

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245626</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/05/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROCHESTER REHABILITATION AND LIVING CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1900 BALLINGTON BOULEVARD NW ROCHESTER, MN 55901</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Many</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, document review the facility failed to use proper infection control practices for hand hygiene and transmission based precautions to prevent or mitigate the risk of COVID-19 outbreak. In addition, the facility failed to ensure all staff completed mandatory infection control education. The facility's deficient practices had the potential to effect all residents and staff. Findings include During the entrance conference on 5/4/2020, at 9:00 a.m. with the director of nursing (DON) stated the facility did not have any residents positive with COVID-19 and had adequate supplies for daily use and in the event of an outbreak. DON stated the facility designated Rehab 2 for hospital admissions; residents were admitted to a private room, quarantined for 14 days, monitored at least twice a day for the onset of symptoms, and were on droplet precautions. DON stated since the facility did not have a shortage of personal protective equipment (PPE), she expected staff to put on all required PPE (gloves, mask, eye protection, and gown) before entering the rooms. REHAB 2 On Rehab 2, carts that contained PPE were located outside of the resident rooms in addition to droplet precaution signs posted on the outside of resident's rooms. During an observation and interview on 5/4/2020, at 9:44 a.m. Speech therapist (ST)-A stood outside a resident's room with a cloth face mask and face shield on. ST-A put on a gown and gloves outside the resident's room, and then entered. ST-A exited room wearing cloth mask and shield. ST-A stated the face shield would be disinfected back in therapy room. During an observation and interview on 5/4/2020, at 09:50 a.m., licensed practical nurse (LPN)-A was observed wearing cloth mask with a face shield. LPN-A stated the homemade mask had a filter inside. LPN-A stated she would disinfect shield as needed. LPN-A entered a resident's room after she donned gown and gloves and exited without changing mask or disinfecting shield. During an observation on 5/4/2020, at 10:28 a.m., nurse aide (NA)-A exited resident room on precautions wearing mask and shield, carrying water pitcher to kitchen area to refill and returned to resident room. No change of mask or disinfecting of shield observed. During an observation and interview on 5/4/2020, at 10:31 a.m., social worker (SW)-A entered resident room on precautions wearing surgical mask and shield delivering weekly COVID print out to resident. No hand hygiene observed before or after going into resident rooms. SW-A stated she tried to get in and out of rooms quickly to set down the newsletter on the table or would ask other staff who were going into the room to deliver it. SW-A stated she had received education on PPE and hand hygiene in and out of resident rooms. During an observation and interview on 5/4/2020, at 10:39 a.m., housekeeper (HSPK)-A was wearing cloth mask, gown, and gloves but no shield prior to entering resident room on precautions. HSKP-A exited resident room and walked to her cart; with the same gloves on she discarded the cleaning cloth, removed keys to the cart from her pocket, unlocked the cart, and put the cleaning solution away. HSKP-A then with the same gloves on re-entered room with a roll of toilet paper, she then exited again with a trash bag which she placed in the larger trash bag on her cart. HSKP-A wearing same gloves obtained new cleaning cloth and disinfectant, she wiped down sink area, door knob, and knobs of drawers. HSKP-A then exited, discarded the cleaning cloth and re-entered with swifter floor cleaner. After cleaning the floors, HSKP-A exited the room, removed gloves, and performed hand hygiene. HSKP-A did not remove gown and continued to wear. During an observation and interview on 5/4/2020, at 10:52 a.m., NA-A was wearing same surgical mask and shield entering and exiting rooms of residents on droplet precautions. NA-A stated the shields are washed at end of shift but if COVID symptoms then would be wiped down each time leaving resident room. During an observation on 5/4/2020, at 10:55 a.m., HSKP-A entered resident room wearing same cloth mask and gown from previous room. During an observation and interview on 5/4/2020, at 11:10 a.m., HSKP-A exited resident room and stated