

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245371	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 10/20/2020
NAME OF PROVIDER OF SUPPLIER PRAIRIE VIEW SENIOR LIVING		STREET ADDRESS, CITY, STATE, ZIP 250 FIFTH STREET EAST TRACY, MN 56175	
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 document review the facility failed to have a thorough daily cumulative infection control surveillance program in order to identify any trends and/or potential infectious outbreaks. This practice had the potential to affect all 39 residents who resided at the facility. Findings include: Interview on 10/20/20 at 8:00 a.m., with infection control preventionist (ICP) identified the facility had one resident R12 and one staff test positive on an [MEDICATION NAME] test on 10/6/20. The staff was excused from work and the resident was placed on full isolation. Both the staff and resident then had double polymerase chain reaction (PCR) negative test results. Currently there are no positive COVID-19 cases in our facility for staff or residents. ICP identified that the facility did have three residents on precautions R15 had been a hospital return, R2 had been a new admission, and R9 had been seen yesterday in the clinic as she was not acting herself and had been tested for COVID while there so had been placed on precautions. ICP confirmed she had completed an infection control training through Pathway Health. The resident screening information was documented on an assessment located in point click care (electronic medical record). The resident screening consisted of checking vital signs, answering screening questions, listening to lung sounds and notifying the director of nursing if any abnormalities were found. Review of infection control surveillance identified two types of forms the facility had been using. The floor nurses were documenting on a Monthly Infection/Antibiotic Log that identified the resident name, room, date type/site, symptoms, medication, culture, comments. The ICP surveillance documented on an Infection Control Log that identified the residents name, admitted, unit, type of infection, onset date, site, infection related dx, culture yes/no, x-ray, organism, antibiotic, antibiotic appropriate?, start date, symptom surveillance data, isolated, nosocomial, reculture date, resolved date, isolation type, comments. 1. February 2020, Monthly Infection/Antibiotic Log identified eleven residents. R9 had signs symptoms (s/s) of cough and nasal drainage. R9 was placed on an antibiotic. R19 had s/s of cough and congestion. R19 was placed on antibiotic. R31 had s/s of vomiting and weakness. R31 was placed on an antibiotic. R12 had s/s cough, shortness of breath, and weakness. R12 was placed on antibiotic. The log identified a total of eleven residents with dx that ranged from UTI, [MEDICAL CONDITION], pneumonia, and influenza and their antibiotic. None of the residents in the month of February had been identified as being placed on precautions for potential COVID s/s. The February Infection/Antibiotic form only identified residents being treated with antibiotics, the form lacked identification of any other resident symptom monitoring in the facility. No ICP surveillance document or summary had been provided for February 2020. 2. March 2020, Monthly Infection/Antibiotic Log identified eight residents. R21 had s/s of temperature (T) and shakiness. R21 was placed on antibiotic. There were a total of eight residents identified on the report identified with UTI that had been placed on an antibiotic. There had been one resident admitted with pneumonia on an antibiotic. The March ICP surveillance document identified R21 diagnosis (dx) urinary tract infection [MEDICAL CONDITION] with no indication if any precautions had been put into place until dx obtained. ICP monthly summary identified trends and patterns of four nosocomial UTI's all with different organisms. No pattern identified. Two UTI's with no catheter, one UTI with indwelling catheter, and one UTI with straight catheterize. Action taken included educate staff about good handwashing. Random audit of infection control and catheter care. Nurses encouraged to continue to use McGreers criteria. The Surveillance only tracked residents being treated with antibiotics and lacked identification of any other resident symptom monitoring in the facility. 