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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>245272</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                            | (X3) DATE SURVEY COMPLETED<br><b>08/19/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>MARTIN LUTHER CARE CENTER</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>1401 EAST 100TH STREET<br/>BLOOMINGTON, MN 55425</b> |   |
| 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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Many             | <b>Provide and implement an infection prevention and control program.</b><br><br>Based on interview and document review, the facility failed to follow Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines to appropriately implement preventive measures to prevent the spread of COVID-19. The facility also failed to monitor and document for signs and symptoms of COVID-19. This had the potential to affect all residents. On 8/19/20, at 10:06 a.m., director of nursing (DON) was interviewed. DON stated she thought that COVID-19 monitoring was done at least once a day but could be twice daily and she would need to verify. DON stated if a resident was on the transitional care unit they would have their vital signs and oxygen saturation levels checked every shift. DON stated the results of temperatures would be documented in the weights and vital signs section in the electronic medical record. DON stated symptom monitoring for residents, not on the transitional care unit, would only be documented in a change of condition progress note if the resident had symptoms of COVID-19. Nurses were expected to ask the residents about symptoms when they completed their assessments at the beginning of their shift. DON also stated if a resident did show or state they had symptoms of COVID-19 they would immediately be put into isolation and a COVID-19 nasopharyngeal swab would be performed. DON stated she had knowledge of the COVID-19 Toolkit for Long Term Care Facilities but was not aware that resident symptoms were to be documented. The DON indicated the facility used a form to document resident temperatures, pulse, and oxygen saturation levels. The form indicated the resident by room number and did not include a symptoms screening area. At 12:35 p.m., the administrator stated nursing staff were instructed to assess for symptoms of COVID-19 every time they do their daily assessments. Administrator stated that on the nurse medication cart there was a symptom monitoring reminder card to assist the nurse to determine what symptoms to assess for. Administrator was aware that nursing staff only completed a change of condition progress note if a resident had symptoms and that there was not a daily checklist or any place in the electronic medical record that would indicate that COVID-19 symptoms had been monitored. Orders were reviewed in the electronic medical record which indicated that a temperature was to be monitored twice a day and a temperature over 100.0 or O2 < 90%, report to MD/NP (doctor of medicine/nurse practitioner). The facility Infection and Prevention Control Policy effective 11/2019, did not specifically address COVID-19 and symptom monitoring. The Minnesota Department of Health COVID-19 Action Plan for Health Care Facilities dated 4/8/20, directed implementing active screening of residents upon admission and twice daily for fever (>100.0), acute respiratory symptoms (e.g. cough, shortness of breath, sore throat) and diarrhea. The Minnesota Department of Health Toolkit, in accordance with the CDC, dated 8/14/20, directs actively screening all residents for fever and respiratory symptoms of illness at least daily. Twice daily is best practice. Screen each shift for ill residents. Actively monitor all residents for fever (>100.0 or subjective) and symptoms of COVID-19 (shortness of breath, new or change in cough, sore throat, or muscle aches). Chart all clinical measurements and symptoms for each resident. If positive for fever or symptoms, screen each shift and implement Transmission-Based Precautions. |   |   |

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.