



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
June 9, 2020

Administrator  
Ostrander Care And Rehab  
305 Minnesota Street  
Ostrander, MN 55961

RE: CCN: 245464  
Cycle Start Date: April 10, 2020

Dear Administrator:

On June 2, 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



*Protecting, Maintaining and Improving the Health of All Minnesotans*

Electronically delivered  
April 27, 2020

Administrator  
Ostrander Care And Rehab  
305 Minnesota Street  
Ostrander, MN 55961

SUBJECT: SURVEY RESULTS  
CCN: 245464  
Cycle Start Date: April 10, 2020

Dear Administrator:

#### **SUSPENSION OF SURVEY AND ENFORCEMENT ACTIVITIES**

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). In accordance with Memorandum QSO-20-20-All, CMS is suspending certain Federal and State Survey Agency surveys, and delaying revisit surveys, for all certified provider and supplier types.

During this time, CMS is prioritizing and conducting only the following surveys: focused infection control surveys, investigations of complaints and facility-reported incidents that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys for unremoved IJ level deficiencies. With the exception of unremoved IJs, CMS will also be exercising enforcement discretion during the suspension period. For additional information on the prioritization of survey activities please visit <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>.

#### **SURVEY RESULTS**

On April 10, 2020, a survey was completed at your facility by the Minnesota Department of Health completed a COVID-19 Focused Survey at Ostrander Care And Rehab to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that your facility was not in substantial compliance. The findings from this survey are documented on the electronically delivered CMS 2567.

#### **PLAN OF CORRECTION**

You must submit an acceptable plan of correction (POC) for the enclosed deficiencies that were cited during the April 10, 2020 survey. Ostrander Care And Rehab may choose to delay submission of a POC until after the survey and enforcement suspensions have been lifted. The provider will have ten days

from the date the suspensions are lifted to submit a POC. An acceptable POC will serve as your allegation of compliance. Upon receipt of an acceptable POC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. Please note that if an onsite revisit is required, the revisit will be delayed until after survey and enforcement suspensions are lifted. The failure to submit an acceptable POC can lead to termination of your Medicare and Medicaid participation.

To be acceptable, a provider's POC 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; and
- The date that each deficiency will be corrected.

The POC must be signed and dated by an official facility representative. Please send your POC by fax or email to:

Elizabeth Silkey, Unit Supervisor  
Fax: (507) 344-2723  
Email: elizabeth.silkey@state.mn.us

### **INFORMAL DISPUTE RESOLUTION**

You have one opportunity to dispute the deficiencies cited on the April 10, 2020 survey through Informal Dispute Resolution (IDR) in accordance with 42 CFR § 488.331. To receive an IDR, send (1) your written request, (2) the specific deficiencies being disputed, (3) an explanation of why you are disputing those deficiencies, and (4) supporting documentation by fax or email to:

Elizabeth Silkey, Unit Supervisor  
Fax: (507) 344-2723  
Email: elizabeth.silkey@state.mn.us

An IDR may not be used to challenge any aspect of the survey process, including the following:

- Scope and Severity assessments of deficiencies, except for the deficiencies constituting immediate jeopardy and substandard quality of care;
- Remedies imposed;
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; and
- Alleged inadequacy or inaccuracy of the IDR process.

We will advise you in writing of the outcome of the IDR. Should the IDR result in a change to the

Ostrander Care And Rehab

April 27, 2020

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Statement of Deficiencies, we will send you a revised CMS-2567 reflecting the changes.

An IDR, including any face-to-face meetings, constitutes an informal administrative process that in no way is to be construed as a formal evidentiary hearing. If you wish to be accompanied by counsel for your IDR, then you must indicate that in your written request for informal dispute resolution.

**Ostrander Care And Rehab may choose to delay a request for an IDR until after the survey and enforcement suspensions have been lifted. The provider will have ten days from the date the suspensions are lifted to submit a request for an IDR in accordance with the instructions above.**

#### **QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES**

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at <https://qioprogram.org/>. This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at <https://qioprogram.org/locate-your-qio>.

