

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245416	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER MINNESOTA VALLEY HEALTH CENTER INC		STREET ADDRESS, CITY, STATE, ZIP 621 SOUTH 4TH STREET LE SUEUR, MN 56058	
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 implement a comprehensive infection control program to include Centers for Medicare & Medicaid Services (CMS) guidance QSO-20-14-NH for screening staff prior to entering resident care areas in accordance with Centers for Disease Control (CDC) guidelines for COVID-19. This had the potential to effect all 30 residents who resided in the facility. Findings include: During interview on 4/30/20, at 8:50 a.m. laundry aide (LA)-A stated there were two doors staff could enter when they arrived to work: front/main entrance and an entrance in the back of facility. LA-A stated when she arrived to work, she went to the former beauty shop to wash hands and get a mask, then went to the nurses' station to get temperature taken and answer screening questions for Covid19. During interview on 4/30/20, at 8:58 a.m. licensed practical nurse (LPN)-A stated when she arrived to work, she came through the main entrance, went to the beauty shop to get her mask, then to Meadow office for temperature check and to answer screening questions for Covid19. During interview on 4/30/20, at 9:05 a.m. nursing assistant (NA)-A stated employees are screened for Covid19 by the infection control nurse in her Bluff wing office from 7:30 a.m. to 4:00 p.m. otherwise staff report to Meadow office. During interview on 4/30/20, at 9:07 a.m. in the Meadow office, (LPN)-B stated employees arrived to work, put on masks, washed hands and came to this office to have their temperature checked by clinical staff and answer screening questions. It was noted that the Meadow office was at the end of Meadow Neighborhood hallway and was approximately 200 feet from the main entrance of the facility. During interview on 4/30/20, at 9:35 a.m. dietary aide (DA)-A stated she arrived to work through the back door of the facility, picked up her mask and washed her hands. If it was before 8:00 a.m. she went to the nurses' station for temperature check and screening questions and if after 8:00 a.m. she went to the front desk. During interview on 4/30/20, at 9:42 a.m. housekeeper (H)-A stated when she arrived to work, she clocked in at the back door, got her mask and went to Meadow office for Covid19 screening before starting work. During interview on 4/30/20, at 9:50 a.m. physical therapist (PT)-B stated when she arrived to work, she entered through the attached clinic entrance and was screened there by a receptionist. PT-B then proceeded to the nursing home rehabilitation department where she got her mask and went to the infection control nurse on Bluff wing for temperature check and screening questions. During interview on 4/30/20, at 10:05 a.m. with director of nursing (DON) and administrator regarding staff walking through the facility to have temperature taken and answer Covid19 screening questions. The concern with potentially ill employees walking through resident care areas was discussed. Both stated they would immediately modify this process in order to prevent staff from walking through resident care areas for screening. Facility policy titled Infection Prevention & Control for COVID19, reviewed last 4/28/20, indicated: Screening Employees: --Facility will actively verify absence of fever and respiratory symptoms when employees report to work-beginning of their shift. Document temperature, absence of shortness of breath, new or change in cough, sore throat and other criteria as identified by State guidance. --If employee is ill, employee will put on a facemask; immediately leave the facility and self-isolate at home. --Employees who developed symptoms on the job will be instructed to immediately stop work, and immediately leave the facility. --The Infection Preventionist will work with the employee to identify individuals, equipment and locations the employee came in contact with.</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.