

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245573	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2020
NAME OF PROVIDER OF SUPPLIER CLARA CITY CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222	
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 interview and document review, the facility failed to ensure all staff entering the facility, were being actively screened (other facility staff performing the screening process) for the prevention and potential transmission of infection, including COVID-19. This had the potential to affect all 41 residents currently residing in the facility at the time of the COVID-19 Focused survey. Findings include: On 4/17/20, at 09:30 a.m. the survey team entered the facility via the building's main entrance. A facility' employee took the temperature and asked COVID-19 symptom screening questions of the survey team before allowing entrance to the facility. When interviewed on 04/17/20 at 09:35 a.m., the DON stated the facility did not have any presumptive or confirmed cases of COVID-19. During interview on 4/17/20, at 10:00 a.m. activity assistant (AA)-A stated she had been self screening (taking her own temperature and answering applicable COVID-19 questions) for about 3 weeks after being initially trained by nursing staff. AA-A further stated she would again self screen if reentering the facility during her shift. Further, AA-A expressed if they had to mark 'YES' for any of the screening questions, she would tell somebody and we would have to go home. When interviewed on 4/17/20, at 10:14 a.m. administrative assistant (ADM)-A stated the front door was the only entrance and exit where staff completed COVID-19 screening. ADM-A further stated she would typically screen staff when she was available but added, Yes, there are some self screening if no one is up here, and elaborated they were on the honor system. Further, ADM-A stated they felt the nurses were competent to screen themselves. During interview on 4/17/20, at 10:27 a.m. registered nurse (RN)-A stated she checks her own temperature in the front entrance before starting her shift and fills out a questionnaire on illness and exposure. She then signs her name on the designated paper and obtains a mask. RN-A stated if she were to answer yes to any of questionnaire she would call a nurse and be sent home. When interviewed on 4/17/20, at 1045 a.m. housekeeping (HSKP)-A stated she checks her own temperature and fills out a questionnaire at the start of her shifts. Further, HSKP-A stated if she would have a temperature or answer yes to any of the infection questions, she would go to her supervisor or a nurse. During interview on 4/17/20, at 10:57 a.m. nursing assistant (NA)-A stated she checks her own temperature and fills out the COVID questionnaire in the front lobby area herself. NA-A further stated if she has a temperature or answers yes to the questionnaire, The charge nurse would then retake and ask further questions and send her home. When interviewed on 4/17/20 at 11:08 a.m. NA-B also stated she checks her own temperature and fills out a questionnaire in the front entrance and signs her name to the sheet. On 4/17/20, at 11:26 a.m. the facility's infection control preventionist (ICP) was interviewed and stated the administrative assistant would actively screen staff upon entering the facility otherwise some nurses do it themselves due to not always having the availability of a staff member to be present 24/7 to actively screen all staff entering the facility. ICP voiced they do not wish for staff to walk all the way through the facility to get screened and further stated it was done to make it easier on staff we allow self screening. ICP explained they would re-evaluate the situation if the County was to have a positive case for COVID-19. Further, ICP stated the facility had not conducted any competencies of the staff to ensure they were screening themselves correctly or consistently. A provided Infection Prevention Interim Policy for Suspected or Confirmed COVID-19 policy, dated 4/7/20, identified access to the building would be limited to the main entrance only and active screening of residents and staff for fever or respiratory symptoms (fever, cough, difficulty breathing) would be completed on an ongoing basis. The policy added, Staff will be screened at the start of the shift and anytime during the shift if exhibiting symptoms. If the staff answer yes to any screening questions they will seek an evaluation by the charge nurse to determine appropriateness to work. If an employee has a simple sore throat or cough, they will be asked to wear a mask while at work. If an employee has a temperature (100.0 F or higher) they will be asked to self-isolate at home until 72 hours after temperature returns to normal. The policy did not identify whom (self or other employee) was expected to conduct the employee screening.</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.