

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245572	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2020
NAME OF PROVIDER OF SUPPLIER COLONIAL MANOR NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 403 COLONIAL AVENUE LAKEFIELD, MN 56150	
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 follow Centers for Medicare & Medicaid Services (CMS) guidance QSO-20-14-NH for screening visitors and staff prior to entering resident care areas in accordance with Centers for Disease Control (CDC) guidelines for COVID-19. In addition, the facility failed to ensure staff adhered to proper infection control practices by performing hand hygiene when delivering clean laundry to resident rooms. This had the potential to effect all 27 residents who resided in the facility. Findings include: Upon arrival on 4/28/20, at 9:00 a.m. surveyors entered the main entrance of the facility with mask and goggles in place and were waived in by a receptionist who instructed surveyors to walk to the nurses' station to be screened for COVID-19 symptoms. Surveyors performed hand hygiene using alcohol based hand rub (ABHR) and walked to the nurses' station, but no one was present. Surveyors returned to reception area and where eventually met by the director of nursing (DON) who performed the screening. During interview on 4/28/20, at 9:10 a.m. the DON stated employees arrived to the main entrance of facility, picked up their mask, performed hand hygiene then proceeded to the nurses' station to have their temperature taken and answer screening questions. The nurses' station was approximately 25 to 30 feet inside the facility in a resident care area. During interview on 4/28/20, at 9:20 a.m. housekeeper (H)-A stated when she arrived to work, she entered through the main entrance, cleaned her hands, got her mask and went to the nurses' station to have her temperature checked and answer screening questions. During interview on 4/28/20, at 9:25 a.m. registered nurse (RN)-A stated when she arrived to work, she entered through the main entrance, cleaned her hands, put on her mask and went to the nurses' station for screening. During interview on 4/28/20, at 9:30 a.m. with DON and administrator, both admitted staff walked a distance into the facility, into the resident care area in order to be screened for COVID-19. During interview on 4/28/20, at 9:35 a.m. universal worker (UW)-D stated when she arrived to work, she entered through the main entrance, picked up a mask, went downstairs to take her coat off, wash her hands, then went to the nurses' station to get temperature taken and answer screening questions. During observation on 4/28/20, at 10:03 a.m. laundry staff (L)-B was in northwest (NW) hallway with a clothing rack on wheels which was full of clothing on hangers, and another cart on wheels with small open-sided bins, in which were articles of clothing such as pajamas and slipper socks. L-B was observed going into room NW3 with clothing on hangers in her hand; opened a closet door and a drawer and placed clothing inside. Without cleaning her hands, obtained more clothes from the cart and went into room NW6, opened closet door and drawer and placed clothing inside. This was repeated for room NW5. L-B moved the racks further down the hallway and took clothing into rooms NW7 and NW14, never performing hand hygiene in between rooms. L-B walked past an ABHR station in mid-hallway without utilizing it. During observation on 4/28/20, at 10:10 a.m. sign in vestibule of main entrance read: Stop, all staff and visitors need to be screened before coming in. Ring doorbell or use walkie talkie to alert nurse. During observation on 4/28/20, at 10:20 a.m. L-B had clothing carts in the west hallway, again going from room to room returning clean laundry on hangers and in her hand without performing hand hygiene between rooms. During interview on 4/28/20, at 11:25 a.m. DON stated she would expect staff to perform hand hygiene in between resident rooms when returning clean laundry. Facility policy titled: COVID-19 Employee Screening/Surveillance, reviewed and revised April 2020 indicated: Policy Statement: It is the policy of this facility to minimize exposures to respiratory pathogens and promptly identify staff with Clinical Features and an Epidemiologic Risk for the COVID-19. Procedure: 1. Colonial Manor will actively verify absence of fever and respiratory symptoms when employee reports to work at the beginning of shift. Document temperature, absence of shortness of breath, new or change in cough, or sore throat. Facility policy titled: Infection Control - Hand Hygiene, reviewed and revised December 2019 indicated: Policy: To provide guidelines to employees for proper and appropriate hand hygiene that will aid in the prevention of the transmission of infections. Hand Hygiene: Must be performed: a) after touching blood, body fluids, secretions, excretions, and contaminated items, whether or not gloves are worn b) immediately after gloves are removed c) when otherwise indicated to avoid transfer of microorganism to other residents, personnel, equipment, and/or the environment. Examples include but are not limited to: i. Before performing invasive procedures. ii. Before contact with particularly susceptible residents. iii. Before touching medication or food to be given to a resident. iv. Before and after touching wounds of any kind. v. Before and after providing personal care for a resident. vi. After touching any item or surface that may have been contaminated with blood or body fluids, excretions or secretions. vii. After caring for a resident with an active infection. viii. Between contacts with resident in high-risk areas. ix. After going to the bathroom, nose blowing, covering a sneeze and coughing. x. Before eating and before going home at the end of the shift.</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.