

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 24E185	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/26/2020
NAME OF PROVIDER OF SUPPLIER BYWOOD EAST HEALTH CARE		STREET ADDRESS, CITY, STATE, ZIP 3427 CENTRAL AVENUE NORTHEAST MINNEAPOLIS, MN 55418	
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 all staff were adequately screened upon entrance of the facility, and failed to ensure staff were wearing appropriate personal protective equipment (PPE) during [MEDICAL CONDITION] (COVID-19) outbreak, in accordance with Centers for Disease Control (CDC) guidelines. This had the potential to affect all 79 residents and staff in the facility. Findings include: On 6/25/20, at 9:12 a.m. surveyors entered the building. Upon entrance, staff stopped surveyors to sign in and take temperature. The director of nursing (DON) asked screening questions. However, there was no place on the log to document for signs and symptoms of COVID. During an observation on 6/25/20, at 10:15 a.m. housekeeping (HSK)-A entered the building, donned a surgical mask and sanitized hands. HSK-A had a pair of safety goggles hanging on the front of his shirt and was carrying a backpack. Screening staff took HSK-A's temperature. HSK-A signed the daily log, entered his temperature reading. However, no other COVID-19 screening was completed to determine if HSK-A had other symptoms of COVID-19. During an observation and interview on 6/25/20, at 11:02 a.m. trained medication aid (TMA)-A was wearing a cloth mask. TMA-A confirmed the mask she was wearing was cloth. Further, TMA-A stated it was a part of her work duties to administer eye drops to residents and would consider that direct care. TMA-A stated she was not aware of the need to wear a surgical mask for direct care. Further, when asked about the screening process when she arrived to work, TMA-A stated that upon entrance, her temperature was taken but was not questioned about other symptoms. During an interview on 6/25/20, at 10:21 a.m. when asked about the screening process upon coming to work, HSK-C stated only a temperature was taken when entering the facility. Review of staff log-in forms revealed temperatures were taken and staff had masks when signing in for a shift, however, the form lacked evidence of screening for signs and symptoms of COVID. According to CDC guidance, COVID-19 Long-Term Care Facility Guidance, dated 4/2/20, stated 3. Long-term care facilities should immediately implement symptom screening for all. Every individual regardless of reason entering a long-term care facility (including residents, staff, visitors, outside healthcare worker, vendors, etc.) should be asked about COVID -19 symptoms and they should also have their temperature checked. During an interview on 6/25/20, at 11:20 a.m. the DON stated staff on first floor were not wearing eye protection when surveyors entered the building. the DON stated staff were instructed on what PPE to wear daily based on signage posted at the entrance of the building. DON observed TMA-B was wearing a cloth face mask and immediately instructed her to obtain a surgical mask from the infection preventionist. DON stated all direct care staff were to wear surgical masks. The signage posted for the date of the survey directed staff were to wear surgical mask when providing direct resident care and goggles when in common and resident care areas.</p> <p>During interview on 6/25/20, at 10:22 a.m. trained medication aid (TMA)-C stated the process to put on PPE before entering a room, with a resident who tested positive for COVID-19, was to put on a disposable gown, gloves and change her cloth mask to a N95 mask. TMA-C stated she was already wearing glasses with side protection, so she did not need to change them. TMA-C noted to have a cloth mask on. TMA-C stated she wore the cloth mask with all resident interactions except those residents who tested positive for COVID-19. TMA-C stated she did not wear a surgical mask when she worked the floor. During an interview on 6/26/20 at 11:38 a.m. DON stated the facility had an adequate supply of personal protective equipment (PPE) and all direct care staff should wear surgical masks. Further, DON confirmed only temperatures were taken at the beginning of shifts, however, staff completed Healthcare Worker Risk Assessment at the end of their shift. During interview on 6/25/20, at 12:06 p.m. infection preventionist (IP) stated the facility had adequate supply of PPE, including gowns, surgical masks and N95 masks, gloves and face shields. Education provided to staff dated 6/12/20, indicated please only use the N95 masks when caring for symptomatic residents. Goggles should be disinfected and reused.</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.