3. April 2020, Monthly Infection/Antibiotic Log identified four residents dx with UTI's and their antibiotic. R20 had symptom of fever, confusion, and weakness identified. There was no indication R20 had been placed on precautions for potential COVID s/s. The April ICP surveillance document identified four residents with UTI's. R11 had s/s of confusion and flank pain. R11 had been started on antibiotic with no precaution. R20 had s/s of fever and confusion. R20 had been started on antibiotic. R20 had been placed on droplet precaution for ten days. R3 had no s/s. R3 had been placed on droplet precaution for ten day. R41 had s/s low grade fever, fatigue, frequency. R41 started on antibiotic. R41 had been placed on droplet precautions. ICP monthly summary identified four UTI's, no common organism identified. Audits of hand washing and catheter care had been ongoing. Reminders to nursing staff about catheter care put out, licensed staff to continue to watch for culture and sensitivity reports to ensure proper antibiotic treatment. The Surveillance only tracked residents being treated with antibiotics and lacked identification of any other resident symptom monitoring in the facility. 4. May 2020, Monthly Infection/Antibiotic Log identified seven residents. R7 had s/s of behaviors. R7 identified as having UTI. R7 started on antibiotic. R41 had s/s hematuria, frequency, and burning. R41 identified as having UTI. R41 started on antibiotic. R13 had no s/s just had urine analysis (UA). R13 identified as having UTI. R13 started on antibiotic. R21 identified with toe wound. R21 started on antibiotic. R37 identified with kidney infection and started on antibiotic. R33 identified with a neck cyst and antibiotic started. ICP surveillance document identified seven residents. R37 had s/s of confusion and lethargy. R37 placed on droplet precaution, asymptomatic no time line identified. R33 had s/s red warm, and pain neck cyst. R33 placed on droplet precaution, asymptomatic no time line identified. R21 had s/s toe injury, red, open skin. R21 placed on droplet precaution, asymptomatic no time line identified. ICP summary identified one UTI with no pattern. Two skin infection. Action taken continue with standard education and audits. The surveillance only tracked residents being treated with antibiotics and lacked identification of any other resident symptom monitoring within the facility. 5. June 2020, Monthly Infection/Antibiotic Log identified six residents. R33 had s/s of red, warm, pain cyst on neck. R33 was placed on antibiotic. R41 had s/s of burning and frequency. R41 had been placed on antibiotic. R1 had s/s of confusion and frequency. R1 had been placed on antibiotic. R40 had no document s/s. R40 had been placed on antibiotic. R42 had s/s of dark urine and confusion. R42 had been placed on antibiotic. R26 had s/s of confusion. R26 had been placed on antibiotic. ICP surveillance document identified seven residents. R33 with s/s of red, warm, pain in neck cyst. R33 placed on droplet precautions, asymptomatic no time line identified. R40 with s/s frequency. R40 placed on droplet precautions, asymptomatic no time line identified. R42 with s/s of confusion and behaviors. R42 placed on droplet precautions, asymptomatic no time line identified. ICP summary identified there had been two residents with UTI's both residents lived down same hall. There were no other common factors identified. Action taken, continue with ongoing audits. No patterns or breaches in infection control noted. The surveillance only tracked residents being treated with antibiotics and lacked identification of any other resident symptom monitoring within the facility. 6. July 2020, Monthly Infection/Antibiotic Log identified seven residents. R22 had s/s of low grade temperature. R22 had been started on antibiotic. R6 had no s/s documented. R6 was started on antibiotic. R28 had s/s of pain. R28 was started on antibiotic. R43 had s/s of red and pain. R43 had been started on antibiotic. R10 had s/s of confusion and agitation. R10 had been started on antibiotic. R40 had s/s of burning and weakness. R40 was started on antibiotic. R44 had been admitted on antibiotic [MEDICAL CONDITION]. ICP surveillance document identified seven residents. R44 dx [MEDICAL CONDITION] upon admission and was on droplet precautions, asymptomatic with no time line identified. ICP monthly summary identified there had been no problems or trends identified. Two UTI's with different organisms. No pattern of catheter use verse no catheter use. Actions taken, continue with routine audits of catheter care and peri care. No problems identified. The surveillance only tracked residents being treated with</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>antibiotics and lacked identification of any other resident symptom monitoring within the facility. 