

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245205	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/05/2020
NAME OF PROVIDER OF SUPPLIER ANOKA REHABILITATION AND LIVING CENTER		STREET ADDRESS, CITY, STATE, ZIP 3000 4TH AVENUE ANOKA, MN 55303	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and document review, the facility failed to implement ongoing infection prevention and control program to prevent the spread of infection due to lack of appropriate use of PPE, when staff failed to wear eye protection when in direct contact with a resident (R1). This had the potential to affect all 9 residents residing in the unit and staff. Findings include: R1's MDS had no cognitive score, but indicated R1 was rarely/never understood. R1 needed extensive assistance in all activities of daily living and had [DIAGNOSES REDACTED]. During an observation on 6/4/20, at 12:43 p.m. nursing assistant (NA)-A was observed in R1's room sitting knee to knee doing an activity with the resident. NA-A was wearing a surgical mask, however, was not wearing any eye protection. NA-A stated it was a part of nursing's duties to do activities with residents at this time. NA-A clarified he'd had training on infection control practices related to COVID and possessed face ware. Further, NA-A stated eye protection was primarily to be worn by staff working on the COVID positive unit and NA-A did not work that unit. During an interview on 6/4/20, at 1:07 p.m. clinical nurse manager (NM)-A stated all staff are to wear a mask and face shield at all times. NM-A clarified a few staff wore goggles due to personal issues while wearing the shield. NM-A observed NA-A sitting knee to knee with R1 doing an activity. At 1:26 p.m. NM-A acknowledged NA-A was not wearing eye protection and instructed NA-A to get appropriate eye protection. At 1:27 p.m. NA-A returned to R1's room wearing a face shield. During an interview on 6/5/20, at 3:16 p.m. the director of nursing (DON) stated all staff were to wear face masks. Direct care staff were to wear a surgical mask and a face shield or eye protection. The facility policy, Optimizing the Supply of Eye Protection, Face Shields during COVID-19 Pandemic, dated May 2020, stated when coming in contact with ALL residents including COVID-19 Positive, COVID-19 Negative, COVID-19 Status unknown, all staff should be wearing a facemask and a face shield and or goggles.</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.