

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245384	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2020
NAME OF PROVIDER OF SUPPLIER NORTH SHORE HEALTH		STREET ADDRESS, CITY, STATE, ZIP 515 - 5TH AVENUE WEST GRAND MARAIS, MN 55604	
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 staff were actively screened for symptoms of COVID-19 prior to beginning work. This had the potential to affect all 36 residents residing in the facility. Findings include: On 4/29/20, at 11:38 a.m. the staff screening center in the entry hallway for COVID-19 symptoms, had signage directing staff to screen prior to entering the facility along. There were also two thermometers, screening documentation sheets, and face masks. The facility screening documentation sheets included a column for staff to document their temperature, and time of screening for start of shift and mid-shift screenings. In addition, the screening sheets asked questions regarding any current symptoms of respiratory illness, such as a new cough, shortness of breath, or fever, and if the staff had sick family members in their home. The screening sheets had a column for yes and no responses for each question. The screening sheets directed staff if they answered yes to any of the questions or had a temperature of greater than 100.4 Fahrenheit (F), to immediately call the administrator on the on-call person in charge. The administrator stated the staff screened themselves COVID-19 symptoms, and no one ensured the temperatures were accurate, or verified staff did not have any acute symptoms of potential COVID-19. The administrator stated there was a camera at the screening station, and staff were watched to ensure they do their screening. On 4/29/20, at 11:50 a.m. nursing assistant (NA)-A stated the staff screen themselves for COVID-19 symptoms twice a day; before starting work and about midway through the shift. NA-A knew to call the supervisor if they had symptoms or an elevated temperature. On 4/29/20, at 12:49 p.m. housekeeper (H)-A stated she self-screened herself prior to work by taking her temperature and answering questions. H-A stated they would call the supervisor, leave and get tested for COVID-19 if their temperature was elevated. H-A was not sure of what the temperature limit was at that time. On 4/29/20, at 4:18 p.m. the administrator stated staff did their own screenings with temperature and screening questions, twice a shift. The administrator stated they tried to get thermometers, but hadn't been able to. The administrator stated some staff brought their own, but had to use them at the facility in the camera area, so they could verify they took their temperature. The administrator stated the screening area was on the camera, and was reviewed and compared with the schedule to ensure staff had done their screenings. The administrator further stated staff also monitored each other for symptoms of illness. A review of staff COVID-19 screening sheets dated between 3/30/20, and 4/28/20, revealed 189 temperature entries were abnormal and recorded as being below 93 degrees F. Each entry lacked a witness signature and did not indicate if the low readings had been re-checked. All entries lacked verification by another individual of whether entries were accurate, and staff were free of signs or symptoms of COVID-19 prior to entering the facility. On 4/30/20, at 2:45 p.m. the administrator verified they had a problem with the inconsistency of both thermometers, and had placed three different orders for thermometers. The administrator verified the thermometers read low temperatures, and were unable to ensure a staff's temperature was not elevated, though stated most staff know if they had a fever or had symptoms by the way they felt. The administrator stated she had the staff re-check their temperatures at times to ensure they were doing it correctly. The administrator stated they were focusing on asking staff if they felt feverish or had symptoms, and some brought in their own thermometers and had to check their temperatures there, on the camera, to verify they did check their temperature. The administrator verified they did not have someone else check and verify staff temperatures or symptoms, so could potentially enter the facility with an elevated temperature or illness. The administrator stated they had one staff who stated they did not feel well, so they were sent home and did not enter the facility. The facility COVID-19 related policies and procedures revised 4/27/20, lacked direction for surveillance of staff for signs and symptoms of COVID-19 prior to work and entering the care facility. The facility undated COVID-19 preparedness checklist and COVID-19 survey dated 4/1/20, indicated the facility had a process in place for surveillance and monitoring of staff for signs and symptoms of COVID-19.</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.