

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245186	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/15/2020
NAME OF PROVIDER OF SUPPLIER BROOKVIEW A VILLA CENTER		STREET ADDRESS, CITY, STATE, ZIP 7505 COUNTRY CLUB DRIVE GOLDEN VALLEY, MN 55427	
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 ensure all facility staff entering the facility were being actively screened (other facility staff performing the screening process) for the prevention and potential transmission of COVID-19. This had the potential to affect all 71 residents currently residing in the facility. Furthermore, the facility failed to ensure personal protective equipment (PPE) was worn to reduce the risk of infection spread by 1 of 4 facility staff observed on the facility's designated COVID-19 unit. This had the potential to affect all 17 residents currently residing on the facility's designated COVID unit at the time of the focused survey. Findings include: EMPLOYEE SELF-SCREENING During the entrance conference on 6/15/20, at 9:15 a.m. the administrator stated the facility had a COVID dedicated unit with COVID positive residents. Observation on 6/15/20, at 9:05 a.m. showed the designated employee entrance (main facility entrance) accessible only when facility staff activate the door to open, from inside the facility. During interview on 6/15/20, at 1:46 p.m. housekeeper (HSKP)-A stated had self-screened (took own temperature and filled out COVID-19 screening form without another staff present) upon reporting to work in the last few weeks. HSKP-A stated self-screened due to having arrived before 6:00 a.m. and no facility screening staff present at receptionist desk. When interviewed on 6/15/20, at 2:47 p.m. housekeeping director (HD) stated self-screening was not a routine housekeeping staff practice, however, if screening staff were not present, They would leave the stuff there and you would fill it out yourself and take your own temperature. HD explained a thermometer and screening form were left out for staff screening. HD stated the facility had extended the times for active screening but, If no one is there then you would self-screen. During interview on 6/15/20, at 3:11 p.m. director of nursing (DON) stated, all staff know that they need to be screened by someone else. DON stated that the employee screening station was staffed from six a.m. to at least ten p.m. The facility policy Villa Healthcare Infection Prevention and Control Interim Guideline for Suspected or Confirmed Coronavirus (COVID-19, revision date 4/6/20, identified 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 and sore throat and other criteria as identified by State guidance. FAILURE TO WEAR ALL REQUIRED PPE ON COVID -19 DESIGNATED UNIT Observation during a tour of the facility's designated COVID-19 unit, on 6/15/20, at 1:22 p.m. showed nursing assistant (NA)-A exiting two resident rooms without wearing gloves and not performing hand hygiene. NA-A was collecting lunch time trays and associated garbage, placing items into a garbage bag outside of the room. Care manager (RN)-A questioned NA-A on glove use when NA-A walked past RN-A and surveyor. NA-A continued on, entering a third resident room without gloving or performing hand hygiene. Further observation noted NA-A to exit third room with donned gloves. RN-A stated they had adequate supplies of PPE for staff use. During interview on 6/15/20, at 1:32 p.m. NA-A stated gloves are part of the required PPE when working on the COVID-19 unit, stating, I know I did wrong. NA-A confirms being trained on required PPE when working on the COVID-19 unit. When RN-A interviewed on 6/15/20, at 1:35 p.m. RN-A stated that gloves were required PPE for the COVID unit and NA-A should have been wearing gloves when picking up lunch tray items. During interview on 6/15/20, at 3:11 p.m. DON stated gloves were required PPE for the COVID unit and would expect all staff working on the COVID unit to be wearing gloves at all times, especially when staff handle resident lunch tray items and garbage. DON reported all staff had been trained on required PPE when working with COVID-19 confirmed residents. The facility policy Villa Healthcare Infection Prevention and Control Interim Guideline for Suspected or Confirmed Coronavirus (COVID-19), revision date 4/6/20, identified Full PPE should be worn per CDC guidelines of the care of any resident with known or suspected COVID-19 . and For residents on Droplet Precautions: staff don gloves, isolation gown, and facemask within six feet of resident. Guidelines for Standard and Transmission-based Precaution policy dated 10/2/19, further identified precaution recommendations for use of gloves when touching contaminated items and procedures for hand hygiene to be followed by staff in direct resident contact with direction to decontaminate hands after contact with inanimate objects (including medical equipment) in the immediate vicinity of the resident.</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.