

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245422	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2020
NAME OF PROVIDER OF SUPPLIER ELIM HOME - MILACA		STREET ADDRESS, CITY, STATE, ZIP 730 SECOND STREET SOUTHEAST, PO BOX 157 MILACA, MN 56353	
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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and document review, the facility failed to implement preventative admission droplet precautions for COVID-19 upon admission for 3 of 3 residents (R1, R2 and R3) who recently admitted. This had the potential to affect all residents currently residing in the facility during the COVID-19 Focused Infection Control Survey. Findings include: A facility provided Admit/Discharge Report, dated 7/7/20 - 8/7/20, identified three new admissions in the past 14 days still residing in the facility at the time of the COVID-19 Focused survey: a new admission (R3) admitted on [DATE]; (R1) admitted on [DATE]; (R2) admitted on [DATE]. During observations on 8/6/20, from 2:10 p.m. to 2:19 p.m. there had been a lack of indication on the outside of the room doors for R1, R2, and R3 which alerted staff that these residents were on 14 day admission droplet precautions i.e., no transmission based precaution signs or personal protective equipment (PPE) supplies/bins outside of the residents' rooms. A sign outside of these three rooms indicated, All entering room will wear a face shield and mask. When resident is out of their room, they need to wear a surgical mask until (date). R1 and R3's identified date was 8/15/20 and R3's was 8/19/20. R3's entry tracking Minimum Data Set (MDS) dated [DATE] identified R3 had been admitted to the facility on [DATE]. R3's progress notes from 7/31/20 through 8/6/20, confirmed his admitted on 7/31/20, following left retromastoid craniotomy for a tumor resection. Further, the progress notes identified R3 required physical assistance with activities of daily living (ADL) with a specific note on 7/31/20 at 3:00 p.m. which indicated he had been alert and oriented x4; however, a progress note dated 8/4/20, at 3:43 p.m. indicated he scored 11/15 on his BIMS (Brief Interview for Mental Status) which suggested his cognition had been moderately impaired at the time The progress notes failed to indicate R3 had been placed on COVID-19 transmission based precautions with admission. R3's medical record did not identify he was experiencing any COVID-19 symptoms. -R3's preadmission screening identified COVID-19 testing completed on 7/21/20; results were negative. -R3's Physician order [REDACTED]. -R3's care plan, dated 8/5/20, indicated he was at risk for signs/symptoms of COVID-19 with the following approaches listed: Follow facility protocol for COVID-19; Observe for signs/symptoms of COVID-19; Resident is able and willing to wear source control mask and has demonstrated the ability to don and doff that source control mask independently. The care plan failed to indicate R3 was on 14 day admission isolation precautions R1's entry tracking MDS dated [DATE] identified R1 was admitted to the facility on [DATE]. R1's progress notes from 8/1/20 through 8/6/20, confirmed his admission date of [DATE], following a urinary tract infection [MEDICAL CONDITION] and gastrointestinal (GI) bleed. Further, the progress notes identified R1 required physical assistance with ADLs upon admission; however, a progress note on 8/3/20, at 1:29 p.m. reported, Cleared by OT to be independent with toileting, SBA (stand by assist) cares and ADLs. Another progress note dated 8/5/20, at 3:59 p.m. identified R1 had a BIMS (Brief Interview for Mental Status) of 15/15. This score suggested R1 had intact cognition at the time. The progress notes failed to indicate R1 had been placed on COVID-19 transmission based precautions with admission. R1's medical record did not identify he was experiencing any COVID-19 symptoms. -R1's preadmission screening identified COVID-19 testing completed on 7/21/20 and 7/23/20; results were both negative. -R1's Physician Order's listed admission orders [REDACTED]. -R1's care plan, dated 8/6/20, indicated R1 was at risk for signs/symptoms of COVID-19 with the following approaches listed: Follow facility protocol for COVID-19; Observe for signs/symptoms of COVID-19; Resident is able and willing to wear source control mask and has demonstrated the ability to don and doff that source control mask independently. The care plan failed to indicate R1 was on 14 day admission isolation precautions R2's progress notes from 8/5/20 through 8/6/20, indicated he had been admitted on [DATE], following a non-displaced oblique [MEDICAL CONDITION] femur shaft. Further, the progress notes identified R2 required physical assistance with ADLs and that he had been alert and oriented without cognitive impairment. The progress notes failed to report R2 had been placed on COVID-19 transmission based precautions with admission. R2's medical record did not identify he was experiencing any COVID-19 symptoms. -R2's preadmission screening identified COVID-19 testing completed on 8/3/20; results were negative. -R2's Physician order [REDACTED]. -R2's care plan, dated 8/6/20, indicated R2 was at risk for signs/symptoms of COVID-19 with the following approaches listed: Follow facility protocol for COVID-19; Observe for signs/symptoms of COVID-19; Resident is able and willing to wear source control mask and has demonstrated the ability to don and doff that source control mask independently. The care plan failed to indicate R2 was on 14 day admission isolation precautions. 