



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
August 3, 2020

Administrator
Oak Terrace Health Care Center
640 Third Street
Gaylord, MN 55334

RE: CCN: 245473
Cycle Start Date: June 24, 2020

Dear Administrator:

On July 29, 2020, the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us



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July 16, 2020

Administrator
Oak Terrace Health Care Center
640 Third Street
Gaylord, MN 55334

RE: CCN: 245473
Cycle Start Date: June 24, 2020

Dear Administrator:

On June 24, 2020, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/27/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245473	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/24/2020
NAME OF PROVIDER OR SUPPLIER OAK TERRACE HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 640 THIRD STREET GAYLORD, MN 55334		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments A COVID-19 Focused Infection Control survey was conducted 6/23/20 and 6/24/20, at your facility by the Minnesota Department of Health to determine compliance with Emergency Preparedness regulations § 483.73(b)(6). The facility was in full compliance.	E 000			
F 000	Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted 6/23/2020 and 6/24/20, at your facility by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. The facility was in not in full compliance.	F 000			
F 880 SS=F	The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Upon receipt of an acceptable electronic POC, an revisit of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and	F 880		7/23/20	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

07/23/2020

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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F 880	<p>Continued From page 1</p> <p>comfortable environment and to help prevent the development and transmission of communicable diseases and infections.</p> <p>§483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements:</p> <p>§483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards;</p> <p>§483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to:</p> <p>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</p> <p>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</p> <p>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</p> <p>(iv) When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the</p>	F 880			

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F 880	<p>Continued From page 2 circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to follow Centers for Medicare and Medicaid Services (CMS) and Centers for Disease Control (CDC) guidelines by appropriately implementing measures to prevent the spread of Covid-19. This had the potential to affect all 26 residents who resided at the facility</p> <p>Findings include:</p> <p>During an observation on 6/22/20, at 10:53 a.m. activities director (AD)-A was sitting shoulder to shoulder with R1 in her room, listening to and looking at a video of polka music on a laptop. AD-A was not wearing eye protection. AD-A stated she took her eyeshield off because it was</p>	F 880	<p>DON educated activity director on 7/22/2020 on proper use of eye shields. DON instructed activity director that eye protection is not to be removed at any time when in direct contact of any resident. Activity director acknowledged that this was correct. Activity director educated activity staff on 7/22/2020 regarding proper eye protection use and that eye protection is not to be removed during any direct resident contact. DON printed color posters on proper donning and doffing of eye protection to activity director to be place in activity office for reference by activity staff members. Audit form ahs been developed and audits will</p>		

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F 880	<p>Continued From page 3 fogging up.</p> <p>During an observation and interview on 6/22/20, at 10:55 a.m. housekeeper (H)-A was in doorway of R2's room wearing a yellow isolation gown, gloves, cloth mask and no eye protection. Sign on wall next to door indicated "STOP. See nurse before entering." H-A stated this resident was in [transmission based] precautions because he returned from the hospital. H-A was not aware that for this resident, she should wear full personal protective equipment (PPE) which included a facemask and eye protection when entering this room. While interviewing H-A, observed her cloth mask falling below her nose as she spoke and H-A frequently pushed it up with her hand. There was not a transmission based precaution sign outside this residents room, indicating to staff proper PPE required when entering.</p> <p>During an observation on 6/22/20, at 11:35 a.m. R3's call light was on. Nursing assistant (NA)-A entered the room without performing hand hygiene, shut off the call light located behind the residents chair and left the room without performing hand hygiene. A minute later, NA-A reentered the room without performing hand hygiene.</p> <p>During an interview on 6/22/20, at 12:05 p.m. the director of nursing (DON) stated she expected housekeepers to wear facemask's and eye protection when cleaning any resident room.</p> <p>During an observation on 6/22/20, at 12:15 p.m. dietary aide (DA)-A was working in dining room kitchenette in close proximity to other employees. DA-A's cloth mask was below her chin. DA-A</p>	F 880	<p>be performed weekly X 4 weeks, monthly X 4months, then annually thereafter. Findings of audits will be reviewed and discussed at quarterly Quality Assurance meetings.</p> <p>On 6/22/2020, DON provided re-education to housekeeper whom was not following facility protocol for a resident in transmission-based precautions related to return from the hospital. On 6/22/2020, DON printed and laminated posters from the Minnesota Department of Health entitled "Enhance Respiratory Precautions" and place poster outside of the resident's room, next to the door frame. Housekeeper was educated by DON on the required PPE to be worn before entering a resident room whom is on isolation precautions. On 6/22/2020, DON and infection control nurse implemented surgical face mask use for all housekeeping staff, in conjunction with eye protection. On 7/22/2020 DON printed and laminated copies of a poster from the MN Department of Health titled "Facemask Do's and Don'ts" and gave to housekeeping manager to hang in the housekeeping room for reference by staff. On 7/16/2020 DON and infection control nurse held a housekeeping staff meeting. DON and infection control nurse provided education on infection control practices, to include proper hand hygiene, pro0per use, and donning and doffing of PPE. All housekeeping staff completed competency evaluation on donning and doffing person protective equipment during the meeting. Audit form has been</p>		

