

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245241	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/07/2020
NAME OF PROVIDER OF SUPPLIER NORTHFIELD HOSPITAL LONG TERM CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2000 NORTH AVENUE NORTHFIELD, MN 55057	
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	Provide and implement an infection prevention and control program. Based on observation, interview and document review, the facility failed to implement proper infection prevention and control practices to prevent the spread of COVID-19 when staff wore a cloth type mask, rather than surgical face mask. Further, the facility failed to establish a facility-wide Infection Prevention and Control Policy (IPCP) including standards, policies, and procedures that are current and based on national standards for undiagnosed respiratory illness and COVID-19. This had the potential to affect all 38 residents in the facility. Findings include: On 7/6/20, at 12:28 p.m. registered nurse (RN)-A was observed on the unit and wore a cloth mask and a face shield. RN-A was interviewed and stated nursing staff wore a face shield and reusable cloth masks they called(NAME)masks that were laundered at home daily. RN-A further stated any nursing staff that entered a room that had isolation precautions would remove the(NAME)mask and put on a surgical mask before they entered the room. -at 1:47 p.m., the director of nursing (DON) was interviewed and stated the cloth(NAME)masks were made by hospital staff from cotton and surgical draping. The DON further stated surgical masks were only used if direct care staff entered an isolation room. -at 2:15 p.m. RN-B, Infection Preventionist, was interviewed and stated long term care staff began to use the cloth masks when personal protective equipment (PPE) was at crisis phase of rationing. RN-B further stated direct care staff used surgical masks only for residents on precautionary quarantine, and all direct care staff would use surgical masks if COVID-19 appeared in the facility. A facility policy titled Source Control Masking Protocol 4.11.2020, dated 4/11/20, indicated staff should use the Northfield Hospital & Clinics What kind of mask chart for the type of mask to wear. A provided document titled Masks and Face Coverings Use Chart indicated staff in a clinical area with vulnerable patients, such as the Long Term Care Center (LTCC), were required to wear the surgical draping(NAME)mask. The chart further indicated a cloth face covering was optional for staff that worked in a clinical setting with asymptomatic patients. A COVID-19 Infection Prevention and Control Policy was requested, and not provided. The facility provided a policy titled Infection Prevention & Control Plan last revised August 2019. The policy did not include policies or procedures specific to COVID-19. RN-B was interviewed at 2:48 p.m. and stated they do not have a specific COVID-19 infection prevention and control policy. RN-B further stated the facility followed a full barrier precautions and donning and doffing policy. A policy titled Isolation Precautions last revised August 2018 was provided. The document did not include policies or procedures specific to COVID-19.		
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.