

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245341	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER CENTRACARE HEALTH SYSTEM-SAUK CENTRE NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 425 N ELM STREET SAUK CENTRE, MN 56378	
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	Provide and implement an infection prevention and control program. Based on interview and document review, the facility failed to implement a comprehensive infection prevention and control program (IPCP) to include an ongoing data collection of actual and potential infections and complete a comprehensive analysis of the data to ensure patterns and trends were identified and acted upon to reduce the risk of infections spread within the facility. This had potential to affect all 59 residents residing in the facility at the time of COVID-19 Infection Control Focus Survey. Findings include: During the facility entrance conference on 4/16/20, at 10:48 a.m. the director of nursing stated the facility had no confirmed positive COVID-19 in residents or staff. Staff and residents were being actively screened for signs and symptoms of COVID-19 on a daily basis. The facility's resident surveillance line listings and analysis were requested from January 2020, through April 2020. A Nursing Home Infection Control Report Year 2019-2020, was provided. The form tracked by month the total resident days, foley catheter days, central line days and amount of infections by type. Further, the form tracked the total number of community squirted infections, total number of facility acquired infections and the total number of acquired infections per 1000 resident days. The form identified in January 2020, the facility had two upper respiratory infections, one lower respiratory infection, one skin infection, two eye/ear/nose or mouth infections. No further detail was provided to include the resident name, room, signs and symptoms, onset date, diagnosis, organism, treatment or resolution date of symptoms. Further there was not an analysis completed to identify any patterns or trends or identify what education if any was completed with the staff. The form identified in February 2020, the facility had two upper respiratory infections, one lower respiratory infection, and two urinary tract infections. No further detail was provided to include the resident name, room, signs and symptoms, onset date, diagnosis, organism, treatment or resolution date of symptoms. Further there was not an analysis completed to identify any patterns or trends or identify what education if any was completed with the staff. The form identified in March 2020, the facility had one urinary tract infection. No further detail was provided to include the resident name, room, signs and symptoms, onset date, diagnosis, organism, treatment or resolution date of symptoms. Further there was not an analysis completed to identify any patterns or trends or identify what education if any was completed with the staff. The form did not include any information for April 2020. During interview on 4/16/20, at 12:33 p.m. registered nurse and infection preventionist (RN)-A stated she communicated on a daily basis with the charge nurse regarding if any residents were having signs and symptoms of infections. She also reviewed the order reports for antibiotic usage. RN-A had used a line listing to track the actual and potential infections in the facility; however, had run out of blank forms and did not know where to obtain new forms. The Nursing Home Infection Control Report was the only analysis she had been completing. It was important to complete the real time tracking, trending and analysis to ensure infections were not spreading. A detailed analysis would be important to identify potential causes of infections. The facility did have a LTC Respiratory Surveillance line list at the nursing station to track any resident negative respiratory symptoms. The facility policy Infection Prevention and Control Plan- Long Term Care reviewed 1/20, identified diseases under surveillance included those that required isolation or precaution procedures, potential communicable diseases or infections that can spread from person-to person within the facility, and those diseases included in required state reporting. The policy did not direct what information should be tracked and what form to use. The policy did not include what to include in the monthly analysis.		
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.