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F 880	<p>Continued From page 4</p> <p>stated she had asthma and "if I wear the mask over my mouth, I can't breathe."</p> <p>During an interview on 6/22/20, at 12:20 p.m. registered nurse (RN)-A stated she was aware of DA-A's concern about not being able to breath if she covers her mouth with a cloth mask and stated she would speak to DA-A.</p> <p>During an observation and interview on 6/22/20, at 12:25 p.m. of Covid-19 unit, inside the plastic sheeting entrance adjacent to the rest of the facility, on the left side of the hallway was an alcove where donning (putting on) PPE was to occur. There was no sign indicating such, nor indicating it was "clean" space. On the right side of the hallway, doffing (removing) PPE took place in the former conference room. There was no sign indicating such, nor indicating it was "dirty" space. Further onto the Covid-19 unit, nursing assistant (NA)-B was observed sitting in the hallway on a chair, eating. NA-B stated there was not a room designated for staff to eat. Additionally, NA-B stated she tested positive for Covid-19 two weeks ago and had been taken off the staff schedule for only two days.</p> <p>On the Covid-19 unit, observed a large room labeled B-10 being utilized for multiple clean and dirty functions. Upon entry to the room against the wall on the right were two dirty linen bins with lids. In the middle of the room against windows were trash bins with lids used for doffing PPE. On the left side of the room against the wall was a kitchenette with a dorm size refrigerator on a table, with pudding in it for residents; a coffee station, bottles of water and Gatorade, and Jello cups for residents. Furthermore, on top of a dresser located in-between the laundry and trash</p>	F 880	<p>developed on proper use of PPE by housekeeping staff. Audits will be performed by Infection Control nurse or designee weekly X 4 weeks, monthly X 4 months, then annually thereafter. Findings of audits will be reviewed and discussed at quarterly Quality Assurance meetings.</p> <p>Nursing assistants were educated by DON at 6/25/2020 nursing assistant meeting on proper hand hygiene practices, to include hand hygiene before entering and after exiting a resident's room. Nursing assistants acknowledge the presence of hand sanitizer dispensers in each resident's room. Infection control nurse, or designees, will perform hand hygiene audits weekly X 4weeks, monthly X 4 months, then annually. Audit findings will be reviewed and discussed at quarterly Quality Assurance meetings.</p> <p>On 6/22/2020 DON and Infection Control nurse implemented the use of surgical face masks and eye protection for all housekeeping staff members. On 7/16/2020, DON and Infection Control nurse held a housekeeping staff meeting. DON and Infection Control nurse provided education on use of surgical face masks and eye protection at all times when in the facility. An audit form ahs been developed on use of proper PPE by housekeeping staff. Audits will be performs by Infection Control nurse or designee weekly X 4 weeks, monthly X 4 months, then annually thereafter. Findings of audits will be reviewed and discussed at quarterly Quality Assurance meetings.</p>		