she wears the same gown into all resident rooms and was not told to change in between. HSKP-A also stated she was not told she had to wear a shield. HSKP-A stated she would use what was available on the precaution cart or if she was told. KITCHEN During an observation on 5/4/2020, at 10:00 a.m., dietary aide (DA)-A had cloth face mask dangling from one ear with mask hanging down on left side of face. DA-A was sitting adjacent to unidentified dietary staff at table in dining area outside of kitchen doing paperwork. The unidentified dietary staff cloth mask was observed to be sitting below the nose. LPN-A approached DA-A and asked her to wear mask appropriately. DA-A responded abruptly stating, I know but I am talking now. During an observation on 5/4/2020, at 11:09 a.m. DA-A had a cloth facemask around her chin leaving her mouth and nose uncovered, upon seeing the surveyor DA-A pulled the mask into the proper position and without first performing hand hygiene picked up clean silverware that was on the table. DA-A then touched the front of her mask, did not perform hand hygiene and continued to complete tasks in the kitchen area. -At 11:10 a.m. DA-A stood in the kitchen with a surgical mask on below nose, touched the front of the mask, then picked up a serving tray and dumped the tray in the garbage, DA-A was not observed to perform hand hygiene after touching the mask. During an observation and interview on 5/4/2020, at 11:15 a.m., DA-B was observed in the kitchen wearing face mask that draped down to near chin area, DA-B pulled up the mask over mouth and nose upon seeing surveyors. A short time later, DA-B then again was observed wearing mask below nose. DA-B pulled mask down below his mouth to answer the surveyor's questions. DA-B did not pull the face mask back over his mouth and nose until the surveyor requested. Even though the surveyor had also requested DA-B perform hand hygiene after touching the mask, DA-B continued to take items out of the refrigerator placing them on a nearby cart. DA-B then pushed the cart into another dining area where another refrigerator was and continued to take items out of refrigerator wearing mask below the nose. DA-B stated he had not received education on hand hygiene since orientation and had not received education on mask hygiene practices. During an interview on 5/4/2020, at 11:16 a.m. certified dietary manager (CDM) stated she had only been at the facility for a couple of days. CDM stated an expectation that dietary assistants wear masks at all times in the correct position and if staff touch their mask they have to do hand hygiene. CDM was not aware if any hand hygiene or PPE education had been provided prior to her employment. During an interview on 5/4/2020, at 11:22 a.m. DA-A indicated she had a habit of removing her mask to talk. DA-A verified she did not perform hand hygiene after touching her mask and should have. According to the facility's education records DA-A has not completed any education pertaining to infection control practices. PRAIRIE UNIT During an interview on 5/4/2020, at 10:10 a.m. registered nurse (RN)-A stated R1 was readmitted to the facility from the hospital last week. RN-A stated because R1 was quarantined for 14 days, was being monitored for the onset of symptoms of COVID-19, and was on droplet precautions. During an observation on 5/4/2020, at 10:30 a.m. HSKP-B sanitized hands and put on gloves prior to entering a resident's room. After a short time HSKP-B came out of the room, went to cart, and with the same gloves on opened the top of the cart, put items inside, and took cleaning supplies back into the room. HSKP-B came back out of the room with a bag of garbage, placed it in the larger bag on her cart, and removed gloves. HSKP-B did not perform hand hygiene after removing her gloves. HSKP-B then took the dust mop into the resident's room and cleaned the floor, then returned the dust mop to the cart. HSKP-B then donned gloves without first doing hand hygiene and walked into the nurses station where she removed garbage bags. HSKP-B went back and forth from the housekeeping cart several times for supplies, she then removed her gloves and pushed cart down the hallway without performing hand hygiene. HSKP-B then walked into R1's room where there was a posted sign that indicated R1 was on droplet precautions; HSKP-B had on a facemask and gloves, however, no gown or eye protection. HSKP-B walked over to R1 who was lying in bed and conversed. HSKP-B came out of the room, opened the top of the cart with</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.

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