

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245215	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/13/2020
NAME OF PROVIDER OF SUPPLIER ECUMEN LAKESHORE		STREET ADDRESS, CITY, STATE, ZIP 4002 LONDON ROAD DULUTH, MN 55804	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 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 residents. In addition, the facility failed to ensure staff were wearing proper protective equipment (PPE) to prevent the spread of COVID-19 according to Centers for Disease Control (CDC) guidelines for 3 of 4 residents (R7, R9, R11) observed for modified droplet precautions. These practices had the potential to affect all 28 residents who resided at the facility. Findings include: On 8/11/20, at 1:00 p.m. the facility main entrance provided signage and information related to COVID-19 to ensure immediate screening and surveillance of staff and visitors for potential COVID-19 symptoms before entering the facility and having contact with residents. In addition, upon entrance signage direction those who entered to please sanitize hands, put on a mask, and be screened at reception desk. On 8/12/20, at 7:05 a.m. Environmental worker (E-A) was observed entering the facility. Upon entering the facility, E-A sanitized his hands, donned a mask, and walked to the reception desk. E-A was observed to screen himself using a 3-ring binder located at the reception desk. E-A then took his own temperature with a forehead scanner, and documented it in the binder. No sanitizing wipes were observed to be at the desk to sanitize the pens or thermometer which staff members used to complete independent screening. On 8/12/20, at 7:29 a.m. housekeeper (H)-A was interviewed, and stated she completed the COVID-19 screening herself. NA-A verified sanitizing wipes were not available at the desk to sanitize the pens or thermometer. On 8/12/20, at 7:32 a.m. nursing assistant (NA)-D was interviewed, and stated he completed the COVID-19 screening himself. NA-D further stated he would report a temperature of over 99.9 to the registered nurse (RN) on charge via phone, and would not enter further into the facility. NA-D verified sanitizing wipes were not available at the desk to sanitize the pens or thermometer. On 8/12/20, at 7:43 a.m. the front desk receptionist (R)-A was interviewed and stated Monday through Friday from the hours of 8 a.m. and 6 p.m., and Saturdays and Sunday from the hours 9 a.m. and 5 p.m., the front desk had a staff member who screened staff and visitors at the reception desk. R-A stated staff members used to screen themselves when there was not a screener at the desk, including nightshift and dayshift for those that start prior to a screener being at the front desk. On 8/12/20, at 7:45 a.m. business office worker (BW)-A was observed entering the facility. Upon entering the facility, BW-A used hand sanitizer, donned a clean mask, and walked to the reception desk. BW-A picked up a pen and answered questions, then took her temperature. Neither the pen nor thermometer were sanitized before or after use. On 8/13/20, at 10:02 a.m. the director of nursing (DON) verified the facility had not been actively screening staff on night shift, and those that entered early for dayshift. The DON stated this practice could result in possible exposure and spread of COVID-19. The DON stated guidance through CMS and MDH specified active screening, and the facility had not been following guidance. The DON further stated the facility had not been sanitizing items such as thermometer and pens used by staff. The DON stated this facility practice could have led to a breach in infection control and spread of COVID-19. R7's Face Sheet printed 8/13/20, included [DIAGNOSES REDACTED]. R7's Care plan initiated 8/10/20, indicated R8 had activity of daily living (ADL) self-care deficit and was dependent on staff for ambulation, and required minimal assistance of one staff with all ADLs. R7's care plan directed caregivers to personal protective equipment (PPE) at all times when providing care due to facility 14 day quarantine period upon admission. R7's progress note dated 8/10/20, indicated R7 admitted to the facility from a recent hospital stay. R9's Face Sheet printed 8/13/20, indicated R8's [DIAGNOSES REDACTED]. R9's Care plan initiated 8/7/20, indicated R9 had ADL self-care deficit, and was dependent on staff for ambulation, and required minimal assistance of one staff with all ADLs. R9's progress note dated 8/7/20, indicated R9 admitted to the facility from a recent hospital stay. R11's Face Sheet printed 8/13/20, included [DIAGNOSES REDACTED]. R11's Care plan initiated 8/5/20, indicated R11 had ADL self-care deficit, and was dependent on staff for ambulation, and required extensive assistance of one