining and maintain appropriate social distancing for residents who required supervision and/or feeding assistance for residents (R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, and R13). In addition, the facility failed to implement and follow appropriate measures to assess residents for symptoms of COVID-19 which included to monitor resident temperatures daily for 2 of 3 residents (R1, R2) reviewed for COVID-19 screening. In addition, the facility failed to ensure staff education regarding COVID-19 was completed by all staff. In addition, the facility failed to implement Disease Control and Prevention (CDC) criteria for returning to work for healthcare personal with confirmed or suspected COVID-19. In addition, the facility failed to apply appropriate personal protective equipment (PPE) prior to entering a resident room, whom was on contact precautions, and coming into direct contact with the resident environment for 1 of 1 need the resident identifier resident's reviewed for transmission based precautions. These practices had the potential to affect all 109 residents who resided at the facility. Findings include: EMPLOYEE SCREENING The facility COVID-19 Employee Symptom Log dated 4/11/20, through 4/20/20, included employee names and five dated columns. The five dated columns each contained three sub-columns which included headings of temperature, loss of taste or smell, and if sent home. The COVID-19 Employee Screening Log lacked indication of shortness of breath, cough, and sore throat. Review of the COVID-19 Employee Symptom Log indicated the following: -On 4/11/20, 61 employees performed self-screenings. 2 of 61 employees recorded their temperature, but failed to answer subsequent questions. -On 4/12/20, 61 employees performed self-screenings. 1 of 61 employees recorded their temperature, but failed to answer subsequent questions. -On 4/13/20, 66 employees performed self-screenings. 5 of 66 employees recorded their temperature, but failed to answer subsequent questions. -On 4/14/20, 62 employees performed self-screenings. 2 of 62 employees recorded their temperature, but failed to answer subsequent questions. -On 4/15/20, 73 employees performed self-screenings. 7 of 73 employees recorded their temperature, but failed to answer subsequent questions. -On 4/16/20, 80 employees performed self-screenings. 5 of 80 employees recorded their temperature, but failed to answer subsequent questions. -On 4/17/20, 80 employees performed self-screenings. 2 of 80 employees recorded their temperature, but failed to answer subsequent questions. -On 4/18/20, 43 employees performed self-screenings. 2 of 43 employees recorded their temperature, but failed to answer subsequent questions. -On 4/19/20, 48 employees performed self-screenings. 2 of 48 employees recorded their temperature, but failed to answer subsequent questions. -On 4/20/20, 63 employees performed self-screenings. 1 of 63 employees recorded their temperature, but failed to answer subsequent questions. On 4/20/20, at approximately 9:55 a.m. an interview was conducted with the administrator. The administrator stated all visitors were screened at the facility main entrance. The administrator further stated all employees performed self-screenings at an alternative entrance. On 4/20/20, at 10:21 a.m. an interview was conducted with receptionist (R)-A. R-A stated employees completed self-screenings when they arrived to work. RA- stated employees took their own temperature, sanitized their hands, and got a mask. R-A stated visitors were not allowed to enter the facility if they had a temperature which exceeded 99.0 degrees Fahrenheit (F). On 4/20/30, at 10:40 a.m. an interview was conducted with licensed practical nurse (LPN)-A. LPN-A stated when he entered the facility he performed a self-screening. LPN-A stated the self-screening included taking his temperature, and filling out a questionnaire which asked if employees had a cough. LPN-A stated a temperature of 99.5 degrees F, or above, required a phone call to a supervisor. On 4/20/20, at 11:06 a.m. an interview was conducted with registered nurse (RN)-A. RN-A stated employees were expected to perform self-screenings when they arrived to work. RN-A stated the self-screening included taking a temperature, and answering a question which regarded a loss of taste or smell. RN-A confirmed respiratory symptoms were not included on the questionnaire. RN-A stated the questionnaire had been altered in the past two weeks, and respiratory symptoms were no longer included. On 