

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245315	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/10/2020
NAME OF PROVIDER OF SUPPLIER SEASONS HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP 303 BROADWAY AVENUE SOUTH TRIMONT, MN 56176	
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>Based on observation, interview and document review, the facility failed to follow Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines by appropriately implementing measures to prevent the spread of COVID-19. This had the potential to affect all 18 residents who resided at the facility. Findings include: During an observation on 9/9/20, at 12:22 p.m. observed what appeared to be alcohol based hand sanitizer in various locations in the facility, with the name Lite 'n Foamy Lemon Blossom Hand Sanitizer by Spartan. Upon inspection, the hand sanitizer did not contain alcohol. Information from the manufacturer website indicated it was an alcohol-free, anti-bacterial hand sanitizer. Bottles of Lite 'n Foamy Lemon Blossom Hand Sanitizer were located in prominent locations in the facility, including the main entrance, the employee entrance, medication cart, several bottles were on the ledge around the nurses station, a conference room where employee testing for Covid-19 occurred the prior day, and one bottle was outside a resident room on an isolation cart. All but three residents in the facility tested positive for Covid-19 so all residents were in transmission based precautions with an isolation cart and hand sanitizer outside their room. During an interview on 9/9/20, at 6:10 p.m. both administrator and registered nurse (RN)-A stated they were unaware Lite 'n Foamy Lemon Blossom hand sanitizer did not contain alcohol. RN-A confirmed it was being used by staff, and removed it from the ledge around the nurses station, stating she would remove the rest and replace it with hand sanitizer containing alcohol. RN-A denied there was a facility shortage of hand sanitizer containing alcohol. Facility policy titled Facemasks, dated 4/15/20 indicated: When an employee enters the building, they will apply hand sanitizer before entering the main facility floor. Facility policy titled Daily PPE (personal protective equipment) Use, dated 6/10/20 indicated: The following steps are to be taken when an employee enters facility: Use hand sanitizer. Facility policy titled Infection Control - Employees, dated 3/9/20 indicated: All employee must follow standard hand washing practices before, between and after patient care. All staff are to wash their hands and/or use hand sanitizer before clocking in.</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.