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F 880	<p>Continued From page 5</p> <p>bins was a basket labeled "dirty goggles" with a message indicating: clean thoroughly with alcohol prep pad and then place in clean bucket. There were eight faceshields in the dirty goggles basket, in every which direction. Did not observe a clean bucket. NA-B stated when she donned PPE when she arrived to work, she went into this room to get a dirty faceshield, then took the faceshield into the hallway to clean it with disinfectant wipes. In addition, observed toilet and sink cleaning supplies on the floor in front of the dresser, along with a plastic bag of rags. Observed an employee jacket and open purse on the floor directly inside the room to the left.</p> <p>During further observation on Covid-19 unit, noted paper logs outside each resident room indicating dates and times staff went in and out of rooms were filled with writing. As a result, staff had started writing this information either on the back of a full sheet or on note pads.</p> <p>Upon exit of the Covid-19 unit in the room designated for doffing, there was a sink, but no soap. There were containers of soap on the counter, but the containers were made for dispensers and therefore soap was not available to clean hands. There was hand sanitizer available.</p> <p>During an interview on 6/22/20, at 1:15 p.m., DON was unaware of findings on the Covid-19 unit and stated she expected RN-A to monitor and observe activities on the Covid-19 unit and to ensure staff adhered to infection control standards. In addition, DON stated the facility did not remove NA-B from the schedule for the recommended period of time after testing positive for Covid-19.</p>	F 880	<p>On 6/22/2020, dietary aide was re-educated on proper wearing of a face mask by Infection Control nurse. Dietary aide verbalized understanding. Dietary aide was educated by Infection Control nurse that if it becomes difficult for her to breathe, to go to the staff lounge to remove her face mask. Educated dietary aide that her mask cannot be removed when in any resident care areas or around other staff members. A dietary staff meeting was held on 7/2/2020 by DON and Infection Control nurse educating on proper personal protective equipment use, hand hygiene, and infection control practices. Education provided on how to properly don and doff a surgical mask and eye protection, as well as proper cleaning of eye protection. On 7/22/2020, large color signs were printed by DON for the dietary manager to place in the dietary staff kitchen instruction on proper wear of a surgical mask and eye protection. Infection control nurse or designee will complete audits on dietary staff compliance with proper PPE use weekly X 4 weeks, monthly X 4 months, then annually Audit finding will be reviewed and discussed at quarterly Quality Assurance meetings.</p> <p>On 7/20/2020 DON printed large color bolded signs labeled "CLEAN PPE AREA" and "DIRTY PPE AREA". DON placed these signs in their respective locations on the COVID-19 unit. On 7/20/2020 DON printed large color bolded sign indicating designated location on the COVID-19 unit</p>		

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F 880	Continued From page 6 During an interview on 6/22/20, at 1:30 p.m. DON stated she was aware of DA-A often wearing her mask below her nose but was unsure if anything had been done in order for DA-A to be in compliance with properly wearing a mask. During an interview on 6/22/20, at 2:00 p.m. housekeeping manager (HM)-A stated all housekeepers were trained on the proper use of wearing facemasks as well as eye protection at all times when on the nursing units. HM-A stated staff should be wearing these protective measures at all times as trained and that all supplies were available to them. Facility policy, titled Admissions and Return Admissions, dated 4/10/20, indicated: 1. It is the policy of Oak Terrace Healthcare to accommodate admission of residents during the Covid-19 pandemic. 2. If the resident is not exhibiting any symptoms of a new respiratory infection, no clinical concern for Covid-19, has no known direct exposure to an individual with known positive Covid-19 and/or has tested negative for Covid-19, the following precaution measures would be taken on admission: a. Resident will be admitted to a private room with private bath or room with no roommate, if available. b. Resident will remain on room isolation for a duration of 14 days. c. If the resident develops any symptoms during the 14-day isolation period, (i.e., fever, new cough, new shortness of breath, sore throat), the resident's primary care provider, medical director, and local/state department of health will be contacted. If Covid-19 is suspected,	F 880	for staff breaks to be taken. (The tag regarding the COVID-19 positive staff member being taken off the schedule for only two days created confusion as on the weekly Minnesota Dept. of Health COVID-19 conference call for long term care facilities that took place on May 18, 2020 it was stated that a COVID-19 positive, asymptomatic healthcare worker may work with COVID-19 positive residents during staffing crisis.) Facility policy and procedure titled "Health Screening, Work Exclusions COVID-19" was reviewed by IDT team on 7/22/2020. Work exclusions for HCW whom test positive for COVID-19 will be as follows in accordance with guidelines from the Centers for Disease Control "HCP with mild to moderate illness who are not severely immunocompromised: 1) At least 10 days have passed since symptoms first appear and 2) At least 24 hours have passed since last fever without the use of fever-reducing medications and 3) Symptoms (i.e. cough, shortness of breath) have improved. HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test". Policy was printed by DON and distributed to human resource and facility scheduler on 7/20/2020. Human resources and facility scheduler verbalized understanding of the policy and work exclusion for a HCP who tests positive for COVID-19.		