4/20/20, at 11:09 a.m. an interview was conducted with housekeeper (H)-A. H-A stated as soon as an employee walked in the building, they sanitized their hands, got a mask, took their own temperature, and used foot sanitizer. H-A stated a questionnaire asked if an employee had a loss of taste and smell. On 4/20/20, at 11:40 a.m. an interview was conducted with the environmental services director (EDS)-A. ESD-A stated when employees arrived for their shift they sanitized their hands, took their own temperature, and answered a questionnaire. On 4/20/20, at 11:45 a.m. an interview was conducted with RN-B. RN-B stated when employees arrived to work, they checked their own temperature, and documented if they had a loss of taste or smell. RN-B stated the facility used to have an extensive COVID-19 screening, but it was changed approximately one to two weeks ago. On 4/20/20, at approximately 1:45 p.m. an interview was conducted with the director of nursing (DON). The DON stated employees took their own temperature at the employee entrance, and answered questions which inquired if employees had a sore throat, cough, and if they have had any changes in taste or smell. The DON stated the questions had not changed, which was contrary to the provided COVID-19 Employee Symptom Log. On 4/20/20, at approximately 1:55 p.m. the employee entrance was observed. A staff member took her own temperature with a probe thermometer, put a mask on, cleaned the thermometer with a cloth from a sanitizing bucket filled with water, sanitized her hands, filled out a questionnaire, and wiped her feet on the sanitizing mat. An additional staff member took his temperature with a probe thermometer, cleaned the thermometer with the sanitizing cloth, filled out the questionnaire, and sanitized his hands. The facility policy Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) dated 2/21/20, directed, For healthcare personnel, testing may be considered if there has been exposure to a person with suspected COVID-19 without laboratory confirmation. Because of their often extensive and close contact with vulnerable patients in healthcare settings, even mild signs and symptoms (e.g., sore throat) of COVID-19 should be evaluated among potentially exposed healthcare personnel. The COVID-19 policy lacked indication of a process for employee screening. COMMUNAL DINING R3's Admission Record dated 4/20/20, indicated R3's [DIAGNOSES REDACTED]. R3's quarterly Minimum Data Set (MDS) dated [DATE], identified R3 had intact cognition. R3's MDS further identified he was independent eating, and did not have a swallowing disorder. R4's admission MDS dated [DATE], identified had severely impaired cognition, and [DIAGNOSES REDACTED]. R4's MDS further identified he required extensive assistance eating, and did not have a swallowing disorder. R5's Admission Record dated 4/20/20, indicated R5's [DIAGNOSES REDACTED]. R5's MDS further identified he required extensive assistance eating, and did not have a swallowing disorder. R6's Admission Record dated 4/20/20, indicated R6's [DIAGNOSES REDACTED]. R6's quarterly MDS dated [DATE], identified R6 had moderately impaired cognition. R6's MDS further identified he required supervision eating, and did not have a swallowing disorder. R7's Admission Record dated 4/20/20, indicated R7's [DIAGNOSES REDACTED]. R7's annual MDS dated [DATE], identified R7 had moderately impaired cognition. R7's MDS further identified she required extensive assistance eating, and did not have a swallowing disorder. R8's Admission Record dated 4/20/20, indicated R8's [DIAGNOSES REDACTED]. R8's MDS further identified he required limited assistance eating, and did not have a swallowing disorder. R9's Admission</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>Record dated 4/20/20, indicated R9's [DIAGNOSES REDACTED]. R9's MDS further identified she required extensive assistance eating, and did not have a swallowing disorder. R10's Admission Record dated 4/20/20, indicated R10's [DIAGNOSES REDACTED]. R10's MDS further identified he did not require assistance with eating, setup, or physical help from staff, and he was independent eating. R10 did not have a swallowing disorder. R11's Admission Record dated 4/20/20, indicated R11's [DIAGNOSES REDACTED]. R11's MDS further identified he required extensive assistance eating, and did not have any problems swallowing. R12's Admission Record dated 4/20/20, indicated R12's [DIAGNOSES REDACTED]. R12's MDS further identified he was independent with eating, and did not have any problems