7. August 2020, Monthly Infection/Antibiotic Log identified ten residents. R5 had s/s of confusion and weakness. R5 dx with urosepsis and had been started on antibiotic. R45 had s/s of pain. R45 dx with tooth pain and had been started on antibiotic. R28 had s/s elevated temperature on 8/6/20. R28 had been dx with UTI and started on antibiotic. R37 had s/s of pain. R37 dx with tooth pain and started on antibiotic. R11 had s/s increased blood sugars, increased frequency, and incontinence. R11 dx with UTI and started on antibiotic. R3 had s/s of frequency, burning, and pain. R3 dx UTI and started on antibiotic. R29 had s/s increased temperature and confusion. R29 dx UTI and started on antibiotic. R15 had no s/s documented. R15 dx UTI and started on antibiotic. R36 had no s/s documented. R36 dx pneumonia and started on antibiotic. R46 had s/s cough. R46 had no dx and started on antibiotic. R9 had s/s of confusion, dark urine, and odor. R9 dx UTI and started on antibiotic. R28 had s/s of fever, confusion, and lethargy again 8/25/20. R28 dx UTI and started on antibiotic. ICP surveillance document identified R5 with s/s of confusion, fever, and pain. R5 placed on droplet precautions no time line identified. R29 had s/s of fever, confusion, and pain. R29 placed on droplet precaution no time line identified. R36 had s/s chest pain. R36 placed on droplet precautions no time line identified. R28 had s/s of fever identified on 8/6/20 with no precaution initiated. R28 had s/s of fever, confusion, and lethargy on 8/25/20, with identified droplet precautions no time line identified. ICP monthly summary identified there had been an increase in UTI's with varied organisms noted. Two of the residents with UTI's had catheters. Actions taken, education to nursing assistants and nurses on McGreers criteria, catheter care, periarea and hand washing. Planning skills fair for all nursing staff for continued education on these topics. Continue catheter and handwashing audits. Start toileting and periarea audits. The surveillance only tracked residents being treated with antibiotic and lacked identification of any other resident symptom monitoring within the facility. 8. September 2020, Monthly Infection/Antibiotic Log identified six residents. R3 had no s/s documented. R3 dx UTI and started on antibiotic. R16 had s/s of burning and behavior. R16 dx UTI and started on antibiotic. R23 had s/s of aggression. R23 dx UTI and started on antibiotic. R13 had s/s confusion. R13 dx UTI and started on antibiotic. R46 had s/s confusion. R46 dx UTI and started on antibiotic. R22 had no s/s documented. R22 dx UTI and started on antibiotic. ICP surveillance documentation identified all ordered antibiotic use was appropriate and no residents had been placed on any type of precaution. ICP monthly summary identified several UTI's with only one resident having a catheter. Three had identified E-coli with no common caregiver identified. Action taken, education at beginning of the month about handwashing and cares. Skills fair was placed on hold related to COVID precaution. Will observe if UTI's decrease in month of October following re-education. The surveillance only tracked residents being treated with antibiotic and lacked identification of any other resident symptom monitoring within the facility. 9. October 2020, was not provided a copy of Monthly Infection/Antibiotic Log. ICP surveillance identified that R40 had s/s of back pain and dysuria. R40 dx UTI and started on antibiotic. R15 had s/s of purple, drainage, pain, swelling. R15 dx right toe wound staph infection. R15 identified as contact precaution. There was no indication that R15 was a hospital return and on precautions. R25 had s/s of facial swelling and pain. R25 started on antibiotic. R17 had s/s of productive cough and shortness of breath. R17 dx upper respiratory and started on antibiotic. R17 had not been identified as being placed on precautions for potential COVID s/s. R12 was not identified on the active ICP surveillance log who had a positive [MEDICATION NAME] test on 10/6/20. R2 who had been identified by ICP as a new admission on precaution was not identified on the surveillance document. R9 who had been identified as not being herself and going to clinic on 10/19/20 also was not identified on the surveillance form when reviewed on 10/20/20. Review of employee Illness Log, identified: February 2020, two staff had called in for work. unidentified staff (I)-A called in on 2/18/20 with identified fever, cough/sore throat/ runny nose, influenza like symptoms, returned to work on 2/22/20. I-B called in on 2/19/20 with identified