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F 880	<p>Continued From page 7</p> <p>resident will be tested by facility staff nurse. Resident will remain on isolation and staff will don appropriate personal protective requirement until directed otherwise.</p> <p>Facility policy, titled Caring for Residents with Confirmed or Suspected Covid-19, dated 3/12/20, indicated:</p> <ol style="list-style-type: none"> 1. As with all residents, Oak Terrace strives to provide quality care. Oak Terrace Healthcare will provide care to residents with suspected and/or confirmed Covid-19 in accordance with the procedure outlined below. 2. The following PPE will be used by employees entering room: <ol style="list-style-type: none"> a. Gloves b. Gown c. Appropriate mask d. Eye protection e. Facility will keep a log of all persons who enter the resident's room using a room log. <p>Facility policy, titled Employee Screening and Screening of Healthcare Workers, dated 4/10/20, indicated:</p> <ol style="list-style-type: none"> 1. For an employee who tests positive for Covid-19, the infection preventionist will work with the employee to identify individuals, equipment and locations the employee came in contact with and will contact the local health department for recommendations on next steps. <p>Facility policy, titled Source Control Facemask and Eye Protection Use Covid-19, dated 4/15/20, indicated:</p> <ol style="list-style-type: none"> 1. All facility personnel must wear a face mask while in the facility, with the exception of break times. Per the Centers for Disease Control (CDC), coronavirus (COVID-19) can be 	F 880	<p>On 7/20/2020 DON and Infection Control nurse moved dorm size refrigerator, coffee station, bottles of water, Gatorade, jello cups, and snacks for residents to designated "CLEAN" office room in the COVID-19 unit. Large room labeled B-10 was designated as the "DIRTY" room. DON printed large color and bolded signs clearly indicating "CLEAN" room and "DIRTY" room. DON placed these signs on the doorway of each corresponding room. Licensed staff educated by DON on 7/22/2020 staff meeting, and nursing assistants on 7/23/2020 on these changes.</p> <p>On July 20, 2020 DON created a designated eye protection cleaning area for staff eye protection in large room B-10. DON printed step-by-step instructions in large, color, bolded font stating the following:</p> <ol style="list-style-type: none"> 1) remove your eye protection and place on shelf #1 2) Wash hands and don clean pair of gloves 3) Cleanse the inside and outside of your eye protection using Sani-cloth bleach wipes and place on shelf #2 to air dry 4) Doff gloved and perform hand hygiene 5) Put the clean eye protection in the clean PPE are for use during your next shift <p>DON provided education on 7/22/2020 to licensed staff and on 7/23/2020 to nursing assistants on the designated eye protection cleaning are on the COVID-19 unit. Staff acknowledged understanding of</p>		

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F 880	Continued From page 8 transmitted by asymptomatic individuals. Face masks will be worn by all facility staff as a source control measure. Managerial staff may remove face mask while in their offices if no other employee is present within the vicinity of their office space. Eye protection is to be worn by all staff when within 6' distance of any resident. 2. Surgical face masks will be worn by staff whom provide direct resident care (i.e., licensed nurses, trained medication aids (TMA), certified nursing assistants (CNA), activity staff. 3. Cloth/hand-made face masks will be used by non-direct care staff (i.e., dietary, maintenance, managerial staff). 4. Eye protection will be worn by all direct care staff when within 6' of any resident. 5. Eye goggles and/or face shields are sanitized with an appropriate disinfectant at the completion of the staff members shift and stored in the report room.	F 880	the eye protection cleaning process. On 7/20/2020 DON moved all COVID-19 unit cleaning supplies to a bathroom cabinet in designated "DIRTY" room, large room B-10. Location of cleaning supplies labeled with large, color, bolded sign. On 7/23/2020, Maintenance staff installed a lock to the designated cabinet for cleaning supplies. On 6/22/2020 DON printed several copies of resident room logs for staff entering COVID-19 positive resident rooms. These copies were place on clipboards on the isolation carts outside of each resident's room. On 6/22/2020 COVID unit staff members were educated by DON to place full log sheets in DON communication folder on the COVID-19 unit for collection by the DON or designee at the end of each day. A labeled folder "Room Logs" was created by the DON with several copies of the resident room logs and placed in the COVID-19 unit. DON educated Licensed Nurses at meeting on 7/22/2020 of the location of the Room Logs for printing from a computer. On 7/21/2020 maintenance staff mounted an automatic soap dispenser in the designated doffing room next to the sink. A COVID-19 unit checklist has been devised for observation of the events on the COVID-19 unit to ensure adherence to infection control standards. The DON, Infection Control nurse or designated Licensed Nurse will conduct daily		