swallowing. R13's Admission Record dated 4/20/20, indicated R13's [DIAGNOSES REDACTED]. R13's quarterly MDS dated [DATE] indicated R13 had intact cognition. R13's MDS further identified she needed supervision and oversight with eating, with encouragement or cueing, and did not have any problems swallowing. On 4/20/20, at 11:11 a.m. an undated paper sign was observed taped to the Harbor Lights nurses' station which directed, Effective Immediately To Maintain Social Distracting - All Meals Will be Served to Residents in Their Rooms, with The Exception of Residents Requiring Assistance or Supervision. On 4/20/20, at 12:11 p.m. R7, R8, and R9 were observed seated in wheelchairs and positioned at a rectangular table arrangement in the 2 West Bayshore Dining Room. R7 and R9 were positioned next to each other and approximately 2 feet (ft.) apart. R8 was positioned directly across, and facing R7, and R9 was approximately 4 ft. away from the residents. One additional rectangular table arrangement and one square table was also observed in the dining room. On 4/20/20, at 12:14 p.m. R3, R5 and R6 were observed entering the 2 West Bayshore Dining Room. R6 wheeled toward an unoccupied square table. R5 wheeled to a vacant rectangular table arrangement and positioned himself at the end of the table. R3 wheeled towards the table, occupied by R5, and positioned himself at the opposite end of the table and perpendicular to R5. R3 and R5 were approximately six ft. apart. On 4/20/20 at 12:14 p.m. an observation was made in the 2 West Courthouse Dining Room. Four residents were waiting for lunch. All residents were seated 6 feet from each other. TMA-B went around to each resident and wiped hands with Sani-Hands cloths. On 4/20/20, at 12:16 p.m. R4 was wheeled to the 2 West Bayshore Dining Room. R4 was positioned directly across, and facing, R3. R3 and R4 were approximately 4 ft. apart. R5, R6, R7, R8, and R9 remained positioned as previously described. Nursing Assistant (NA)-A assisted residents clean their hands with disposable wipes. On 4/20/20, at 12:18 p.m., R3 and R5 were provided a meal. R3 remained approximately four ft. away and directly facing R4. On 4/20/20, at 12:21 p.m. R9 was provided a meal. R9 remained positioned approximately 4 ft. apart from R7. On 4/20/20, at 12:22 p.m., R6 was provided a meal. He remained positioned at a square table and without other residents present at the table. On 4/20/20, at 12:23 p.m. R5 sneezed towards R3 and R4. R5 did not attempt to turn his head away from R3 or R4. R5 did not attempt to cover his sneeze. R5 was approximately six feet away from R3 and R4. On 4/20/20, at 12:25 p.m. R7 and R8 were provided a meal. R7 remained two ft. away from R9. R8 remained four ft. directly across, and facing, R7 and R9. On 4/20/20, at 12:28 p.m. an interview was conducted with NA-A. NA-A confirmed R7, R8, and R9 were seated kind of close to each other. NA-A stated residents were supposed to be positioned six ft. apart. NA-A stated she attempted to reposition residents during breakfast, however, R4 refused to eat when she attempted this. On 4/20/20, at 12:32 p.m. an interview was conducted with trained medication assistant (TMA)-A. TMA-A confirmed residents eating the 2 West Bayshore Dining Room were seated too close to one another. TMA-A stated the facility was having trouble spacing residents. TMA-A stated residents needed to be positioned six ft. apart when dining. TMA-A confirmed residents in the 2 West Courthouse Dining Room were not supervised, and only needed setup assistance. On 4/20/20 at 12:16 p.m. the food cart arrived to the 2 West Courthouse Dining Room. TMA-A and TMA-B handed out trays to each resident. At 12:20 p.m. no staff were observed in the 2 West Bayshore dining room. R10, R11, R12, and R13 were eating independently. The residents were sitting 6 feet from each other. On 4/20/20 at 12:35 p.m. an interview was conducted with TMA-B. TMA-B confirmed R10, R11, R12, and R13 did not need supervision or assistance eating. A facility document titled Park Breeze undated, indicated three residents (R4, R7, and R9) required Assist with Meals. The document further identified eight residents (R3, R5, R6, R8, R11, R12, R13, R14) required Set-Up for meals. Facility policy titled Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) dated 2/21/20, lacked indication of communal dining without suspected or confirmed COVID-19 in the facility. RESIDENT SCREENINGS R1's Admission Record dated 4/20/20, indicated R1's [DIAGNOSES REDACTED]. R1's MDS further identified