Sincerely,



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

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

PRINTED: 05/18/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>OSTRANDER CARE AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 MINNESOTA STREET</b> <b>OSTRANDER, MN 55961</b>		
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E 000	Initial Comments	E 000			
	A COVID-19 Focused Infection Control survey was conducted April 6, 2020 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. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents				
F 000	INITIAL COMMENTS	F 000			
	A COVID-19 Focused Infection Control survey was conducted 4/6/20 and 4/10/20 at your facility by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. The facility was not in full compliance.				
	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.				
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		5/5/20	
	§483.80 Infection Control The facility must establish and maintain an infection prevention and control program				

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

TITLE

(X6) DATE

Electronically Signed

05/05/2020

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>designed to provide a safe, sanitary and 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> <ul style="list-style-type: none"> <li>(i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility;</li> <li>(ii) When and to whom possible incidents of communicable disease or infections should be reported;</li> <li>(iii) Standard and transmission-based precautions to be followed to prevent spread of infections;</li> <li>(iv) When and how isolation should be used for a resident; including but not limited to: <ul style="list-style-type: none"> <li>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</li> <li>(B) A requirement that the isolation should be the</li> </ul> </li> </ul>	F 880			

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F 880	<p>Continued From page 2</p> <p>least restrictive possible for the resident under the 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 interview and document review the facility failed to implement infection control surveillance activities including identification of infectious trends, investigation of infections, and completed prevention and containment measures in order to prevent and/or mitigate the spread of Covid-19 infection outbreak. In addition, based on observation, interview and document review the facility failed to ensure a resident was quarantined for 14 days following a hospital return for 2 of 2 residents (R1, R2) reviewed for a COVID-19 survey. The facilities failures had the potential to effect all 16 residents residing in the facility and all staff.</p>	F 880	<p>F880 Infection Prevention &amp; Control</p> <p>It is the policy of the facility to establish and maintain a surveillance log to identify infectious trends, investigation of infections, and completed prevention and containment measures in order to prevent and/or mitigate the spread of Covid-19 infection break.</p> <p>The DON, who is new to her position, maintains an infection control log to identify and track illnesses. The DON was educated to document clinical symptoms when they start and not just when an</p>		

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F 880	<p>Continued From page 3</p> <p>Findings include:</p> <p>During an interview on 4/6/2020, at 1:20 p.m. DON said she was responsible for the facility's infection control (IC) program. The infection control surveillance logs and activities were reviewed with the DON. The April infection control log identified one resident who had just been diagnosed with a urinary tract infection on 4/2/2020. The March IC log identified one resident with a respiratory infection with symptom onset date of 3/5 and was started on antibiotics the same day. The 2nd resident had symptoms of respiratory infection on 3/6 and started an antibiotic the same day. DON verified the IC records lacked evidence of an investigation, analysis, and prevention/containment interventions. DON stated the facility was not tracking illness symptoms in real time and the log was only updated if and when an antibiotic was prescribed.</p> <p>According to the March infection control log R3 was diagnosed with basilar infiltrates on 3/5/19, prescribed an antibiotic on 3/5/2020, and was on "standard isolation". The log identified R2 resided in the same hallway as R1, had upper respiratory infection with onset of symptoms on 3/6, was prescribed antibiotic on 3/6, was on "standard isolation," and the infection was resolved on 3/11/2020. The log also indicated R2 had a respiratory infection with symptom onset date of 3/14/2020, was prescribed antibiotics and the illness resolved on 3/24/2020.</p> <p>R2's record did not identify or address infection control activities and/or implementation of prevention and/or containment interventions.</p>	F 880	<p>antibiotic is prescribed. The DON will investigate, analyze, and implement prevention/containment interventions.</p> <p>The DON was educated by the consultant nurse on how to monitor for s/s of infection and protocols to prevent the spread of infections; when symptoms suggesting an infectious outbreak occur, launch an investigation to define the nature and magnitude of the outbreak; prepare lists of persons who are ill and try to identify recent human and environmental contacts of each resident to facilitate an infection management plan; provide other resources needed to contain infections such as disposable items, laundry facilities, and staff train in infection control.</p> <p>The Admin or designee will monitor the infection control log to ensure that data is in real time and that we are monitoring for infections and to prevent the spread of infections. Findings will be reviewed in the quarterly QAPI meeting.</p> <p>Resident #1 was immediately returned to her room where she was maintained on quarantine for 14 days. All staff, including therapy, were re-educated that a resident on quarantine must stay in their room for the full 14 days and to monitor for any s/s of respiratory infection. Therapy is to provide therapy services in the resident room and not in the hallway during this period of observation. Activities shall also be provided in resident room to avoid any</p>		