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F 880	Continued From page 9	F 880	<p>observations in the COVID-19 unit to ensure adherence to infection control standards. Finds of these daily observations will be discussed at IDT team meeting, as well as quarterly Quality Assurance meetings.</p> <p>Facility policy and procedure titled "Health Screening, Work Exclusions COVID-19" was reviewed by IDT team on 7/22/2020. Facility policy and procedure titled "Health Screening, Work Exclusions COVID-19" was reviewed by IDT team on 7/22/2020. Work exclusions for HCW whom test positive for COVID-19 will be as follows in accordance with guidelines from the Centers for Disease Control "HCP with mild to moderate illness who are not severely immunocompromised: 1) At least 10 days have passed since symptoms first appear and 2) At least 24 hours have passed since last fever without the use of fever-reducing medications and 3) Symptoms (i.e. cough, shortness of breath) have improved. HCP who are not severely immunocompromised and were asymptomatic throughout their infection may return to work when at least 10 days have passed since the date of their first positive viral diagnostic test". Policy was printed by DON and distributed to human resource and facility scheduler on 7/20/2020. Human resources and facility scheduler verbalized understanding of the policy and work exclusion for a HCP who tests positive for COVID-19.</p> <p>On 6/22/2020 dietary aide was re-educated on proper wear of a face</p>		

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F 880	Continued From page 10	F 880	<p>mask by Infection Control nurse. Dietary aide verbalized understanding. Dietary aide was educated by Infection Control nurse that if it becomes difficult for her to breathe, to go to the staff lounge to remove her face mask. Educated dietary aide that her mask cannot be removed when in any resident care areas or around other staff members. A dietary staff meeting was held on 7/2/2020 by DON and Infection Control nurse educating on proper personal protective equipment use, hand hygiene, and infection control practices. Education provided on how to properly don and doff a surgical mask and eye protection, as well as proper cleaning of eye protection. On 7/22/2020, large, color signs were printed by DON for the dietary manager to place in the dietary staff kitchen instructing on proper wear of a surgical mask and eye protection. Infection Control nurse or designee will complete audits on dietary staff compliance with proper PPE use weekly X 4 weeks, monthly X 4 months, then annually. Audit findings will be reviewed and discussed at quarterly Quality Assurance meetings.</p> <p>On 7/16/2020, DON and Infection Control nurse held a housekeeping staff meeting. DON and infection control nurse provided education on use of surgical face masks and eye protection at all time when in the facility. An audit form has been developed on use of preoper PPE by housekeeping staff. Audits will be performed by Infection Control nurse or designee weekly X 4 weeks, monthly X 4 months, then</p>		

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F 880	Continued From page 11	F 880	<p>annually. Audit findings will be reviewed and discussed at quarterly Quality Assurance meetings.</p> <p>On 7/21/2020 DON printed and laminated posters from the Centers for Disease Control entitled "Facemask Do's and Don'ts". DON placed these posters at the nurse's station and housekeeping room for reference by housekeeping staff members. An audit form has been created on 7/21/2020. Infection control nurse or designee will complete audits on dietary staff compliance with proper PPE use weekly X 4 weeks, monthly X 4 months, then annually on housekeeping staff compliance with proper PPE use for residents on transmission based isolation precautions. Audit finding will be reviewed and discussed at quarterly Quality Assurance meetings.</p> <p>Policy titled "Source Control Facemask and Eye Protection Use COVID-19" was revised on 6/22/2020 by DON to included use of surgical face masks for all activity, dietary and housekeeping staff members. Infection control nurse or designee will complete audits on dietary staff compliance with proper PPE use weekly X 4 weeks, monthly X 4 months, then annually on compliance of surgical face mask use for activity, dietary and housekeeping staff members. Audit finding will be reviewed and discussed at quarterly Quality Assurance meetings.</p>		