

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245291	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/27/2020
NAME OF PROVIDER OF SUPPLIER ST CLARE LIVING COMMUNITY OF MORA		STREET ADDRESS, CITY, STATE, ZIP 110 NORTH 7TH STREET MORA, MN 55051	
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 ensure all visitors and staff were actively screened upon entering the facility to reduce the risk of transmission of the COVID-19 virus. Further, the facility failed to ensure staff utilized personal protective equipment(PPE) in a manner to prevent the potential spread of infection. In addition, the facility failed to ensure all resident group activities were canceled along with ensuring residents maintained social distancing while eating in the dining room. This had the potential to affect all 50 residents currently residing in the facility along with all staff and approved visitors at the time of the COVID-19 Focused Infection Control Survey. Findings Include: SCREENING On 4/24/20, at 10:10 a.m. the survey team entered the facility through the main doors. There was a notice posted STOP All Staff, Outside Vendors and Deliveries must complete a pink questionnaire on COVID-19, along with checking their temp and recording it on the pink form. If you are experiencing a cough, sore throat, shortness of breath, or other respiratory symptoms we ask that you not enter our building . There was a table with COVID-19 brochures and a clipboard with pink COVID-19 questionnaires. On the clipboard there was a small yellow note attached which identified; Please Have Your Temp Taken Before Going Any Further. There was no thermometer. Staff were not present to obtain temperatures from the surveyors' although, staff had walked by, they did not assist with screening the surveyors. At 10:19 a.m. the administrator and director of nursing (DON) directed the survey team to the small conference room near the facility entrance for a facility entrance conference. Neither the administrator or DON reviewed the surveyors questionnaires nor attempted to take the surveyors temperature. During the entrance conference the DON stated there were no residents currently symptomatic or diagnosed with [REDACTED]. The staff were expected to wear gowns, gloves, eye protection and surgical masks when in those residents rooms. At 11:12 a.m. an unidentified facility nurse obtained the surveyors temperatures after the surveyors had started the survey process. When interviewed on 4/24/20, at 10:47 a.m. trained medical assistant (TMA)-A reported she entered the facility using the back door. TMA-A stated, I take my own temperature and fill out a form about signs and symptoms. TMA-A stated she would go to the floor after her temperature was taken and questionnaire had been completed. When interviewed on 4/24/20, at 10:53 a.m. therapeutic recreation (TR)-A stated she entered the back door and had her temperature taken either by herself or a staff member. TR-A stated the questionnaire identified potential signs and symptoms related to COVID-19. During interview on 4/24/20, at 10:59 a.m. housekeeper (HK)-A stated she took her own temperature before and filled out her own COVID-19 questionnaire prior to working with residents. When interviewed on 4/24/20, at 11:13 a.m. nursing assistant (NA)-A stated she self completed a pink sheet with questions on it related to COVID-19 and obtained her own temperature. She then put on a mask and washed their hands before working with the residents. During interview on 4/24/20, at approximately 11:15 a.m. registered nurse (RN)-A stated she did not enter the facility through the back employee entrance. RN-A primarily worked on the transitional care unit (TCU) and therefore entered the building through the TCU entrance. RN-A then took her own temperature and filled out her COVID-19 symptom questionnaire. RN-A then performed hand hygiene and put on her mask. During interview on 4/24/20, at approximately 11:30 a.m. NA-C stated she entered the building through the back door, employee entrance. Staff were not present to screen the staff. They took their own temperatures and filled out a COVID-19 symptom screen. When they completed the form they placed it in a basket and punched in. During interview on 4/24/20, at 11:28 a.m. wellness coach (WC)-A stated she entered the facility through the back door. They then take their own temperature and they completed the COVID-19 questionnaire. Then they put on a mask and headed to the floor to start working with the residents. When interviewed on 4/24/20, at 11:39 a.m. (HK)-B stated she entered the facility through the back door. I take my own temperature and wipe down the thermometer with wipes. After taking their temperature HK-B stated she filled out a questionnaire about COVID-19 symptoms. On 4/24/20, at approximately 11:50 a.m. the back employee entrance was observed. There was a sign which identified STOP All Staff, Outside Vendors and Deliveries must complete a pink questionnaire on COVID-19, along with checking their temp and recording it on the pink form. If you are experiencing a cough, sore throat, shortness of breath, or other respiratory symptoms we ask that you not enter our building . There was a tray table with an infrared thermometer, disinfecting wipes along with blank COVID-19 questionnaires, next to the forms