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F 880	<p>Continued From page 4</p> <p>R2's progress note dated 3/4/2020, indicated R2 had played Yahtzee in the afternoon and on 3/5/2020, at 3:59 p.m. the progress note indicated R2 attended a resident council meeting, played bingo, and went to a birthday party.</p> <p>R2's progress note dated 3/6/2020, at 10:12 p.m. included: Resident noted to be more confused than usual and had a temperature of 100.4, pulse 82, blood pressure 92/65, crackles were noted on lower lung lobes. Oxygen saturation lower than resident's baseline. Resident coughing but unproductive. The note indicated the physician was notified.</p> <p>According to a progress note on 3/7/2020 at 12:08 a.m., indicated the physician ordered Rocephin (antibiotic) 1 gram injection for lower respiratory infection for 2 days.</p> <p>R2's progress note dated 3/7/2020, at 3:04 p.m. included R2 enjoyed live music and a guest speaker this afternoon.</p> <p>R2's change of condition progress note dated 3/7/2020, at 7:35 p.m. included, "During cares resident stated "I feel like shit inside me." The note indicated R2 had a fever, temperature of 100.7, pulse 65, respirations 18, SpO2 90% on room air. R2 complained of pain when coughing and lower abdominal pain. The note indicated the physician gave the order to send R2 to the emergency room for further evaluation. A subsequent note at 11:37 p.m. indicated R2 had returned to the facility with a diagnosis of urinary tract infection.</p> <p>R2's Emergency room visit notes indicated a chest X-ray had been completed; Resolution</p>	F 880	<p>potential exposure to other residents.</p> <p>All new admissions/readmits will be placed on 14 day quarantine and follow the CDC guidelines for monitoring any potential s/s of respiratory infection.</p> <p>Resident #2 has a diagnosis of end stage COPD and gets recurrent bronchitis and pneumonias. Resident does not have a fever or new or worsening cough. His most recent chest xray on 3/7 states resolution of previously seen patchy opacities in bilateral lower lung bases. No new focal consolidation. Linear atelectasis or scarring in the lung bases. Remainder not significantly changed. Hyperinflation. Probable upper lung emphysematous changes. No definite pleural effusion or pneumothorax.</p> <p>Resident #3 no longer resides in the facility.</p> <p>All staff, including therapy, have been re-educated on quarantining procedures and monitoring for respiratory infection.</p> <p>The DON will monitor and educate for compliance and report findings to the QAPI meeting.</p>		

