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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245322 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 06/23/2020 |
| NAME OF PROVIDER OF SUPPLIER COVENANT LIVING OF GOLDEN VALLEY CARE & REHAB CTR | | STREET ADDRESS, CITY, STATE, ZIP 5825 ST CROIX AVENUE GOLDEN VALLEY, MN 55422 | |
| 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 interview and record review, the facility failed to ensure appropriate infection control practices related to coronavirus disease 2019 (COVID-19) (an infectious disease caused by severe acute respiratory syndrome coronavirus 2) by failing to consistently document required daily COVID-19 symptom screens for 4 of 4 residents (R1, R2, R3 and R4) that tested positive for COVID-19. This had the potential to affect all residents and staff at this facility. Findings include: R1's Face Sheet indicated a primary [DIAGNOSES REDACTED]. R1 tested positive for COVID-19 on 5/27/20 and on 6/9/20. R1's care plan dated 6/17/20, indicated R1 was to be monitored for fever, cough, sneezing, sore throat and respiratory issues every four hours. R1 was to have lung sounds evaluated every shift and physician is to be updated with changes. R1's oxygen saturation (O2 sat) (measures the percentage of hemoglobin, the protein molecule in red blood cells that carries oxygen), was to be monitored every four hours. R1's vital signs were to be obtained every four hours and the facility COVID-19 Triage Evaluation form was to be completed. The facility's COVID-19 Triage Evaluation form, undated, included the following: blood pressure, temperature, pulse, respiration, oxygen saturation, fever within last 24 hours, chills, repeated shaking with chills, oxygen saturation less than 95%, adventitious lung sounds, shortness of breath, new cough, sore throat, pain with taking a deep breath, diarrhea, emesis, abdominal pain, muscle pain, headache and new loss of taste or smell. R1's treatment order dated 4/21/20, indicated to complete COVID-19 Triage Evaluation assessment one time daily. R1's record review indicated R1 did have at least daily monitoring of vitals including O2 sat. However, R1's record lacked evidence that comprehensive COVID-19 symptoms were evaluated per the daily COVID-19 Triage Evaluation form. Dates the COVID-19 symptoms were lacking for R1 included 5/31/20, 6/7/20, 6/9/20, 6/13/20 and 6/15/20 through 6/22/20. R2's Face Sheet indicated a primary [DIAGNOSES REDACTED]. R2 tested positive for COVID-19 on 6/8/20. R2's treatment order dated 4/15/20, indicated to complete COVID-19 Triage Evaluation assessment one time daily. R2's record review indicated R2 did have at least daily monitoring of vitals including O2 sat. However, R2's record lacked evidence that comprehensive COVID-19 symptoms were evaluated per the daily COVID-19 Triage Evaluation form. Dates the COVID-19 symptoms were lacking for R2 included 6/4/20, 6/10/20, and 6/13/20 through 6/21/20. R3's Face Sheet indicated a primary [DIAGNOSES REDACTED]. R3's treatment order dated 4/15/20, indicated to complete COVID-19 Triage Evaluation assessment one time daily. R3's record review indicated R3 did have at least daily monitoring of vitals including O2 sat. However, R3's record lacked evidence that comprehensive COVID symptoms were evaluated per the daily COVID-19 Triage Evaluation form. Dates the COVID-19 symptoms were lacking for R3 included 5/31/20, 6/1/20 through 6/4/20, 6/6/20, 6/9/20, 6/12/20 through 6/13/20 and 6/16/20 through 6/21/20. R4's Face Sheet indicated a primary [DIAGNOSES REDACTED]. R4's care plan dated 6/10/20, indicated R4 was to be monitored for fever, coughing, sneezing, sore throat and respiratory issues every four hours. R4's lung sounds were to be evaluated every shift. R4's vital signs were to be obtained every four hours and the facility COVID-19 Triage Evaluation form was to be completed. R4's treatment order dated 4/15/20, indicated to complete COVID-19 Triage Evaluation assessment one time daily. R4's record review indicated R4 did have at least daily monitoring of vitals including O2 sat. However, R4's record lacked evidence that comprehensive COVID symptoms were evaluated per the daily COVID-19 Triage Evaluation form. Dates the COVID-19 symptoms were lacking for R4 included 5/24/20, 5/27/20, 6/1/20 through 6/2/20, 6/10/20 and 6/13/20 through 6/22/20. During interview on 6/22/20, at 11:25 a.m. RN (registered nurse)-A stated COVID positive residents vital signs were checked every four hours. Each COVID positive resident was asked questions related to or monitored for COVID-19 specific signs and symptoms each morning. Vital signs that were check included, blood pressure, pulse, respiration, oxygen saturations, and temperature. During interview on 6/22/20, at 11:35 a.m. LPN (licensed practical nurse)-A stated the contents of the COVID-19 Triage Evaluation assessment included: fever, chills, oxygen saturation, shortness of breath, cough, pain with deep breath, diarrhea, abdominal pain, muscle pain, headache and loss of taste or smell. During interview on 6/22/20, at 11:58 a.m. RN-B stated the COVID-19 Triage Evaluation assessment was scheduled to be completed daily for all residents, regardless if they were positive or negative for COVID-19. In addition, vital signs were checked on residents who tested positive for COVID-19, every four hours. During interview on 6/22/20, at 3:00 p.m. the Administrator stated she was aware of the assessments that were not in the computer. She stated this was a computer documentation system problem but the assessments are being completed as scheduled. During interview on 6/22/20, at 3:54 p.m. RN-C stated the daily assessment involved questions and monitoring for fever over the last 24 hours, chills, shaking with chills, O2 sat less than 94%, adventitious lung sounds (abnormal sounds that are heard when listening to a patient's lungs and airways), shortness of breath, new cough, sore throat, pain with breathing, diarrhea, abdominal pain, muscle pain, and loss of taste or smell. It was expected that all residents were screened daily using the COVID-19 Triage Evaluation assessment, that included residents who tested positive for COVID-19. The assessment was used for COVID-19 positive residents as a tool to help determine if they were able to be taken out of isolation. During interview on 6/22/20, at 3:54 p.m. RN-B stated he looked for the missing assessments for R1, R2, R3, and R4 and was unable to find them. RN-B stated he did not look at the assessments every day, but the nurses who completed them did look at them to determine if there were changes from the previous day. The facilities Suspected or Confirmed (COVID-19), policy, revision date 4/16/20, stated to actively screen all residents daily for fever and symptoms of COVID-19. Older adults with COVID-19 may not show typical symptoms such as fever or respiratory symptoms. Atypical symptoms may include new or worsening malaise (general feeling of discomfort, illness or uneasiness), new dizziness, or diarrhea.</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.