was a bin which had completed employee COVID-19 screening forms. The completed COVID-19 screening forms were dated 4/23/20, through 4/24/20. All forms were identified as negative for signs of COVID-19. Two unidentified staff members walked in from the back entrance and proceeded to take their own temperatures, disinfect the thermometer, fill out their COVID-19 questionnaire, place the form into the bin and punch in. No one was present for their screening and no one verified they were symptom free and were okay to work. During telephone interview on 4/24/20, at 9:30 a.m. RN-C who was also the facility infection preventionist identified the facility had multiple start times for various department and after the first couple of days of showing the employees how to complete the screening they were left to complete it for themselves as the facility did not have the staff to monitor the door for staff. The facility would need to rethink how they were screening their staff. The undated facility policy Step 3 Action Plan for Emerging Infectious Illnesses identified Employees will be screened prior to clocking into their shift by a staff member, charge nurse or nurse manager. PPE On 4/24/20, at 10:47 a.m. there was a tray table observed between two resident doors with gowns, gloves, goggles and surgical masks. TMA-A exited R1's room with a gown and gloves on. TMA-A began removing the gown on the outside of the room and discarded the gown and gloves in the hallway garbage can. TMA-A then walked down the hallway and entered the soiled utility room , as TMA-A stated she needed to wash their hands. Immediately after the observation TMA-A was interviewed and stated there was not a sign on R1's door for infection control precautions, there is supposed to be a sign on the door but there is not one now. TMA-A stated R1 was on droplet precautions because of recently returning from the hospital. She was not aware goggles were to be worn, but should be taking her gown and gloves off inside the room and perform hand hygiene immediately. During interview on 4/24/20, at approximately 11:15 a.m. RN-A stated there were no residents with current COVID-19 signs or symptoms; however they had a couple new admissions that were on contact precautions for 14 days as a preventative measure. The staff needed to wear gowns, gloves and a surgical mask vs a cloth mask. RN-A did not identify staff should wear goggles when in those resident room. On 4/24/20, at approximately 11:30 a.m. NA-C stated there were residents on transmission based precautions for 14 days after they admitted to the facility. They were to wear a gown, gloves and surgical mask and not the cloth mask they were using with everyone else. NA-C was never instructed to use goggles; although, there were goggles observed on the cart outside of the room where transmission based precautions were in effect. During observation on 4/24/20, at 11:39 a.m. HK-B exited R2's room with a gown, gloves and a mask on. HK-B removed the gown and gloves near the housekeeping cart outside the residents room. There was a sign posted on the outside of the the door to see the nurse prior to entering. HK-B stated she did not know why she had to wear a gown, glove and mask. They were told wear to the PPE when entering the room, if the PPE was outside the room and there is a sign. HK-B stated she did not speak to a nurse prior to entering the room. HR-B explained she did not know if they were suppose to wear goggles, observed to be part of the supplies located outside of residents room. During observation on 4/24/20, at 11:57 a.m. NA-B entered R3's room without putting on gowns, gloves or goggles. There was a sign posted on R3's door to see</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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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>the nurse prior to entering. When interviewed NA-B explained she did not gown or glove because the aide forgot to turn off the call light. NA-B stated she would come out and put on PPE if the resident needed any further help Normally I would gown up, gloves on and then help resident. NA-B did not mention the use of wearing eye protection. During telephone interview on 4/24/20, at 9:30 a.m. RN-C stated she was not aware the facility could display what type of transmission based precautions on the outside of the door, to ensure staff were using the correct PPE when entering the residents room. For resident on 14 day new or readmission precautions for COVID-19 the staff were expected to use a gown, gloves, surgical mask and goggles to prevent the transmission of COVID-19, as they were treated as suspected COVID-19 cases. Further, staff were expected to remove their gown and gloves and perform hand hygiene prior to exiting the room. The facility would be re-educating all their staff to ensure proper PPE usage. The undated facility Donning and Removing PPE Competency directed staff to put on gown, apply mask, apply eyewear and then apply gloves. When doffing the PPE they were directed to dispose of the PPE in a designated receptacle and then wash their hands. The facility policy COVID-19, reviewed/revised 4/20, identified: as a precautionary measure any suspected case would require standard, contact precautions with eye protection and a mask. The undated facility