

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245336	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER THE ESTATES AT DELANO LLC		STREET ADDRESS, CITY, STATE, ZIP 433 COUNTY ROAD 30 DELANO, MN 55328	
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	Provide and implement an infection prevention and control program. Based on observation, interview, and document review, the facility failed to ensure proper use and disinfection of face shields was implemented to prevent the spread of infection. In addition, the facility failed to ensure required contact times (time a disinfectant is in direct contact with the surface or item to be disinfected until complete drying has occurred.) were followed when disinfecting surfaces/equipment. This had the potential to affect all 35 residents who resided in the facility. Findings include: When interviewed on 6/15/20, at 10:05 a.m. housekeeper (HSPK)-A stated high touch surfaces were cleaned with Comet Disinfectant with bleach which had a contact time of 10 seconds. HSPK-A stated they had been trained by the facility on contact time for cleaners used in the facility. On 6/15/20, at 10:55 a.m. nursing assistant (NA)-A was observed exiting a COVID positive room, removed blue with foam at forehead face shield, sprayed face shield with Spic and Span and immediately wipe off with blue rag. NA-A stated face shield was cleaned when leaving a COVID room, had received training by the facility on cleaning face shield with Spic and Span but was not aware of required contact time. When interviewed on 6/15/20, at 11:30 a.m. registered nurse (RN)-A stated the face shields that were blue with foam across the forehead were not to be worn in COVID rooms, there was heavy duty face shields inside the room that was to be worn. When leaving the room both the face shield worn inside the room and the one for outside of COVID rooms was to be cleaned with Spic and Span. Spic and span was to be sprayed on both sides of the face shields, was able to do a quick wipe so the cleaner was not dripping down the mask but needed to remain wet for 10 minutes. RN-A further stated that NA-A did not change face shields when entering a COVID room. When interviewed on 6/15/20, at 12:15 p.m. maintenance director stated face shields with foam on top was not to be used in COVID rooms, there was heavy duty face shields in the COVID rooms to be used. Cleaners used in the facility were Comet Disinfecting Cleaner with Bleach with a one minute contact time and Spic and Span which had a 10 minute contact time. When interviewed on 6/15/20, at 12:29 p.m. NA-A stated they were unable to wear the face shields provided by the facility for inside of COVID rooms, the face shields did not fit properly which allowed the face shields to slide down the face. When interviewed on 6/15/20, at 1:00 p.m. administrator stated there was separate face shields that were to be used while in a COVID room, blue with foam face shields were for use in the hallways and non COVID rooms. Administrator stated staff had been trained on face shield use and cleaners used including contact time. Face Shield education effective 4/29/20 stated Do NOT wear your personal face shield into the rooms of residents that are on isolation. You must use the designated isolation face shield located in their room for the entire time that you are with them. In addition, the education directed staff to sanitize the face shield by spraying down with Spic and Span then wipe clean with a rag. Undated(NAME)and(NAME)flow-sheet provided by facility indicated Comet Disinfecting Cleaner with Bleach contact times was 1 minute, Spic and Span contact time was 10 minutes.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.