

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245427	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER BETHESDA		STREET ADDRESS, CITY, STATE, ZIP 901 SOUTHEAST WILLMAR AVENUE WILLMAR, MN 56201	
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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and document review, the facility failed to implement a comprehensive infection control program to include routine, comprehensive analysis of collected data to reduce the risk of spread to others residing in the facility. This had potential to affect all residents residing in the facility at the time of the COVID-19 Infection Control Focused Survey. Findings include: On 4/23/20, the facility' infection prevention and control program (IPCP) for March 2020 was requested. The following was provided: An Antibiotics per Month Bethesda listing, dated 3/1/20 to 3/31/20, identified various information which was collected including resident names, date of prescription, dosage, [DIAGNOSES REDACTED]. A total of 47 resident orders for antibiotic therapy were listing which included 26 residents with urinary tract infections [MEDICAL CONDITION] and 15 with various respiratory infections (inc. upper and/or lower respiratory and pneumonia). An Infection Rate (acquired in house) Bethesda report, dated March 2020, identified a total of 11 infections were reported as present on admission (labeled as 'incoming'). The report then listed several categories of infection types which included SSTI (surgical site infection), UTI, lower and upper respiratory infection(s), and, Other. These categories identified the facility had 24 UTI, two SSTI, nine lower and/or upper respiratory infections and one recorded, Other. A provided Census Daily Detail by Unit Report, dated 3/1/20 to 3/31/20, identified the facility' occupancy percentage on a daily basis along with total in-house days. A series of equations were listed which identified the facility had a infection rate of 15.6 % (percent). There was no provided comprehensive analysis of the collected data to demonstrate the facility had adequately investigated and tracked the infections to determine if they were related and/or spreading within the facility or respective unit(s). Further, there was no provided evidence the facility had correlated the resident' infection data with the staff illness report(s) to determine if any of the infections were related. On 4/23/20, at 1:18 p.m. registered nurse (RN)-A was interviewed and verified she oversaw the infection control program for the facility. RN-A explained the program used several reports to track infections along with review of resident' progress notes and communicating with each unit staff about resident symptoms and infections. If someone develops symptoms, they are placed on an antibiotic tracking sheet. If they are prescribed an antibiotic, the resident is then listed on the Antibiotics Per Month report and tracked accordingly. RN-A stated she reviewed the entered data routinely for trends and patterns; however, RN-A verified the lack of a completed, documented analysis demonstrating such actions including reviewing each units for repeat infections and ensuring staff illnesses were correlated to resident illness for patterns. RN-A stated she thought their system had the ability to track these items and they would look into using it accordingly. Further, RN-A stated it was important to ensure the collected data had routine analysis to track infections. A provided Bethesda Infection Control policy, dated 2/2019, identified the objective for the program was to . establishes a facility-wide system for the prevention, identification, investigation and control of infections of residents, staff and visitors . The policy directed written standards and policies would include, Surveillance: A system of surveillance designed to identify possible communicable disease or infections before they can spread to other persons in the facility. Use of AbxTracker (antibiotic tracker) to track possible infection and antibiotic use throughout facility using Real-time (sic) infection tracking. The policy lacked any direction or guidance on how or when to ensure an analysis is completed. However, an additional Bethesda Antibiotic Stewardship Policy, dated 3/2019, identified the facility' antibiotic stewardship program directed surveillance would include monitoring, data analysis, documentation and communicable diseases reporting (as required by State and Federal law and regulation).</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.