policy Step 3 Action Plan for Emerging Infectious Illnesses identified all resident admitted to the facility would be put in isolation for 14 days as a standard of practice regardless of a Covid-19 negative result. The Centers for Disease Controls (CDC) Use Personal Protective Equipment (PPE) When Caring for Patients with Confirmed or Suspected COVID-19 directive dated 3/30/20, identified acceptable PPE as facemask, faceshield or goggles, one pair of clean gloves and an isolation gown. ACTIVITIES During interview on 4/24/20, at 10:47 a.m. TMA-A stated the facility continued to allow group activities but have no more than 10 residents attend the activity. When interviewed on 4/24/20, at 10:53 a.m. TR-A stated they had continued to provide some group activities in the dining room. There were less than 10 residents at these activities and they ensure they are 6 feet (ft) apart. During interview on 4/24/20, at 11:28 a.m. WC-A stated the facility continued to have group activities with the residents. The activities were small, no more than four residents, but they were spaced out 6 ft apart and no more than two residents to a table, like they did for meals. WC-A stated they facility continued to do group activities like Bingo. WC-A stated they had a planned group activity later that day for Resident Council and was wondering how she was going to complete that activity. An undated facility provided Group Activities list identified the facility was doing ongoing group activities as identified: BINGO, Dice, Card BINGO, Candy Bar Dice, Crafts, Trivia, Hangman, Sunday Church Service. The undated facility policy Step 3 Action Plan for Emerging Infectious Illnesses identified all group activities would be suspended. Residents were able to engage in hallway activities that included social distancing. DINING ROOM On 4/24/20, at 10:45 a.m. twelve residents were observed in the south dining room, waiting for their afternoon meal to be served. Residents were seated both independently and two residents to a round table. The residents with two residents at the table were seated directly across from each other. The round tables were approximately 4 ft. in diameter, leaving the approximately 4 1/2 ft. to 5 ft. between the residents. When interviewed on 4/24/20, at 10:47 a. m. TMA-A stated independent residents ate in their rooms and residents who needed supervision or assistance with eating ate in the dining rooms. During observation on 4/24/20, at 10:52 a.m. residents were in the main dining room, eating their meals with staff assisting them. Residents were seated both individually and two residents to a round table. The tables with two residents had the residents seated directly across from each other approximately 4 ft. apart, leaving the approximately 4 1/2 to 5 ft between the residents. During observation on 4/24/20, at 11:19 a.m. the wellness room had two tables, one table had a resident seated alone, the second table had two residents seated across and kitty corner from each other approximately 4 ft apart. The residents were eating independently without staff present. Immediately after observation of the wellness room, RN-B stated the residents like to eat in there (wellness room) and they kept them far apart. RN-B additionally confirmed the residents do eat independently. On 4/24/20, at 1:11 p. m. maintenance service (M)-A measured the tables in the dining rooms and identified the following: The Main dining room and South dining room round tables were 4 feet in diameter, and the Wellness Room rectangle table was 27 inches across and 5 feet long. During telephone interview on 4/24/20, at 9:30 a.m. RN-C stated she had communicated the CDC, Centers for Medicare and Medicaid (CMS) and Minnesota Department of Health's guidance on stopping all group activities along with ensuring residents were appropriately distanced in the dining rooms. This was important to help prevent the spread of COVID-19 as the resident were in their homes and currently the facility was not mandating them to wear facial masks for source control. The undated facility provided dining room seating chart identified the following: -The Main Dining Room had nine tables and 18 residents were identified to eat in the dining room. Two residents were assigned to each table. Eleven residents were identified to eat independently. - Wellness Room has two tables with three residents identified to eat in the room. One table was assigned to two residents and the other table was assigned to one residents. All three residents were identified to eat independently. - South Dining Room had five tables and identified nine residents were identified to eat in the dining room. Three of the tables sat two residents to a table. The other two tables had one resident to each table. All residents were identified to need visual cueing or total assistance to eat. The facility policy COVID-19, reviewed/revised 4/20, identified COVID-19 was a respiratory illness that could spread person to person by respiratory droplets between people in close contact with each at about 6 ft. The undated facility policy Step 3 Action Plan for Emerging Infectious Illnesses, identified there would be no communal dining. Based on resident acuity, the MDR (main dining room) will be used appropriately to follow social distancing guidelines.</p>		