

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245486	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/29/2020
NAME OF PROVIDER OF SUPPLIER PERHAM LIVING		STREET ADDRESS, CITY, STATE, ZIP 735 THIRD STREET SOUTHWEST PERHAM, MN 56573	
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 recommended COVID-19 staff and visitor health screening procedures. This deficient practice had the potential to affect all 84 residents residing in the facility and all facility staff. Findings include: During observations on 4/28/20, at 11:00 a.m. on the right side of the front entrance was a desk, a plastic container was observed, which held homemade masks, sanitizer, a thermometer, and a binder lying on the desk. The binder had an unlabeled form, dated 4/28/20. The form had spaces for name, fever, symptoms, close contact, worked in another facility, ok to work, excluded from duty and initials of person completing the screen. - at 11:01 a.m. activity aid (AA)-A entered the front door entrance of the building wearing a mask, stepped up to the desk on the right side of the entrance, took her own temperature, filled out the questions on the form, sanitizer her hands and proceeded to enter the facility. - at 1:10 p.m. registered nurse (RN)-A entered the front entrance of the building using her badge and put a homemade mask on. Two males out in the entry way followed RN-A into the building as she stood in front of the table to the right of the main entrance and waited behind her. RN-A proceeded to take her own temperature, filled out the questions on the form, sanitized her hands and entered the facility. During this time Visitor (V)-A stepped up to the desk on the right side of the entrance, took his own temperature, filled out the questions on the form, sanitized his hands, put on a homemade mask, while V-B stood behind him in line. V-A proceeded to wait off to the left side of the entrance while V-B stepped up to the desk on the right side of the entrance, took his own temperature, filled out the questions on the form, sanitized his hands, put on a homemade mask and proceeded to enter the facility with V-A. - The administrator came around the corner of the hallway, approached V-A and V-B and asked them if they had symptom screening. Both V-A and V-B indicated the screening had been done, indicated they had come to the facility to work on the sprinkler system in the building and proceeded to enter the facility. On 4/28/20 at approximately 1:15 p.m. the administrator confirmed facility staff were not present at the entrance and V-A and V-B had not been screened by facility staff. She indicated this was not normal practice and the facility had trained screeners to screen anyone who entered the building. The administrator indicated she would expect the screeners to screen everybody that came into the building including all employees and all visitors. On 4/28/20 at 1:20 infection control preventionist, (ICP) indicated everyone was to be screened at the front entrance of the building. The ICP indicated the facility has staff assigned as screeners at the front door from 5:00 a.m. to 9 a.m. and 1:30 p.m. to 5:00 p.m. and off hours charge nurses help out or they should call for assistance to be screened. The ICP indicated someone should be at the front entrance to screen people at all times and indicated the screener takes the employees or visitors temperature and asks the screening questions on the sign in sheet. The ICP indicated she would expect the screener to screen the people entering the building or they should be calling someone to complete the screening prior to the visitors entering the facility. On 4/28/20 at 1:43 RN-A confirmed the above findings and indicated she had screened herself when she entered the building to come to work. RN-A indicated she entered the building using her badge, put a mask on, took her own temperature, filled out the form with questions, signed her name, sanitized her hands and proceeded to go to work. RN-A indicated that is her process for symptom screening for COVID-19, if no staff are present at the front desk and indicated she has had to screen herself at times in the past. On 4/28/20 at 3:28 p.m. director of nursing (DON) indicated she would expect staff to be evaluated by the screener or another individual trained when entering the front door. The DON indicated she did not know what happened and indicated she was aware in the past, staff were not at the front desk to screen staff members as they entered the building during these times and they had screened themselves. In a follow up interview via telephone call on 4/29/20 at 8:21 a.m., the ICP indicated staff and visitors should not be screening themselves and would expect the trained screener to conduct the symptom screening. The ICP indicated the facility expected another person was screening to ensure the integrity of the screening process and to keep the symptoms out of the facility. Review of facility policy titled, COVID UPDATE undated, indicated under employee screening: all employees should stay home if they are ill, COVID symptoms we screen include fever, cough, shortness of breath and sore throat. If you do not pass the screening log prior to enter to the facility leave work, call the charge RN. Under visitors: only visitors allowed in the facility are family members during end-of-life situations. The policy indicated visitors will be screened at the door and will not be allowed into the facility if they do not pass the screening.</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.