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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>245620</b>  | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                 | (X3) DATE SURVEY COMPLETED<br><b>07/29/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MM VETERANS HOME MINNEAPOLIS</b>  |   | STREET ADDRESS, CITY, STATE, ZIP<br><b>5101 MINNEHAHA AVENUE SOUTH<br/>MINNEAPOLIS, MN 55417</b> |   |
| 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<br><br><b>Level of harm - Minimal harm or potential for actual harm</b><br><br><b>Residents Affected - Many</b>             | <p><b>Provide and implement an infection prevention and control program.</b><br/><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b><br/>Based on observation, interview, and document review, the facility failed to implement transmission based precautions for 1 of 5 residents (R1) reviewed for readmissions. This had the potential to affect all residents and staff in Building 22, 1st floor unit. In addition, the facility failed to implement proper infection prevention and control practices to prevent the spread of COVID-19 when staff wore a cloth type mask, rather than surgical face mask. This had the potential to affect all residents and staff in Building 22, 3rd floor unit. In addition, the facility failed to ensure COVID-19 symptom monitoring was completed at least daily for all residents to identify and initiate transmission-based precautions for potential symptoms of COVID-19. This had the potential to affect all residents in the facility. Findings include: Hospital return precautions: R1's Admission Record printed 7/29/20, indicated R1's [DIAGNOSES REDACTED]. R1's progress note dated 7/19/20, at 2:11 p.m. indicated at 12:11 p.m. R1 was found unresponsive in his room, had jerking movements, and was suspected to have had a [MEDICAL CONDITION]. 911 was called and R1 was sent to the hospital via ambulance. R1's progress note dated 7/19/20, at 8:03 p.m. indicated R1 was admitted to the VA hospital [MEDICAL CONDITION]. R1's progress note dated 7/27/20, at 9:32 p.m. indicated R1 was readmitted to the facility at 2:35 p.m. R1's hospital discharge summary dated 7/27/20, indicated R1 was discharged on [DATE] back to the Veterans home on 7/27/20 with [DIAGNOSES REDACTED]. Registered nurse (RN)-F stated there were six residents that resided on the unit. RN-F stated there were no residents on the unit that were on transmission based precautions. RN-F further stated R1 was readmitted from the hospital on [DATE], after a hospitalization [MEDICAL CONDITION] and a fractures of the left arm. RN-F stated R1 was not put transmission based precautions after he was readmitted on [DATE]. RN-F further stated new admits and readmits were normally on isolation and put on transmission based precautions for 14 days. RN-F stated staff were not putting on gowns or gloves prior to entering R1's room, and confirmed there was no signage indicating transmission based precautions or a cart of PPE supplies outside of R1's room. RN-F further stated he reviewed R1's hospital discharge paperwork that morning and did not indicate if R1 had a COVID test during his stay in the hospital. On 7/28/20, at 10:46 p.m. the director of nursing (DON) stated readmissions were determined on a case by case basis whether they are readmitted back to their rooms on isolation and transmission based precautions for 14 days, or in Building 22 on the 4th floor on the admission/readmission unit for 14 days. On 7/28/20, at 10:58 a.m. RN-E stated R1 was readmitted to the facility after a hospitalization [MEDICAL CONDITION], possible [MEDICAL CONDITION], and a fractured humerus on 7/27/20. RN-E stated when a resident was readmitted to the facility, residents were quarantined for 14 days and transmission based precautions were initiated. RN-E further stated signage instructing what PPE is needed to put on before entering the resident's room, and a cart of PPE supplies were placed outside the resident's room. RN-E stated R1 should have been on transmission based precautions right away when he returned from the hospital on [DATE]. 7/28/20, at 11:12 a.m. no PPE cart or signage was observed outside of R1's room. 7/28/20, at 11:59 a.m. no PPE cart or signage was observed outside for R1's room. 7/28/20, at 4:07 pm RN-G stated R1 was on droplet precautions because he was a readmitted from the hospital on [DATE]. RN-G stated R1 was put on droplet precautions 7/28/20. RN-G further stated new admissions and readmissions should be quarantined and put on droplet precautions for 14 days. On 7/28/20, at 4:07 p.m. a PPE cart, and signage was observed outside of R1's room. RN-G stated R1 was put on droplet precautions 7/28/20, because R1 returned from the hospital on [DATE]. RN-G further stated anyone that entered R1's room would need to wear a mask, eye protection, gown and gloves. On 7/28/20, at 4:16 p.m. DON stated when R1 was readmitted from the hospital, R1 should have been placed on transmission based precautions including signage outside of R1's room indicating proper PPE to don (put