

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245491	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2020
NAME OF PROVIDER OF SUPPLIER AUGUSTANA MERCY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 710 SOUTH KENWOOD AVENUE MOOSE LAKE, MN 55767	
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** Based on observation, interview, and document review, the facility failed to ensure the infection control program included a system for consistent and accurate active surveillance of symptoms related to potential and actual infections for 4 of 4 residents (R1, R2, R3, and R4). This had the potential to affect all 49 residents residing in the facility. In addition, the facility failed to ensure a shared mechanical lift assist machine was cleaned between use to prevent cross contamination for 2 of 3 residents (R5, R6) reviewed for shared use of medical equipment. Findings include: R1's Face Sheet printed 5/4/20, indicated R1's [DIAGNOSES REDACTED]. On 4/5/20, R1's lab report indicated negative Influenza A & B test results. On 4/7/20, R1's lab report indicated negative COVID-19 test results. R2's Face Sheet printed 5/4/20, indicated R2's [DIAGNOSES REDACTED]. On 4/29/20, a progress note indicated R2's had been running a temperature all shift, and the last temperature taken was 101 F. On 4/30/20, a progress note indicated R2 had a non-productive loose cough, and diminished lung sounds. On 5/2/20, a progress note indicated a sample was obtained from R2 for influenza and COVID-19, and sent to lab for processing. On 5/2/20, negative lab results were received for Influenza A, B, and COVID-19. R3's Face Sheet printed 5/4/20, indicated R3's [DIAGNOSES REDACTED]. On 4/22/20, a progress note indicated R3 had a non-productive cough, abnormal lung sounds, and a temperature of 99.7 F. On 4/24/20, a lab report indicated R3 had negative Influenza A and B test results. On 4/27/20, and 4/30/20, a lab report indicated R3 had negative COVID-19 test results. R4's Face Sheet printed 5/4/20, indicated R4's [DIAGNOSES REDACTED]. R4's lab report dated 3/16/20, indicated negative Influenza A and B test results. On 3/29/20, a progress note indicated R4 had an increase in urination with a mild odor, and a requested for urine to be tested for possible infection. On 4/1/20, a progress note indicated R4 continued to have odorous urine with urinary frequency. On 4/4/20, a progress note indicated R4's temperature was 99.5 F, received routine Tylenol, and coughed up a large amount of clear moderately thick mucus. On 4/5/20, a progress note indicated R4 had a temperature of 100.7 F, was put on isolation with droplet precautions, and was tested for influenza and COVID-19. R4's lab report date 4/5/20, indicated negative Influenza A and B test results. R4's lab report dated 4/7/20, indicated negative COVID-19 test results. On 4/15/20, a progress note indicated R4's physician was updated with concerns of R4's increased urinary frequency, and R4 continued to not be herself. On 5/4/20, at 9:00 a.m. the registered nurse infection control preventionist (RN)-A was interviewed and stated the facility had no active COVID-19 cases, and four residents had been tested for COVID-19 all with negative results. The facility's resident surveillance line logs were reviewed from February 2020, through April 2020. The surveillance logs included categories with resident information, classification, history, diagnostics, antimicrobial starts, and other information for tracking and trending infections. The infection control surveillance logs did not include residents that were tested for COVID-19 for tracking and monitoring of symptoms. Further, the infection control logs did not track or trend resident symptoms of potential infection which were not treated with antibiotics (i.e. common cold symptoms, [MEDICAL CONDITION] infections). On 5/4/20, at 2:18 p.m. RN-A verified the infection control surveillance logs did not include residents that were tested for COVID-19, and only tracked residents with diagnosed treated infections. RN-A stated the infection control surveillance logs did not reflect real time, and stated she completed the logs at the end of the month to generate a report for staff education and QAPI (Quality Assurance Performance and Improvement). RN-A further stated she tried to keep the surveillance logs up to date, and updated infection information in MatrixCare (software for electronic medical records) located under the resident's event tab. RN-A stated symptoms of potential and actual infections should be tracked on surveillance logs, and kept in real time for early detection of any potential patterns. On 5/5/20, at 12:30 p.m. the director of nursing (DON) stated their corporate directed the use of the infection control surveillance logs to be used for tracking only positive cases, and not residents with non-positive infections. The DON stated symptoms of possible infections like an elevated temp were alerted in Matrix, and noted on the 24 hour report for monitoring. The facility was unable to provide documented evidence that demonstrated the facility had a system for tracking consistent and accurate active surveillance of symptoms related to potential and non-antibiotic treated infections. The facility Infection Control policy re: Infection Surveillance revised 10/19, directed each facility will have an ongoing system of surveillance to assist in the identification of possible communicable disease or infections before they can spread to other persons in the facility. The policy directed infection data will be collected through various methods including medication report from MatrixCare, review of lab reports, medication and physician orders [REDACTED].</p> <p>R5's Face Sheet printed 5/4/20, indicated R5's [DIAGNOSES REDACTED]. R6's Face Sheet printed 5/4/20, indicated R6's [DIAGNOSES REDACTED]. At 10:46 a.m. NA-A brought the lift assist out of R5's room, and placed the lift in the hallway without cleaning it. On 5/4/20, at 10:49 a.m. NA-A took the same lift to R6's room and was entering the room without cleaning the lift. NA-A was stopped and questioned by the surveyor about cleaning equipment between residents. NA-A stated the lifts get cleaned nightly, and do not get cleaned between uses. NA-A then got a Clorox hydrogen peroxide wipe and wiped down the lift before bringing it into R6's room. NA-B was nearby, and stated the lifts should be cleaned between uses. On 5/4/20, at 2:00 p.m. the DON verified shared equipment, such as lifts, should be cleaned with hydrogen peroxide or bleach wipes between residents. On 5/4/20, at 2:15 p.m. RN-A verified shared lifts should be cleaned between residents with the hydrogen peroxide wipes or Virex (a disinfectant, bactericidal, virucidal and fungicidal cleaner). The facility policy for Infection prevention and control program revised 10/19, directed staff to sanitize multiple use equipment per manufacturer's instructions and per procedure.</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.