she did not exhibit any behaviors. R1's Weights and Vitals Summary dated 4/1/20 to 4/21/20, indicated the following: -No temperatures were documented on 4/4/20, 4/6/20, 4/8/20, and 4/11/20. Review of R1's COVID-19 Screening Tool indicated the following: -No screenings were documented 4/1/20, to 4/12/20. R2's Admission Record dated 4/21/20, indicated R1's [DIAGNOSES REDACTED]. R2's Admission MDS dated [DATE] identified R2 had intact cognition. R2's Weights and Vitals Summary dated 4/1/20, to 4/21/20, indicated the following: -No temperatures were documented on 4/8/20, 4/10/20, 4/13/20, and 4/15/20. Review of R2's COVID-19 Screening Tool indicated the following: -No screenings were documented 4/8/20, to 4/15/20. On 4/20/20, at 10:40 a.m. an interview was conducted with LPN-A. LPN-A stated COVID-19 screenings were completed for all residents daily. LPN-A stated the screening process included taking temperatures. On 4/20/20, at 11:45 a.m. an interview was conducted with RN-B. RN-B stated she was trained to watch for COVID-19 signs and symptoms, and checked resident vital signs daily. On 4/22/20, at 9:01 a.m. an interview was conducted with the DON. The DON stated the facility's COVID-19 screening tool was created on 3/31/20. The DON stated, prior to 3/31/20, staff took resident temperatures daily. A document titled Nurses dated 3/13/20, directed, In addition to the daily temp that we are doing we must also do the 'Existing Resident COVID19 Assessment for all residents daily.' The document further directed, This is one of the tools we can use to monitor our residents and that state will be looking for and reviewing when they come to visit and monitor what we have in place to protect our residents. Facility policy titled Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) dated 2/21/20, lacked indication of resident screening. STAFF EDUCATION On 4/20/20, at 11:09 a.m. an interview was conducted with H-A. H-A stated she had not received COVID-19 training. H-A stated she had a sheet which indicated extra cleaning housekeeping staff was expected to complete. On 4/20/20, at 11:40 a.m. an interview was conducted with the environmental services director (ESD)-A. ESD-A stated there was Zoom (a web-based video conferencing tool that allows users to meet online) meeting, and random trainings as things changed with COVID-19. On 4/20/20, at 11:06 a.m. an interview was conducted with RN-A. RN-A stated COVID-19 education was located in a binder at the nurses' station. RN-A stated staff could reference the binder for education. On 4/20/20, at 11:45 a.m. an interview was conducted with RN-B. RN-B stated there were Zoom calls for COVID-19 training, if employees could attend. RN-B also stated there was a COVID-19 communication book at the nurses' station. On 4/20/20, at 11:46 a.m., an interview was conducted with H-B. H-B stated there was not any real COVID-19 training, but there were more cleaning tasks for cleaning that housekeeping had to do. H-B stated there were meetings every Tuesday and Friday on changes to COVID-19, if employees could attend. H-B stated she had not attended the meetings. On 4/20/20, at 1:45 p.m. an interview was conducted with the DON. The DON stated the facility conducted Zoom calls twice weekly related to COVID-19 updates. The DON stated the facility used to send out memos, however, discontinued this practice. The DON stated there was a COVID-19 communication book at every nurses' station, in which new information was added to keep staff updated. The DON stated staff was expected to check the binder. The DON confirmed there was not a tracking system in place which identified which staff received the education. Facility policy titled Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) dated 2/21/20, directed Re-train all employees on Infection Prevention and Control: Hand Hygiene, PPE, COVID-19, Respiratory Hygiene/Cough Etiquette, Remind employees not to touch their face. The COVID-19 policy lacked indication of employee education. EMPLOYEE ILLNESS The employee illness log dated 4/22/20, indicated RN-C had a fever on 4/13/20. RN-C reported her illness on 4/13/20. The date of RN-C's last shift was 4/12/20. The date of her symptoms ending was 4/15/20. The date she returned to work was 4/15/20. A diagnostic was performed (a COVID-19 test was done). On 4/20/20, at 1:45 p.m. an interview was conducted with the DON. The DON stated they have had two employees tested for COVID-19, both of whom tested negative. The DON stated that RN-C had a fever greater than 99.5 