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F 880	<p>Continued From page 5</p> <p>previously seen patchy opacities in bilateral lower lungs. No new focal consolidation. Linear atelectasis or scarring in the lung basis. The note indicated to continue the antibiotic already prescribed.</p> <p>R2's physician visit dated 3/9/2020, included diagnosis of pneumonia of left lower lobe due to infectious organism. The visit note indicated R2 had a history of chronic obstructive pulmonary disease, had been sent to the emergency room because of increasing cough and fever. The note included, "We had done a chest x-ray at the facility which showed a lower lobe infiltrate. The plan indicated R2 would finish up his course of antibiotic and COPD respiratory status was relatively close to baseline; continue with nebs.</p> <p>R2's progress note dated 3/11/2020, indicated R2 continued to have respiratory illness symptoms even though the infection control log indicated R2's illness had resolved on 3/11/2020. The note included, R2 had an occasional cough, lung sounds were diminished with audible wheezes; scheduled neb treatment administered.</p> <p>R2's care plan dated 3/11/2020, included R2 was at risk for infection upper respiratory infection/influenza. The interventions included, educate on infection control practices, educate on techniques to prevent infections, such as handwashing, adequate rest, nutrition and avoidance of crowds, evaluate lung sounds, evaluate for cough.</p> <p>R2's progress note dated 3/13/2020, indicated R2 continued with an occasional cough and long sounds diminished bilaterally with audible wheezes.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>R2's progress note dated 3/14/2020, indicated R2 continued with a cough with audible wheezing and generalized weakness. According to the note the physician ordered a chest X-ray and prescribed Rocephin 1 gram injection once daily for three days, Amoxicillin 875 mg twice a day for 7 days to start after the 3 doses of Rocephin and Prednisone (steroid) 40 mg for 5 days.</p> <p>R2 record lacked evidence another chest x-ray was obtained.</p> <p>R2's progress note dated 3/15/2020, indicated R2 continued to have adventitious lung sounds and had an occasional cough with yellow phlegm.</p> <p>R2's physician visit note dated 3/20/2020, included visit diagnosis of pneumonia of both lower lobes due to infectious organism. According to the physical exam, R2's lungs were remarkable for crackles in both bases they clear almost completely, however with a deep cough. The note indicated R2 had been sick on and off with a respiratory illness that he was on antibiotics for and was feeling much better. R2 had been treated 2 or 3 times within the last several months, has recurrent bronchitis and pneumonia's. The physician indicated the plan was to finish the antibiotics and continue on respiratory treatment with nebulizers.</p> <p>During an interview on 4/10/2020 at 11:40 a.m. administrator stated the x-ray ordered on 3/14/2020 was not completed because the X-ray company did not have enough staff to complete. The administrator stated an unawareness of how the physician determined R2 had pneumonia due to infectious organism. Administrator stated if the</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>organism was infectious, R2 should have been on isolation with appropriate PPE used.</p> <p>R2's record lacked mention of documentation of respiratory symptoms per the care plan was after 3/15/2020. The next progress note in the record was noted 3/23/2020, and indicated the R2 didn't want to play bingo but "hung" out with a staff member while they called bingo numbers. R2's progress note dated 4/1/2020, included "Resident continues with occasional cough (baseline); utilizing scheduled neb treatments."</p> <p>R1 was admitted to St. Mary's Hospital on 3/26/20 following a fall and returned to the facility on 3/27/2020. R1 was to be placed on quarantine for 14 days following her hospital return.</p> <p>R1 was observed on 4/6/2020, at 1:59 p.m. to be walking in the hallway with a therapist. R1 was not wearing a mask and had been in the therapy room for a therapy session. R1 was observed to walk by staff and two other residents that were in the hallway prior to sitting in a chair to play bingo.</p> <p>On 4/6/2020, at 2:10 p.m. the director of nursing stated (DON) stated R1 could be in the hallway playing bingo if she was six feet away from other residents.</p> <p>On 4/6/2020, at 2:14 p.m. the administrator stated R1 should not be sitting in the hallway to play bingo and indicated she had been moved to the doorway to her room. The administrator stated R1 should be having therapy in her room and not in the therapy room, as she was quarantined to her room.</p>	F 880			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245464</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>04/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>OSTRANDER CARE AND REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>305 MINNESOTA STREET</b> <b>OSTRANDER, MN 55961</b>		
(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	
F 880	<p>Continued From page 8</p> <p>On 4/6/2020, at 2:45 p.m. the certified occupational therapy assistant (COTA) stated there was some confusion between facilities she worked. The COTA stated some facilities she worked at allowed quarantined residents to have therapy in the therapy room as long as there were no other residents in there. The COTA stated R1 should have had a mask on when she was walking in the hallway.</p> <p>On 4/6/2020, at 2:49 p.m. the housing manager (HM) stated R1 should not have been playing bingo in the hallway. The HM stated R1 should have been sitting in the doorway to her room. The HM stated residents who are quarantined should have activities in their rooms.</p> <p>On 4/6/2020, at 2:53 p.m. the activity assistant (AA) stated R1 was sitting by the laundry room door at first to play bingo. The AA stated then we moved her down to the door (of her room) because they (quarantined residents) are supposed to stay in their room and stay six feet apart. AA stated the administrator stated R1 should be moved down to her room, so we moved her.</p> <p>Facility Infection Control Program policy dated 2/2020, described the components of the infection control program however, did not identify the specific protocols for processes of implementation of components. The program policy included Infection control program components critical to the operations of the healthcare facility may include but are not limited to:</p> <ul style="list-style-type: none"> <li>-Training facility staff to identify the most common symptoms of infections, i.e. cough, fever, diarrhea and/or vomiting, and protocols to</li> </ul>	F 880			

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

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F 880	Continued From page 9 prevent the spread of infections; -When symptoms suggesting an infectious outbreak occur, launch an investigation to define the nature and magnitude of the outbreak; -Prepare lists of persons who are ill and try to identify recent human and environmental contacts of each resident to facilitate an infection management plans; -Provide other resources needed to contain infections such as disposable items, laundry facilities, and staff trained in infection control; 5. Elements of the Program include: Surveillance based on systematic data collection to identify infections in residents. -A system for detection, investigation, and control of outbreaks of infectious diseases. -An isolation and precautions system to reduce the risk of transmission of infectious agents. -Infection Control policies and procedures. -Process to evaluate and enforce proper environmental controls. -Process to evaluate and enforce proper infection control practices by personnel. -A system for antibiotic review and control.	F 880			