

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245628	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER MN VETERANS HOME SILVER BAY		STREET ADDRESS, CITY, STATE, ZIP 56 OUTER DRIVE SILVER BAY, MN 55614	
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 cancel all group activities. In addition, the facility failed to ensure all residents wore a face mask covering for source control whenever they left their room or were around others. This had the potential to effect all 79 residents who resided in the facility. Findings include: On 4/23/20, at 8:38 a.m. on the Blue Spruce neighborhood, R1 and R3 were observed seated at a dining room table eating breakfast, and were seated diagonally from each other approximately three feet apart. On 4/23/20, at 10:07 a.m. a communal reading group activity took place in the living area off of the main entrance. Residents attending were not wearing masks. The following residents were in attendance: R6, R7, R1, R5, R12, R11, R3, R2, R8, R4, R9, and R10. On 4/23/20, at 10:21 a.m. a communal reading group took place in the Evergreen dining room. Residents attending were not wearing masks. The following residents were in attendance: R13, R14, R15, and R16. On 4/23/20, at 2:12 p.m. a communal activity of a movie was being shown in the great chapel room. Residents were not wearing masks. The following residents were in attendance: R5, R20, R21, R9, and R12. On 4/23/20, at 10:26 a.m. licensed practical nurse (LPN)-A stated they determined if residents were seated six feet apart by estimating the distance. On 4/23/20, at 11:25 a.m. R23 was interviewed and stated he does not wear a mask when he leaves his room to go to the smoking room. R23 stated he wears a mask if he attends Bingo. R23 pointed out his mask which was hanging on a hook on the side of his refrigerator, stating he's had it since the beginning of March, or so. On 4/23/20, at 11:40 a.m. R22 stated wearing a mask is up to the residents. R22 stated he had not been wearing one when he left his room, but if he asked, a mask would be provided. On 4/24/20, at 11:49 a.m. LPN-B stated residents needed to wear masks if they were going to be less than six feet apart. On 4/24/20, at 12:00 p.m. human services technician (HST)-A was interviewed and stated residents were required to wear masks if they insisted on sitting next to each other at Bingo, otherwise no masks were required if residents were six feet apart. On 4/24/20, at 12:08 p.m. registered nurse (RN)-F stated residents were wearing masks when they attended activities. On 4/24/20, at 12:14 p.m. recreation program assistant (RPA)-A stated they had been told by the facility that residents need to wear masks, and be six feet apart. RPA-A stated the residents frequently take their masks off. On 4/24/20, at 12:22 p.m. physical therapy assistant (PTA)-D stated it was his understanding that it was optional for residents to wear a mask when they were out of their rooms. On 4/24/20, at 1:24 p.m. an interview was conducted with the director of nursing (DON). The DON stated the Centers for Disease Control (CDC) website was being monitored daily by the quality nurse and herself. The DON stated she was familiar with the CDC's Key Strategies to Prepare for COVID-19 in Long-term Care Facilities (LTCFs) specifically in regards to preventing the spread of COVID-19. The directions were to cancel all group activities and communal dining, and ensure all residents wear a cloth face covering for source control whenever they leave their room or around others. The DON stated they were meeting this by enforcing social distancing. The DON verified they had not stopped communal group activities, but stated the groups were 10 residents or less. The DON stated residents were offered a mask and told why they need to wear them. On 4/24/20, at 1:48 p.m. the recreation therapist coordinator (RTC)-C stated they had not canceled all of the group activities. RTC-C stated residents were still offered a choice of wearing a mask, and were not be mandated to wear a mask when out of their rooms. An undated memo to the MN Veterans Home-Silver Bay Employees, Residents and Families from the administrator indicated the following: Continue to protect other Residents by maintaining distance between Residents, including during meal times. For now, we will continue to provide activities and interactions with Residents, but this will occur more on a one-on-one basis. The Center for Medicare and Medicaid Services (CMS) Quality, Safety & Oversight (QSO) memo 20-14 dated 3/13/20, guidance directed Cancel communal dining and all group activities, such as internal and external group activities.</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.