

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245301</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>08/31/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>PIONEER MEMORIAL CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>23028 - 347TH STREET SOUTHEAST ERSKINE, MN 56535</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 - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview and document review, the facility failed to implement recommended COVID-19 infection control procedures related to the use of personal protective equipment (PPE) when in direct contact for 1 of 1 residents (R1) who was on a 14 day isolation period. This had the potential to affect all 41 residents residing in the facility and staff. Findings include: R1's Face Sheet undated, indicated her R1's most recent hospital stay was 8/24/20, through 8/28/20. R1's [DIAGNOSES REDACTED]. R1's care plan revised 6/8/20, lacked indication of R1's 14 day quarantine. On 8/31/20, at 11:00 a.m. R1's room was observed. R1's room lacked signage indicating she was on any type of isolation precautions. There was no isolation cart noted near R1's room. R1 was observed to be sitting in a recliner in her room, and was not wearing a mask. Occupational therapist (OT)-A was observed to be kneeling next to R1's recliner, speaking with her. OT-A was wearing a mask and goggles, but was not wearing a gown. OT-A exited R1's room, walked down the hallway, and into a supply room. OT-A obtained a walker and returned to R1's room. OT-A put on gloves, and attempted to ambulate R1. R1 refused, and OT-A stated she would just work on upper body exercises, as R1 appeared too tired to ambulate. OT-A was interviewed at that time, and stated she knew this hall was the quarantine unit, and if there were any new residents residing on the unit, she would ask staff if anyone had active COVID-19 symptoms. OT-A stated if a resident did have symptoms such as a cough or fever, she would wear a gown. OT-A stated she wore a mask and goggles for cares with the current residents residing on the unit. -At 11:31 a.m. dietary aide (DA)-A was observed going from room to room in the quarantine unit, taking resident lunch menu orders. DA-A was observed to wear a face mask and goggles, however, was not wearing a gown. -At 12:05 p.m. the dietary manager (DM)-A was observed to enter R1's room. DM-A was wearing mask and goggles, however, did not don a gown. DM-A was observed to visit with R1 for a few minutes, apply alcohol based hand sanitizer to her hands, and exited the room. DM-A stated she knew R1 was in quarantine because she just returned from the hospital. DM-A stated she was not sure what precautions were needed for R1, however, she wore mask and goggles at all times, and tried not to stand too close to the residents. -At 1:45 p.m. physical therapist (PT)-A and OT-A exited R1's room after treatment, pushing a mechanical standing lift through the hall. PT-A stated they had assisted R1 into bed. PT-A and OT-A were not observed to be wearing gowns. Both PT-A and OT-A stated they worked in all units of the facility. -At 3:23 p.m. registered nurse (RN)-A stated she was the facility infection control nurse. RN-A stated staff were not wearing gowns at any times with the 14 day quarantine residents, as they were doing routine testing and screening. RN-A stated they were in personal protective equipment (PPE) conservation mode, however, RN-A denied the facility was having a shortage of isolation gowns. -At 4:05 p.m. the director of nursing (DON) stated the staff had not been wearing gowns for the 14 day quarantine residents, and that she understood gowning was not required for 14 day quarantine for PPE conservation. The DON verified there were no signs to indicate what rooms required isolation precautions. The facility's COVID-19 Preparedness Plan dated 8/27/20, directed residents returning from a hospital stay, regardless of COVID-19 status, will be isolated in a preferred private room, while being monitored for COVID-19 symptoms for a minimum of 14 days. The policy directed staff to use standard, contact, and droplet precautions with eye protection. COVID-19 recommendations for PPE were gown, mask, and goggles/eye protection. The policy indicated a PPE cart would be readily available and placed outside of the resident's room when precautions and PPE were indicated.</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.