

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245596	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/01/2020
NAME OF PROVIDER OF SUPPLIER SOUTH SHORE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1307 SOUTH SHORE DRIVE PO BOX 69 WORTHINGTON, MN 56187	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and document review, the facility failed to cancel group activities for 11 of 41 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, and R11) in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid (CMS) guidelines for COVID-19. Findings include: During observation on 3/31/20, at 10:40 a.m. six residents (R1, R2, R3, R8, R9, and R11) were observed seated in the community day room participating in an exercise activity. 2 activity staff were in attendance and participating in the activity. All persons were wearing masks but residents were observed intermittently pulling their masks below their chins and positioning over their mouth, leaving nose uncovered. No staff intervention occurred with prompts to residents keep their nose and mouth covered. Residents were arranged randomly with no consistent spacing between residents and/or staff. Residents were observed leaving and returning throughout the activity. Following completion of the activity some residents remained in the day room watching TV. During observation on 3/31/20, at 1:35 p.m. eight residents (R1, R2, R3, R4, R5, R6, R7 and R10) were seated in the Day Room eating popcorn and watching a movie. R4 was a resident housed on the lower level of the facility and had been transported to the main floor to participate in the group activity. One activity staff member was in attendance overseeing the activity. Residents had masks under their chins as they sat eating popcorn. One unidentified resident who was not wearing a mask was transported into the day room and provided popcorn. The residents were positioned intermittently around the room, with variations in spacing. At 2:20 p.m., residents continued the group activity, and additional residents were observed coming and going during this time. At 2:55 p.m., eight residents remained in the group activity, and 3 of those residents had their mask covering their mouth, but not their nose. At intervals various residents were observed removing their masks, eating popcorn and continuing to watch the movie. The activity staff person (Act)-A was in attendance, and also eating popcorn while overseeing the activity. Interview on 3/31/20, at 3:00 p.m. with the facility administrator identified he was aware of the Center for Clinical Standards and Quality/Quality, Safety & Oversight Group (QSO) memos provided by CMS for prevention of COVID-19 transmission specific to nursing homes. He received the memos by email and they were reviewed by staff on a daily basis. He confirmed the facility had continued to hold group activities. He was not aware NH were required to cancel all group activities beginning 3/13/20. Interview on 3/31/20, at 3:50 p.m., with the activity director, confirmed the facility was continuing to provide organized group activities. She understood group activities were able to be continued if the group consisted of ten or less residents. The number of residents who participated in an activity varied according to the day and activity scheduled. Also residents would come and go throughout the activity in progress. Interview on 3/31/20, at 4:30 p.m. with the director of nursing (DON), identified the facility could continue group activities as long as there were ten or less residents in attendance. She confirmed she was not aware of the 3/13/20 requirements. Record review of all identified residents, R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, and R11, medical records' face sheets confirmed each had multiple comorbidities placed them at increased risk for contraction of COVID-19. Review of the March 2020, Activities Calendar identified staff were to perform activities in their rooms since 03/16/20 through 03/30/20. However, on 3/31/20 at 10:00 a.m., residents were to have dance in 2 groups at 10:00 and 10:30 a.m., along with the above mentioned movie observation. Review of the April 2019, Infectious Disease (ID) Threat Training and Education policy identified staff were to receive training on ID emergencies including infection control measures and precautions. Review of the April 2019, Emergency Procedure- Infectious Disease Threat policy identified all staff were trained on preventing, containing, and responding to an ID threat. A threat was defined as a rapidly spreading and highly contagious virulent illness. The infection preventionist was responsible for establishing and implementing policies and procedures for resident exposure.</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.