

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245624	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER INTERLUDE		STREET ADDRESS, CITY, STATE, ZIP 2775 CAMPUS DRIVE NORTH PLYMOUTH, MN 55441	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and document review the facility failed to implement appropriate infection control practices related to donning (applying) personal protective equipment (PPE). This had the potential to affect all residents residing on the unit. Findings include: During interview on 4/30/20, at 8:24 a.m. the clinical administrator indicated there was one resident at the facility who resided in room [ROOM NUMBER] that had tested positive for Covid-19 and was on droplet precautions. During observation on 4/30/20, at 9:27 a.m. nursing assistant (NA)-A and registered nurse (RN)-A were applying PPE prior to entering room [ROOM NUMBER]. RN-A removed face shield and cloth mask then applied a new surgical mask. RN-A donned a gown, and then re-applied face shield. NA-A did not remove her face shield, instead tied a knot in the gown and pulled the gown over her head while still wearing the face shield. Surveyor asked NA-A if the face shield that she was wearing was the one that she had been wearing in and out of rooms including the rooms that had signs on the door indicating residents were on a post admission 14 day quarantine. NA-A stated yes. Surveyor explained to NA-A after pulling the gown over her face shield, any potential contamination on the face shield had transferred to the front of her uniform. On 4/30/20, at 10:25 a.m. RN-A stated the facility had provided education related to Covid-19 and how to don and doff (take off) PPE. RN-A replied with yes, we were educated during morning stand ups, we get emails constantly about Covid and we had a class on how to put on and take off PPE. On 4/30/20, at 12:06 p.m. The clinical administrator and administrator both indicated that education on donning and doffing PPE was completed either in a classroom setting, using a video or in a one on one setting. The clinical administrator indicated that the expectation was that staff were following the posters on the isolation carts or doors that indicated how to don and doff PPE. The clinical administrator also stated that anyone that was admitted to the facility was put on a 14 day quarantine to ensure they did not develop symptoms of Covid and pass it along to anyone else. Review of Droplet Precautions sign that was placed on the door of room [ROOM NUMBER], last revised on 4/16/09, indicated Personal Protective Equipment: Put on in this order: 1. Wash or gel hands. 2. Gown (if needed) 3. Mask 4. Eye cover 5. Gloves (if needed) Take off and dispose in this order: 1. Gloves (if used) 2. Eye cover 3. Gown (if used) 4. Mask 5. Wash or gel hands (even if gloves used) Review of training provided: Infection Control: Personal Protective Equipment (PPE) with effective date 2/2020, indicated that use of gloves and other equipment such as gowns, masks and goggles are necessary in certain situations to prevent the spread of infections and that the commitment to individuals living in our communities is to protect them by ensuring we do not carry infectious agents to them with our hands or via personal protective equipment (PPE) used during cares. The educational tool also identified that the front or outside of the goggles or face shield are contaminated and that after completion of this educational activity, you will be able to identify the sequence for putting on personal protective equipment.</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.