

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245570	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/02/2020
NAME OF PROVIDER OF SUPPLIER MAPLE LAWN SENIOR CARE		STREET ADDRESS, CITY, STATE, ZIP 400 SEVENTH STREET FULDA, MN 56131	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and document review, the facility failed to cancel all group activities in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidelines. In addition, the facility failed to appropriately disinfect 1 of 1 multi-use resident glucometers during 1 of 1 observation. Findings include: Observation on 4/2/20 at 10:10 a.m., of 4 residents (R7, R11, R12, and R13) identified they were seated within 6 feet of each other in the day room participating in an exercise activity directed by an activities aide. Following completion of the activity some of those residents remained in the day room and watched TV. Observation on 4/2/20 at 2:05 p.m., of 9 residents identified they were seated in the dining room beginning to play BINGO. 1 activity staff member was in attendance overseeing the activity who was wearing a source control mask. R8 was seated at a table in the dining room between the dish room and an open kitchen door. R8 was observed coughing. The activity director (AD) asked R8 if she would be alright. The AD then retrieved a glass of water for her, offered R8 hand sanitizer, and resumed her preparations for the BINGO group activity. 8 other residents attended BINGO with R8: R1, R2, R3, R4, R5, R6, R7, and R9. No residents had worn any source control masks. Interview on 4/2/20 at 2:23 p.m., with registered nurse (RN)-A, the facility infection control preventionist, identified she was aware that the facility should not be having group activities per CMS guidelines. RN-A indicated the facility implemented no communal dining about a week ago. The facility had daily interdisciplinary team (IDT) meetings and they had discussed the continuation of group activities several times. RN-A stated we are fully aware of the guidance but have chosen to continue with group activities to keep as much sanity as possible for our residents. Interview on 4/2/20 at 2:33 p.m., with the activity director (AD) identified the facility was continuing scheduled group activities. AD understood CMS guidelines for group activities was to be a suggestion from CDC and CMS. The AD identified if there were an active case of COVID-19 in the facility, then they would end group activities. We are just trying to keep it as normal as possible for our residents mental health. Interview on 4/2/20 at 2:50 p.m., with the director on nursing (DON) identified facility staff talked at IDT about what they should be doing in order to continue as much routine as we can. The DON had communicated with other facilities and found half were still doing group activities. There was no confirmed COVID-19 cases in their county and the medical director was okay with that decision. The DON was aware of the CMS memo that indicated no communal dining or group activities were to be held but the facility chose to continue with group activities. Interview on 4/2/20 at 3:11 p.m., with the administrator (A) identified he felt the facility was in compliance with all CDC and CMS guidelines. The A felt trying to socially distance residents while in the dining room was no different than having residents sit in their doorways to play bingo. The A confirmed he was aware of the CMS memos. Review of the April 2020, activity calendar revealed daily scheduled group activities. Record review of the above identified residents confirmed each had multiple comorbidities that placed them at increased risk for contraction of COVID-19.</p> <p>Observation, interview, and manufacturer label review on 4/2/20, at 11:55 a.m., with licensed practical nurse (LPN)-A while checking a blood glucose level for R10 identified she used the facility common use (Assure Prism) glucometer to check R10's blood sugar levels. LPN-A identified residents had individual meters stored in their rooms. Rather than utilize R10's own glucometer, she used the facility multi-resident-use glucometer for convenience. After checking R10's blood glucose level, she returned the meter to the medication cart to disinfect and store the glucometer. LPN-A retrieved a PDI Sani-Cloth Bleach (disinfectant) wipe from the cart and wiped the surface which took less than 3 seconds. She then discarded the wipe into the trash. The surface of the meter was dry within 15 seconds. LPN-A reviewed the wipe manufacturer's label and identified the wipe required a 4 minute wet contact time for disinfection. LPN-A acknowledged the surface had not remained wet for the required 4 minute disinfection time. Interview and manufacturer label review on 4/2/20 at 12:10 p.m. with the infection control preventionist (ICP) identified the manufacture's disinfection time required the surface to be wet 4 minutes for appropriate disinfection to be achieved. She agreed LPN-A should have used the resident's own glucometer. Her expectation was if staff needed to use the multi-resident-use glucometer, they were to follow manufacturer's guidelines for appropriate disinfection. The policy for disinfecting multiple-resident-use items directed staff to follow manufacture's guidelines. Review of the 1/1/19, Blood Glucose Meters: Checking blood sugar identified glucose monitoring devices (glucometers) were to be cleaned with Sani-Cloth Bleach wipes or with similar product weekly. Staff were to follow manufactures contact time for disinfection. There was no mention multiple-use- items were required to be disinfected between each resident' use.</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.