

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245458	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2020
NAME OF PROVIDER OF SUPPLIER ESSENTIA HEALTH VIRGINIA CARE CENT		STREET ADDRESS, CITY, STATE, ZIP 901 9TH STREET NORTH VIRGINIA, MN 55792	
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 develop and maintain a comprehensive infection surveillance program in order to identify and trend potential COVID-19 or other [MEDICAL CONDITION] infectious outbreaks. This had the potential to affect all 41 residents who resided at the facility. Findings include: The facility's Respiratory Tracking log dated March 2019, identified three residents whom developed a potential [MEDICAL CONDITION] infection. The listing identified columns which included a room number, resident name, symptoms, and temperature. The Respiratory Tracking log lacked information which included symptom onset, diagnostics performed, diagnostic results, and date of symptom resolution. The facility's Respiratory Tracking log dated April 2019, identified four residents whom developed a potential [MEDICAL CONDITION] infection. The listing identified columns which included a room number, resident name, symptoms, and temperature. The Respiratory Tracking log lacked information which included symptom onset, infection risk factors, diagnostics performed, diagnostic results, and date of symptom resolution. The facility's Infection Tracking Record for employees, indicated six employees missed work from 3/5/20, to 4/8/20. The listing identified columns which included date, unit, resident and/or employee, site, symptoms, medication or treatment, missed work, and date returned. Symptoms identified included two cases of gastrointestinal illness, one case of [MEDICAL CONDITION], one sinus infection, one influenza case, and one sick child. The Infection Tracking Record lacked indication of symptom onset, diagnostics and applicable results, and symptom resolution. Three columns lacked indication as to when employees returned to work. On 4/14/20, at 1:15 p.m. registered nurse (RN)-A was interviewed and stated the facility started tracking [MEDICAL CONDITION] illnesses in March 2020, due to the COVID-19 outbreak. RN-A stated she collected information regarding potential [MEDICAL CONDITION] infections by reviewing resident nurses' notes. RN-A confirmed the [MEDICAL CONDITION] tracking log lacked indication of symptom onset, diagnostics performed, and symptom resolution. RN-A stated the date column on the employee illness log, identified the date employees called in sick for work. RN-A stated all employees identified on the log had returned to work. On 4/14/20, at 1:37 p.m. the director of nursing (DON) was interviewed. The DON stated the facility started tracking [MEDICAL CONDITION] infections a week to a week and a half ago. The DON stated additional tracking of symptom onset, symptom resolution, and diagnostics was something we could look at. The facility policy Infection Prevention and Control Program Manual Surveillance dated 2017, directed, Infection prevention begins with ongoing surveillance to identify infections that are causing, or have the potential to cause, an outbreak. The facility closely monitors all residents who exhibit signs/symptoms of infection through ongoing surveillance and has a systematic method for collecting, consolidating, and analyzing data concerning the frequency and cause of a given disease or event, followed by dissemination of that information to those who can improve the outcomes.</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.