fever, cough/sore throat/runny nose, influenza like symptoms, returned to work on 2/24/20. March 2020, three staff had called in for work. Nursing (N) department, N-A called in on 3/4/20 with identified fever, cough/sore throat/runny nose, positive for influenza B returned to work on 3/10/20. N-B called in on 3/17/20 with upper respiratory infection (URI) , no s/s identified returned to work on 3/20/20. N-C called in on 3/23/20 with URI, no s/s identified returned to work on 3/26/20. April 2020, two staff had called in for work. N-D called in on 4/27/20 with gastrointestinal (GI), no s/s identified returned to work on 4/29/20. N-E called in on 4/28/20 with GI, no s/s identified returned to work on 4/29/20. May 2020, one staff had called in for work. N-D called in on 5/30/20 with URI, no s/s identified returned to work on 6/1/20. June 2020, no call-ins identified July 2020, no call-ins identified August 2020, six staff had called in for work. A new employee respiratory surveillance line list had been implemented. N-E identified on 8/1/20, s/s of cough, shortness of breath and sore throat. The line list did not identify if staff was off of work, there was no documented resolution date identified. N-A identified on 8/17/20, returned travel from Alabama, had no s/s identified, resolution date identified 8/30/20. N-F identified on 8/24/20, unknown travel, fever, cough, runny nose, nasopharyngeal swab completed on 8/24/20, negative, resolution date 8/27/20. N-G identified 9/9/20, nasal swab [MEDICATION NAME] on 9/9/20 positive, resolution date 9/19/20. ICP identified on 9/9/20, nasal swab [MEDICATION NAME] on 9/9/20 positive, resolution date 9/19/20. N-H identified spouse exposure, nasopharyngeal swab PCR 9/10/20 positive, resolution date 9/23/20. September 2020, two staff identified. N-I identified travel to Nevada, return date 9/15/20, resolution date 9/27/20. N-F identified travel to Colorado, return date 9/16/20, resolution date 10/3/20. October 2020, one staff identified. Maintenance, nasal swab [MEDICATION NAME] on 10/6/20 positive, nasopharyngeal swab PCR on 10/8/20 negative, nasopharyngeal swab PCR on 10/9/20 negative. resolution date 10/12/20. Interview on 10/20/20 at 1:27 p.m., with ICP identified all resident who had a symptom were logged on the monthly infection log by the nurse. ICP confirmed she then reviewed that information and transferred that onto a more indepth surveillance log that she presents to quality assurance performance improvement (QAPI) quarterly. The forms are all working documents where staff identified things such as UTI symptoms, they then would get an urinary sample (UA), then usually a culture, if it was positive the resident would be treated with an antibiotic. If the UA is negative and the resident had been started on an antibiotic they would contact the provider to get that antibiotic discontinued. ICP confirmed that she reviewed what the nurse had documented and then she documents further details. She looks to see if there had been more than one resident with same illness on a wing looking for patterns, then figures out the infection rate, completes staff training when needed and then takes that information to the QA committee for review. ICP further identified that the facility had no residents with symptoms since February besides the residents that were identified on the logs and treated with antibiotics. ICP is responsible for documenting all the staff call-ins. The staff call-in and speak with the director of nursing (DON) then the DON provides her with the information to enter onto the employee surveillance line list. She confirmed there had been no correlation between resident illness and staff illness and was why there had been no documentation of that in her monthly summaries. Review of Prairie View Senior Living Infection Prevention and Control Policy dated 11/2016, identified purpose was to provide sanitary and safe environment for all residents, their families, visitors, volunteers, and staff. The program would have oversight by an infection preventionist who would review policies, procedures, and establish surveillance system with review in order to make recommendations. The ICP will be responsible to provide continuous analysis of data collected. The ICP should make recommendation, investigate and evaluate occurrence of infections and diseases. The policy identified that early detection, prevention and management of infections can be accomplished through oversight of the program. ICP was to ensure documentation and monitoring of signs and symptoms of infections for both residents and staff.</p>		