

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245589	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/24/2020
NAME OF PROVIDER OF SUPPLIER BUFFALO LAKE HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP 703 WEST YELLOWSTONE TRAIL, PO 368 BUFFALO LAKE, MN 55314	
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 48 residents currently residing in the facility at the time of the COVID-19 Focused survey. Findings include: On 4/24/20, at 9:50 a.m. the survey team entered the facility via the building's back 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 04/24/20, at 10:00 a.m. the director of nursing (DON) stated the facility did not have any presumptive or confirmed cases of COVID-19. During interview on 4/24/20, at 10:23 a.m. registered nurse (RN)-A stated she had been self screening (taking her own temperature and answering applicable COVID-19 questions) when entering the building for the shift. RN-A was not aware if anyone reviews the screening questionnaires or temperatures. When interviewed on 4/24/20, at 10:45 a.m. RN-B stated she screened herself when coming in for the day. RN-B further stated all staff were responsible for checking their own temperatures. The screening questionnaire, temperature, hand hygiene and putting a mask on was to be done before the building was entered. RN-B was not sure who reviewed the screening questionnaires or temperatures or when this was done. When interviewed on 4/24/20, at 11:41 a.m. trained medication aide (TMA)-A stated it was preferred that there was a nurse around when self-screening but staff were responsible for answering the screening questions and taking own temperature. During interview on 4/24/20, at 12:00 p.m. the director of nursing (DON) stated they were following the Centers for Medicare & Medicaid Services (CMS) guidance QSO-20-14-NH for actively screening staff at the beginning of their shift in accordance with Centers for Disease Control (CDC) guidelines for COVID-19. DON further stated they interpreted active screening as the staff could self-screen when they entered the facility. DON stated the screening questions and temperatures were reviewed but not at the time they were taken. For instance if someone comes at an off time like 4:00 a.m. the nurse may not look at it until 6:00 a.m. A provided Respiratory illness Outbreak COVID-19 Specific Policy updated 3/14/20, identified Staff would have their temperature taken upon arrival at the facility and would answer a series of screening questions. 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.