8/6/20, at 1:50 p.m. R3 stated he remained in his room most of the day; however, had participated with therapy in the therapy gym since admission. He verified other residents/patients had been in the therapy gym at the same time he had been. R3 explained he was able to come out of his room as long as he had a surgical mask on. R3 acknowledged the facility did not restrict him to his room. On 8/6/20, at 1:59 p.m. after R1 was observed to be in the therapy gym; engaged in therapy, an OT assistant (OTA)-A verified that out of the three residents located in the therapy gym, that R1 was the only admission to have occurred in the past 14 days. OTA-A explained as long as the residents maintained social distancing, and had on a surgical mask, they were able to use the therapy gym at the same time. OTA-A further explained therapy staff were not required to wear gowns (PPE) at the time of therapy services, neither in the therapy gym or the resident room, unless the resident had confirmed or suspected COVID-19. OTA-A denied R1 was on transmission based precautions. During interview on 8/6/20, at 2:14 p.m. trained medication assistant (TMA)-A verbalized the facility did not currently have any residents on transmission based precautions, which included R1, R2, and R3. TMA-A stated admissions in the past 14 days were able to come out of their rooms; however, they were required to wear a surgical mask. When staff entered the rooms of R1, R2, and R3, the staff were required to wear only eye protection and surgical masks; gowns were not required. TMA-A explained gowns would only be required if the resident was on transmission based precautions for confirmed or symptomatic COVID-19. When interviewed on 8/6/20, at 2:19 p.m. nursing assistant (NA)-B stated new admissions were able to leave their rooms as long as they wore masks. Rooms for residents that have returned from the hospital have signs that staff were to wear masks and goggles. On 8/6/20, at 2:27 p.m. after the social services director (SSD) was observed to exit R1's room without a gown, she was interviewed and stated staff were not required to wear a gown unless the resident was on transmission based precautions; such as confirmed or symptomatic COVID-19. SSD explained that R1 had not been on transmission based precautions since admission and the only requirement for staff who entered R1's room was they had to wear goggles and a facemask, which she read from the sign outside of R1's room. She further explained that R1 was able to leave his room; however, he was required to wear a surgical mask at the time. When interviewed on 8/6/20, at 2:39 p.m. NA-C stated R1, R2, and R3 had not been on transmission based precautions since admission and the only requirement when staff entered those three rooms was the staff had to wear goggles and a mask. If R1, R2, or R3 wanted to leave their rooms, the residents were required to wear masks also. NA-C explained the only times that gowns were required to be worn, were when the bins (PPE) were located outside of the resident rooms and there was a sign that indicated what type of precautions the resident was on. NA-C denied having had worn a gown when she had entered the rooms of R1, R2, or R3. When interviewed on 8/6/20, at 3:11 p.m. registered nurse</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.

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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Many	<p>(continued... from page 1)</p> <p>(RN)-A voiced there was no residents currently on isolation precautions. Newly admitted residents and those that had left the facility for medical appointments were placed on transitional precautions which consisted of placing a sign on the residents door which informed the staff they were to wear a mask and goggles when they entered the room and the resident was to wear a mask when out of the room with a date that ended 14 days after admission or the appointment. A clipboard with a column to record the date and a column for the staff to sign that they had entered the room on that date to allow for identification of staff that may be potentially exposed to COVID-19. The residents were allowed to go to the therapy gym and out of their rooms as long as a mask was worn. Additionally, RN-stated the facility had not been having issues obtaining PPE and they had an excessive amount of gowns available for staff use. On 8/6/20, at 3:48 p.m. R2 was observed in the hallway sitting in his wheelchair about 6 feet from his room doorway. He had on a surgical mask which covered his mouth but which did not cover his nose. During interview on 8/6/20, at 3:56 p.m. with director of nursing (DON) and administrator they voiced new admissions were placed on transitional precautions for 14 days, if they developed symptoms of COVID-19 they would be placed on additional precautions at that time. New admissions were to eat meals in their rooms but were able to leave their rooms and go to therapy with other residents as long as masks were worn. One resident who received a nebulized treatment (a drug delivery device used to administer medication in the form of a mist inhaled into the lungs) when receiving the treatment only, no other resident in the facility was on isolation precautions. Administrator further voiced that new admissions needing to be quarantined was not in Minnesota Department of Health (MDH). The state agency (SA) COVID-19 Toolkit: Information for Long-Term Care Facilities, dated 6/5/20, identified Isolate and restrict incoming residents discharged from hospitals, or other facilities, to their room for 14 days and Residents could be transferred out of the observation area to the main facility if they remain afebrile and without symptoms for 14 days after admission/readmission. Further, the CDC defines quarantine as the separation of people who may have been exposed to a contagious disease. With coronavirus, the recommended period to self-quarantine is 14 days.</p>		