on) before entering R1's room, and an isolation cart of PPE supplies placed outside the resident's room. On 7/29/20, at 10:01 a.m. RN-D, the Infection Control Preventionist (ICP) stated she was informed droplet precautions were not put in place upon R1's readmission from the hospital on [DATE]. RN-D stated all residents who returned from the hospital should be placed on isolation for 14 days, and droplet precautions initiated. RN-D further stated transmission based precautions would include signage and an isolation cart of PPE supplies outside the resident's room. RN-D stated it was important to initiate transmission based precautions right away to prevent the spread of possible infection. Facility did not have a specific policy on readmission. Not wearing appropriate face covering: On 7/28/20, at 3:42 p.m. in Building 22 on the third floor unit, licensed practical nurse (LPN)-C was observed at the medication cart on the unit wearing a cloth mask and face shield. LPN-C was interviewed and stated she always wore a cloth masks, and had not been told that she needed to wear a surgical mask while working on the unit. LPN-C stated the facility provided surgical masks which were kept in a paper bag at entrance, but she preferred to wear her cloth masks. On 7/29/20, at 10:01 a.m. RN-D stated it was the expectation that all nursing staff wore a surgical mask, and cloth masks were not an acceptable face covering for staff who worked closely with residents. The DON was interviewed on 7/29/20, at 11:10 a.m. and stated direct care staff were expected to wear a surgical mask and cloth masks were not acceptable. DON further stated all staff were re-educated when the new guidelines were announced and audits were competed for compliance. The facility policy titled Masking Strategies undated, directed healthcare workers to wear disposable masks.</p> <p>On 7/28/20, at 11:06 a.m. RN-A was interviewed. RN-A stated COVID-19 monitoring was done twice daily and was a measurement of the resident's temperature and oxygen saturation. The information would be documented in the weights and vital signs section in the electronic medical record. RN-A stated symptom monitoring for residents would only be documented in a progress note if the resident had symptoms. Nurses were expected to ask the residents about symptoms. At 11:37 a.m. licensed practical nurse (LPN)-A was interviewed. LPN-A stated monitoring residents for COVID-19 was done by checking vital signs twice daily. LPN-A stated there were parameters for when to notify the provider based on temperature and oxygen saturation. LPN-A stated symptoms to watch for would be a new cough, she further stated symptom documentation was not part of the COVID-19 order. At 11:49 a.m. RN-B was interviewed. RN-B stated COVID-19 monitoring was checking vital signs twice daily. At 3:32 p.m. RN-C was interviewed. RN-C stated Covid-19 monitoring was checking vital signs, temperature and oxygen saturation every 24 hours. If there was something unusual or if they complain about something, then follow up. On 7/29/20, at 12:14 p.m. the DON was interviewed. The DON stated COVID-19 symptom monitoring would be done twice daily and included checking the temperature and oxygen saturation. The DON stated COVID-19 symptoms would only be documented in the progress note if the resident had any symptoms as they chart by exception. Orders were reviewed in the electronic medical record, temperature over 100.0 or O2 &lt; 90%, report to MD/NP (doctor of medicine/nurse practitioner). The Infection Prevention and Control Assessment Tool for Long-term Care Facilities version 1.3.1 - September 2016, completed on 7/14/20, did not address COVID-19. The Resident Screening for Symptoms Protocol - COVID-19 dated March 14, 2020, directed staff to: Once daily, nursing staff should assess residents by taking their temperature and recording in PCC (point click care, electronic medical record). Nursing will ask residents if they have been coughing or short of breath. Documentation in PCC will occur if residents are symptomatic and will detail their symptoms. Nursing will communicate to leadership the presence of any positive respiratory symptoms so they can be further evaluated and monitored for appropriate clinical care The Minnesota Department of Health COVID-19 Action Plan for Health Care Facilities dated 4/8/20, directed: Implement active screening of residents upon admission and twice daily for fever (&gt;100.0), acute respiratory symptoms (e.g. cough, shortness of breath, sore throat) and diarrhea. The Minnesota Department of Health Toolkit dated 5/12/20, directed: Actively screen all residents for fever and respiratory symptoms of illness at least daily. Twice daily is best practice. Screen each shift for ill residents. Actively monitor all residents for fever (&gt;100.0 or subjective) and symptoms of COVID-19 (shortness of breath, new or change in cough, sore throat, or muscle aches). If positive for fever or symptoms, screen each shift and implement Transmission -Based Precautions.</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.