

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245374	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER LAKESIDE MEDICAL CENTER		STREET ADDRESS, CITY, STATE, ZIP 129 EAST 6TH AVENUE PINE CITY, MN 55063	
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>Based on observation, interview, and document review, the facility failed to ensure all staff entering the facility were being actively screened for symptoms of COVID-19. This had the potential to affect all 29 residents currently residing in the facility. In addition, the facility failed to ensure staff education regarding COVID-19 was completed by all staff. Finding include: On 4/29/20, at 9:25 p.m. a tour was conducted with the assistant director of nursing (ADON) which included the employee screening area. The ADON stated oncoming employees screened themselves at the screening station, which was located on the lower level in the employee break room. The employee screening station included a table set up by the time clock with blank questionnaires, tympanic (ear) thermometer, and hand sanitizer. The ADON stated once the employees screened themselves, they put the completed screening tool in the folder, and she tried to pick them up daily. The ADON stated the visitor and employee screenings were not picked up or monitored over the weekends. On 4/29/20, at 10:10 a.m. licensed practical nurse (LPN)-A stated she completed the COVID-19 screening tool prior to work. LPN-A stated the screening consisted of a temperature check and answering questions. LPN-A stated no other employee needed to verify the screening information, and the completed form was put in a folder at the screening station. LPN-A stated she would report a temperature greater than 100 degrees Fahrenheit (F), and would not be allowed to work. LPN-A stated she completed the mandatory COVID-19 training on EduCare (online training course). On 4/29/20, at 10:51 a.m. nursing assistant (NA)-A stated before anyone was able to start their shift everyone was required to complete the screening process that consisted of washing hands, temperature check, answering yes or no questions on the screening tool, and putting on a mask. NA-A stated she was able to self-screen and did not require another employee to verify results. NA-A stated she received COVID-19 education from EduCare training modules that were required to take. On 4/29/20, at 1:06 p.m. trained medication aide (TMA)-A stated she was able to screen herself at the screening station located in the breakroom by the time clock. TMA-A stated she did not need other employee to verify the screening process. TMA-A stated all staff had to complete COVID-19 training on EduCare. On 4/29/20, at 2:04 p.m. housekeeper (H)-A stated she self-screened prior to work by taking her own temperature, filling out the questionnaire, and putting on a face mask before entering onto the floor. H-A stated the completed questionnaire was put in a folder at the screening table in the employee breakroom. H-A further stated she did not receive any education on how to complete the COVID-19 screening tool, and did not complete the required COVID-19 EduCare training. H-A further stated she was unsure of when the COVID-19 training needed to be completed, and what the result would be if the training was not completed by the due date. On 4/30/20, at 1:30 p.m. an additional interview was conducted with the ADON. The ADON stated she had not completed the COVID-19 EduCare training that was assigned to all staff on 3/16/20. The ADON stated staff had 30 days to complete the COVID-19 EduCare, and it had been past the 30 day completion date. The ADON stated all staff should have completed the COVID-19 training by the completion date. The ADON stated the facility was unable to staff the screening station, and after further discussion with the administrative staff, they developed the current self-employee screening station in the employee breakroom. The ADON stated the screening station was set up with a phone for staff to be able to call the floor nurse with any questions or concerns. The ADON further stated she encouraged staff to check their temperatures at home prior to coming into work to prevent any employees coming into the building with a fever. On 4/30/20, at 2:51 p.m. the director of nursing (DON) stated staff were able to complete their own screenings, and considered staff having a phone available at the screening station to call the floor nurse was actively screening. The DON further stated they were a smaller facility, and did not have the staff to post at the screening station to screen all employees and visitors. The DON confirmed not all staff completed the required COVID-19 EduCare training that was assigned on 3/16/20, and was expected to be complete within 30 days. The DON verified only 68% of the nursing staff had completed the training as of date, and extended the completion date for the COVID-19 EduCare training to May 15th. The DON stated all staff were expected to complete the COVID-19 EduCare trainings, and moving forward, if staff did to complete the trainings, staff would be giving a warning and then be removed from the schedule. The facility Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19) undated, directed the facility will actively verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift.</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.