

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245370	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER ECUMEN NORTH BRANCH		STREET ADDRESS, CITY, STATE, ZIP 5379 -383RD STREET NORTH BRANCH, MN 55056	
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>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. This had the potential to affect all 53 residents who resided at the facility. Findings include: On 4/28/20, at 11:29 a.m. the employee screening area was observed. The employee screening area was located in a corridor near the facility kitchen. An exterior door with a coded lock was in the immediate proximity of the employee screening area. Two tables were observed in the corridor, which contained employee screening sheets/log books, a temporal thermometer (forehead), a tympanic thermometer (ear), education documents, and alcohol preparation pads. Several documents which had hand written instructions were observed on the corridor walls. An interview was conducted with registered nurse (RN)-A. RN-A stated employees were expected to perform hand hygiene, take their temperature, read written instructions, sign the screening log, and obtain a facemask. RN-A stated if an employee had a positive screening they were not to enter the facility, and were to call for further instructions. RN-A confirmed employees completed self-screenings. On 4/28/20, at 11:57 a.m. nursing assistant (NA)-A was interviewed and stated she completed a self-screening for COVID-19 symptoms when she reported to work. NA-A stated the self-screening included taking her own temperature, signing a log sheet, and obtaining a facemask. On 4/28/20, at 12:12 p.m. NA-B stated she completed a self-screening for COVID-19 symptoms when she reported to work. NA-B stated when she arrived to the facility she punched in, signed a log book, and took her own temperature. NA-B stated she believed she was unable to enter the facility if she had a temperature of 99.0 degrees Fahrenheit (F), but she wasn't sure. On 4/28/20, at 1:14 p.m. the DON stated the facility used the corporate Hub for staff to access COVID-19 policies and procedures. The DON stated the Hub directed staff to the Centers for Disease Control and Prevention (CDC) resources. The DON stated the facility used a temperature of 100.0 degrees F for screening criteria. On 4/28/20, at 1:35 p.m. licensed practical nurse (LPN)-A stated she performed a self-screening for COVID-19 symptoms when she reported to work. LPN-A stated when she arrived to work she looked at information posted on the wall, and documented screening results in a log book. On 4/28/20, at 1:55 p.m. seven employees were located in the employee screening area. The employees were one to two feet (ft.) apart. The seven employees were not wearing facemasks. An interview was conducted with NA-D. NA-D confirmed the employee screening area was crowded during some shift changes. Resident assistant (RA)-A was observed taking her temperature with a temporal thermometer. RA-A stated her temperature was 89 degrees and that's not right. RA-A took her temperature again with the temporal thermometer and stated it was 95 degrees and that's better. RA-A then put on a mask and entered the facility. On 4/28/20, at 2:55 p.m. the DON was informed an employee entered the facility with a stated temperature of 95 degrees F. The DON stated RA's worked at the facility assisted living (which was attached to the nursing home) and the temperature wasn't right. The DON stated the facility was already taking action to improve social distancing in the employee screening area. The facility policy Infection Prevention and Control Manual Interim Policy for suspected or Confirmed Coronavirus (COVID-19) dated 4/13/20, directed the facility will actively verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift.</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.