

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245348</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE ESTATES AT RUSH CITY LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>650 BREMER AVENUE SOUTH RUSH CITY, MN 55069</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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Many	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and document review, the facility failed to ensure 1 of 3 residents (R4) who was recently admitted from a hospital setting had proper interventions in place including isolating in his room for 14 days, to prevent the spread of potential COVID-19. This had the potential to affect all 34 residents in the facility. Findings include: R4's Admission Record printed 4/16/20, indicated R4 was admitted to the facility on [DATE], with pneumonia On 4/16/20, at 12:19 p.m. R4 was observed seated in his semi-private room. R4 did not have a roommate. R4's room had a shared bathroom. At 12:34 p.m. R4 was interviewed. R4 stated he was admitted to the hospital on [DATE]. R4 said he was having fevers, sore throat, and cough at home. R4 thought he was tested for COVID-19 in the hospital with negative results. R4 said he had been out of his room for therapy, and to go to the nurse's desk. R4 stated he always wore a mask when he left his room. At 2:20 p.m. physical therapy aide (PTA)-A was interviewed. PTA-A stated therapy was occurring with R4 in the therapy department. PTA-A stated some of R4's therapy (strengthening) could be done in his room. At 2:57 p.m. the director of nursing (DON) was interviewed and stated the facility was following the guidance dated 4/8/20, from the Minnesota Department of Health directing facilities to admit new residents investigated for possible COVID-19 with negative test to a private room with a private bathroom, and monitored at least twice daily for 14 days to determine whether symptoms develop that could be consistent with COVID-19. The DON stated the direction further read patients should stay isolated in the room for the 14-day period. The DON stated R4 had been informed of the restriction prior to being accepted for admission. The DON stated R4 had not been out of his room except for therapy. The DON stated R4's bathroom was shared with two other residents. The DON stated staff should ensure R4 was wearing a mask when out of his room, and should be assisting R4 in the bathroom. The DON stated staff should be wiping down the bathroom after each use. At 3:05 p.m. nursing assistant (NA)-B was interviewed and stated R4 would use the bathroom without assistance at times, and he would not alert staff after using the shared bathroom. NA-B stated when she assisted R4 with toileting, she would wipe down any surfaces he touched. NA-B was not aware of R4 being on any kind of restriction. At 3:15 p.m. the DON stated the facility did not have a system in place to alert staff that a resident was in a quarantine or restricted to their room for a 14-day period following admission to the facility. At 3:20 p.m. R4 stated he had no recollection of being told he would need to stay in his room for 14 days following his admission to the facility, although he thought it was a good idea. R4 stated he was not alerting staff each time he was using the bathroom, and said he had not been told he needed to call for assistance.</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.