

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245240</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>LAKE WINONA MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP <b>865 MANKATO AVENUE WINONA, MN 55987</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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on interview and document review the facility failed to ensure proper screening of staff occurred for 2 of 2 housekeepers (HSPK-A and HSPK-B) and 1 of 2 licensed practical nurses (LPN)-A. This had the potential to affect all staff and 95 residents in the facility at the time of COVID-19 Infection Control Focus Survey. Findings include: On 4/30/2020, at 10:14 a.m. housekeeping (HSPK)-A indicated the day started with cleaning shoes with the oxygene solution, using hand sanitizer and then taking own temperature using the thermometer on the bench by the time clock. HSPK-A stated if temperature was over 100 degrees needed to get a hold of a nurse. HSPK-A verified not answering any screening questions prior to starting the shift. On 4/30/2020, at 11:29 a.m. licensed practical nurse (LPN)-A stated she entered the door to the facility by the director of nursing's office. LPN-A stated screening of staff was completed at the front desk at the TCU (transitional care unit). LPN-A stated if there was a long line to be screened she may go to the locker room and put away her purse and lunch box before being screened. LPN-A asked, Am I not supposed to be doing that? LPN-A stated she kept her mask and face shield in her locker in the locker room. On 4/30/2020, at 11:30 a.m. HSPK-B stated housekeepers start their day in the environmental service area, take their own temperature and place a check by their name on sheet when temperature was completed. HSPK-B verified was not asked any screening questions prior to the start of the shift. On 4/30/2020, reviewed 1st Shift Daily Sign-in Sheet dated Thursday, April 30th, 2020. There was a spot for staff to place a check mark if temperature was ok, but no screening questions noted. On 4/30/2020, at 12:08 p.m. administrative assistant (AA)-A indicated when housekeeping staff come in for their shift they are to take their own temperature and check off next to their name on a sheet of paper by the time clock if temperature was &lt;100 degrees. (AA)-A indicated the staff are not monitored for temperature readings it was a good faith, trusting they are documenting accurately. (AA)-A confirmed staff are not asked any screening questions prior to the start of the shift. On 4/30/2020, at 12:37 p.m. environmental services manager stated staff come in and take their own temperature using the thermometer by the sign in sheet. Verified up to now staff had not been asked any screening questions. Environmental service manager stated will be looking at implementing a sheet titled, MONITOR YOUR SYMPTOMS BEFORE STARTING YOUR SHIFT. Environmental services manager indicated had received the form last week and will be starting it on Monday. On 4/30/2020, at 12:52 p.m. the administrator verified that it was the responsibility of each director/manager to make sure staff were screened. The administrator verified housekeeping staff would be screened in the environmental services area and that they are not screened at Lake(NAME)Manor. The administrator verified for Lake(NAME)Manor staff, there were two entrances for staff to enter the facility based on where they parked and stated staff entered and were to walk to the screening area at the transitional care unit nurses station to complete the screening.</p> <p>According to an E-mail communication to all LWM (Lake(NAME)Manor) Users dated 4/23/20, a licensed practical nurse (LPN-C) identified as the Staff Development Coordinator, wrote the facility had added to previous information about staff taking temperatures upon arrival to work. The communication indicated a staff member could take their own temperature, but it must be witnessed by another staff who would also ask if they had any symptoms (Covid-19). The E-mail indicated the temperature was to be written on the screening form and initialed by the witness.</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.