degrees Fahrenheit (F) and a sore throat while still at home. RN-C was instructed to call her physician, who took a COVID-19 test. The DON stated RN-C came back the day after the COVID-19 test came back negative. On 4/22/20, at 9:01 a.m. an interview was conducted with the administrator. The administrator stated he believed employee RN-C only had one COVID-19 test conducted. On 4/22/20, at 11:24 a.m. written communication was received from the administrator. The administrator indicated RN-C was assessed at the beginning of her shift on 4/12/20. The administrator indicated RN-C's temperature was 98.6 degrees F and she demonstrated no other signs or symptoms. The administrator indicated RN-C developed a runny nose and cough during her shift on 4/12/20. The administrator indicated RN-C completed a telemedicine appointment on 4/13/20, and had a temperature of 99.6 degrees F. The administrator indicated a COVID-19 test was proactively ordered for RN-C and completed on 4/13/20. The administrator indicated RN-C's symptoms resolved shortly after her test and she did not have a temperature which exceeded 99.6 degrees F. The administrator indicated RN-C's COVID-19 resulted as negative on 4/15/20, and she returned to</p>		

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 2)</p> <p>work on this date. CDC Return to Work Criteria for HCP (Health Care Professionals) with Confirmed or Suspected COVID-19 dated 4/13/20, directed, Use the Test-based strategy as the preferred method for determining when HCP may return to work in healthcare settings: 1. Test-based strategy. Exclude from work until: Resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath), and negative results of an FDA Emergency Use Authorized molecular assay for COVID-19 from at least two consecutive nasopharyngeal swab specimens collected 24 hours apart (total of two negative specimens). Or, If the Test-based strategy cannot be used, the Non-test-based strategy may be used for determining when HCP may return to work in healthcare settings: non-test-based strategy. Exclude from work until at least 3 days (72 hours) have passed since recovery defined as resolution of fever without the use of fever-reducing medications and improvement in respiratory symptoms (e.g., cough, shortness of breath); and, at least 7 days have passed since symptoms first appeared. PPE R1's Admission Record dated 4/21/20 indicated R1's [DIAGNOSES REDACTED]. R1's MDS further indicated she needed limited assistance with transferring and toileting, was occasionally incontinent of urine, and always incontinent of bowel. R1's Laboratory Report dated 2/23/20, indicated a urine specimen identified [MEDICATION NAME] fascitis-[MEDICATION NAME]-resistant [MEDICATION NAME] (an antibiotic resistant organism which is spread by person-to-person contact). On 4/20/20 at 11:45 a.m. R1 was observed. There was a note on the door that directed, STOP. Ask a nurse before entering. Outside the door was a cart which contained personal protective equipment (PPE): gloves, gowns, and masks. Activities Aide (AA)-A was in R1's room. AA-A did not have gloves or a gown on, and her uniform was rubbing against the curtain in the resident's room for approximately 5 minutes. AA-A stated she was doing a room-to-room activity with R1. AA-A did not know why R1 was on isolation precautions. On 4/20/20 at 11:52 a.m. an interview was conducted with RN-B. RN-B stated she was unable to find why R1 was on contact precautions in R1's medical record. RN-B made several telephone calls and inquired why R1 was on contact isolation. RN-B then stated R1 was in contact isolation due to having [MEDICAL CONDITION]-resistant Staphylococcus aureus (MRSA, a bacteria that causes difficult-to-treat infections) in her urine. RN-B confirmed staff needed to wear a gown and gloves prior to entering a contact isolation room. Facility policy Infection Control Guidelines for All Nursing Procedures dated 12/27/17, directed, Implement contact precautions for residents known or suspected to be infected with microorganisms that can be transmitted by direct contact with the resident or indirect contact with environmental surfaces or resident-care items in the resident's environment. Wear gloves when entering the room. Remove gloves before leaving the room and perform hand hygiene. Wear a disposable gown upon entering the Contact Precautions room. The facility will also ensure that the resident's care plan and care specialist communication system indicates the type of precautions implemented for the resident.</p>		