staff with all ADLs. R11's progress note dated 8/5/20, indicated R11 had been admitted to the facility from a recent hospital stay. On 8/11/20, at 2:49 p.m. R7's room was observed to have a clear bin outside of the room which included alcohol based hand rub (ABHR), signage for modified droplet precautions directing a 14 day quarantine was to be in effect until 8/24/20. Instructions posted include staff was to wear a face mask, eye shield, and gloves when providing cares for R7. On 8/11/20, at 2:49 p.m. during continuous observation, NA-A was observed outside R7's room donning an isolation gown and gloves. NA-A did not use hand sanitizer prior to donning gloves. NA-A's face mask and eye shield were already in place and being worn properly. NA-A proceeded to enter R7's room, shut off R7's call light, and exit R7's room with water pitcher. NA-A then proceeded to place R7's water pitcher on the isolation bin, removed the soiled gloves, and opened a new box of gloves. Without performing hand hygiene, NA-A donned clean gloves, filled R7's water pitcher from the unit's ice and water machine, and returned to R7's room. NA-A filled R7's drinking glass from the water pitcher. NA-A then removed the soiled gloves, and went into R7's bathroom. NA-A washed hands, and removed the gown, and exited room. On 8/11/20, at 4:15 p.m. NA-A verified she had not perform hand hygiene between glove changes. On 8/12/20, at 8:47 a.m. R9's room was observed to have a clear bin outside of the room which included ABHR, signage for modified droplet precautions directing a 14 day quarantine was to be in effect until 8/21/20. Instructions posted included staff were to wear a face mask, eye shield, and gloves when providing cares for R9. On 8/12/20, at 8:47 a.m. during continuous observation, NA-B was observed in R9's room assisting R9 with standing up. NA-B was observed wearing his face mask and eye protection, however, NA-B did not wear gloves while providing cares for R9. NA-B was observed performing hand hygiene when exiting R9's room. On 8/12/20, at 8:56 a.m. R11's room was observed to have a clear bin outside of the room which included ABHR, signage for modified droplet precautions directing a 14 day quarantine was to be in effect until 8/18/20. Instructions posted included staff were to wear a face mask, eye shield and gloves when providing cares for R11. On 8/12/20, at 8:56 a.m. during continuous observation, NA-C was observed in R11's room assisting R11 into bed with the use of mechanical lift. NA-B was observed wearing a face mask and eye protection, however NA-C did not wear gloves while providing cares for R11. NA-C then exited R11's room, sanitized the mechanical lift and performed hand hygiene. On 8/12/20, at 8:58 a.m. NA-C verified she had not been wearing gloves when providing personal cares for R11, which included assisting R11 into her bed. On 8/12/20, at 11:31 a.m. registered nurse (RN)-A stated all new admissions required a 14 day quarantine period as part of COVID-19 assessment. RN-A stated all staff providing cares for residents on modified droplet precautions were required to wear gloves when entering the room and providing cares. On 8/13/20, at 12:43 p.m. the DON stated staff were to wear the appropriate PPE while providing cares for residents. The DON stated it was important to follow the recommended guidelines which included isolation for 14 days upon admission to prevent the possible spread of COVID-19. The DON stated not all residents have the COVID-19 test prior to admission, thus following modified droplet precautions needed to be adhered to by all staff providing cares. The DON stated she expected all staff were following the guidelines of wearing face mask, eye protection, and gloves when entering the residents on 14 day isolation precautions. The facility policy 14 Day New Admission Quarantine /Modified Droplet Precautions updated 5/6/20, directed staff to be wearing required PPE while quarantine/modified droplet precautions providing cares for residents to include surgical mask, eye protection,</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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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>and gloves. The facility policy COVID-19 Policy for New Admission Isolation undated, directed new admissions to be placed on 14 day isolation with precautions. The policy further directed after 14 days have elapsed and the resident has not developed any symptoms of infection, modified precautions can be discontinued and the resident may be moved to a shared room as needed. The facility policy Ecumen Lakeshore Screening Protocols dated 8/4/20, lacked specific direction and guidance related to active screening, and sanitization of common use items.</p>		