

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245337	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
NAME OF PROVIDER OF SUPPLIER THE ESTATES AT LINDEN LLC		STREET ADDRESS, CITY, STATE, ZIP 105 WEST LINDEN STREET STILLWATER, MN 55082	
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.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 the residents. This had the potential to affect all 43 residents residing in the facility. Findings include: On 5/5/20, at 7:45 a.m. registered nurse (RN)-A was interviewed and stated there were three entrances that staff use to enter the facility. RN-A stated all visitors and employees were to be screened at main nurse's station. RN-A verified staff would have to work through resident units to go to the main nurse's station. On 5/5/20, at 7:45 a.m. during a facility tour, registered nurse (RN)-A verified the 1st floor side entrance was being used as the primary employee entrance, and lacked proper personal protective equipment (PPE), including masks. The facility signage indicated a mask was required before entering the facility. On 5/5/20, at 7:55 a.m. nursing assistant (NA)-A was observed filling out a screening form at the nurse's station. NA-A stated she started work at approximately 7:00 a.m. that day, however, was just now completing her COVID-19 screening form. On 5/5/20, at 8:00 a.m. the director of nursing (DON) stated all employees were completing their own COVID-19 screening prior to starting a shift. The DON stated she expected employees to be seen by a designated screener prior to working. The DON stated if employees answered yes to any questions, they then would need to go get tested for COVID-19, and keep isolated at home until the results or symptoms resolved after 10 days; or they would need to be seen by a physician and excluded from work for 14 days. On 5/5/20, at 8:14 a.m. housekeeper (H)-A stated she used the 3rd street basement entrance. H-A stated masks were not available for staff to don prior to going upstairs where residents resided. H-A stated she took her own temperature, and filled out the COVID-19 screening form independently without oversight from a designated screener. H-A stated she did not always complete COVID-19 screening before starting her housekeeping duties. On 5/5/20, at 8:22 a.m. H-B verified she entered using the 3rd street basement entrance where there were no masks available. H-B stated she had taken her own temperature and filled out COVID-19 screening questions herself with no screener. On 5/5/20, at 8:33 a.m. NA-B stated she routinely used the side entrance on 4th street, and then went to the nurse's station located on the 1st floors. NA-B stated employee COVID-19 screenings were being completed by the individual employee. NA-B stated they were told a nurse was responsible for reviewing individual employee COVID-19 screening forms and then signing off, however, this was not being completed. On 5/5/20, at 9:14 a.m. social services worker (SS)-A stated she entered the facility at 7:58 a.m. through the 3rd street basement entrance. SS-A stated employee COVID-19 screenings were being completed by the individual employee at the nurse's station. SS-A verified she completed her own COVID-19 screening on 5/15/20. On 5/5/20, at 9:53 a.m. the DON stated the nurse on the North unit was responsible for completing and reviewing employee COVID-19 screenings. The DON stated all employees should be placing on a clean mask prior to any contact with residents to reduce the spread of infection. The DON stated all employees should have their COVID-19 screening completed prior to any contact with residents. The DON stated failure to properly complete employee COVID-19 screening increased the risk of spreading COVID-19. The facility policy Policies undated, directed facility staff to check and monitor for any signs of illness prior to reporting to work and notify the designated personnel. If employees were symptomatic of a fever or acute respiratory illness and facility will screen staff for fever and/or respiratory symptoms (cough, shortness of breath, sore throat) before starting their shift or entering the facility and throughout the day. Employees who develop signs and symptoms of COVID-19 should not report to work. The facility policy COVID 19 Screening and assessment dated [DATE], directed a screener would be staffed at main entrance to ensure all employees completed proper COVID-19 screening prior to entering facility. The facility policy Policies and Procedures Screening Tool dated 3/13/20, directed staff to check for any signs of illness prior to reporting to work, and notify the designated personnel if they are symptomatic of a fever or an acute respiratory illness. Employees who develop symptoms of COVID-19 (fever, cough, shortness of breath, or sore throat) should not report to work.</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.