



Protecting, Maintaining and Improving the Health of All Minnesota

Electronically delivered
December 11, 2020

Administrator
Mapleton Community Home
301 Troendle Street
Mapleton, MN 56065

RE: CCN: 245362
Cycle Start Date: November 18, 2020

Dear Administrator:

On November 18, 2020, a survey was completed at your facility by the Minnesota Department(s) of Health 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 immediate jeopardy (Level L), as evidenced by the electronically delivered CMS-2567, whereby corrections are not required.

The Statement of Deficiencies (CMS-2567) is being electronically delivered. Because corrective action were taken prior to the survey, past non-compliance does not require a plan of correction (POC).

REMOVAL OF IMMEDIATE JEOPARDY

On November 5, 2020, the situation of immediate jeopardy to potential health and safety cited at F880 was removed.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy listed below to the CMS Region V Office for imposition:

- Civil money penalty, (42 CFR 488.430 through 488.444).

You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$11,160; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), and emergency preparedness deficiencies (those preceded by an "E" tag), i.e., the plan of correction should be directed to:

Elizabeth Silkey, Unit Supervisor
Mankato District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
12 Civic Center Plaza, Suite #2105
Mankato, MN 56001
Email: elizabeth.silkey@state.mn.us
Office: (507) 344-2742 Mobile: (651) 368-3593

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:
https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:
https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Feel free to contact me if you have questions.

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: 12/18/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245362	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 11/18/2020
NAME OF PROVIDER OR SUPPLIER MAPLETON COMMUNITY HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 301 TROENDLE STREET MAPLETON, MN 56065		
(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 on 11/18/20 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. 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.	E 000			
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted on 11/18/20, at your facility by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. The facility was determined NOT to be in compliance. The survey resulted in an Immediate Jeopardy (IJ) at F880. The IJ began on 10/22/20, when the facility failed to respond to R1's decrease in oxygen saturation (O2 sat) levels below 90%, and in subsequent days, failed to respond to diminished lung sounds, decreased appetite, lethargy (tiredness, fatigue), incontinence of urine and tremors. On 10/30/20, R1's symptoms worsened and R1 was transferred to a hospital where he tested positive for Covid-19. The facility implemented interventions and corrected the deficient practice on 11/5/20, when all residents in the facility where placed in transmission based precautions to prevent the spread of Covid-19. This is issued as past noncompliance at Immediate Jeopardy (IJ).	F 000	Past noncompliance: no plan of correction required.		

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

TITLE

(X6) DATE

Electronically Signed

12/18/2020

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 000	Continued From page 1 Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form.	F 000			
F 880 SS=L	Although no plan of correction is required, it is required the facility acknowledge receipt of the electronic documents. 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 comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §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: §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; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or	F 880		12/18/20	

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F 880	<p>Continued From page 2</p> <p>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 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</p>	F 880	Past noncompliance: no plan of correction required.		

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F 880	<p>Continued From page 3</p> <p>Disease Control (CDC) guidelines to prevent and/or minimize the transmission of Covid-19. The facility failed to ensure potential signs and symptoms of Covid-19 were acted upon for 1 of 8 residents reviewed for infection control surveillance practices. This deficient practice resulted in an immediate jeopardy (IJ) situation for all residents residing in the facility.</p> <p>The IJ began on 10/22/20, when the facility failed to respond to R1's decrease in oxygen saturation (O2 sat) levels below 90%, and in subsequent days, failed to respond to diminished lung sounds, decreased appetite, and lethargy (tiredness, fatigue). On 10/30/20, R1's symptoms worsened and R1 was transferred to a hospital where he tested positive for Covid-19. The facility had implemented interventions and corrected the deficient practice as of 11/5/20, when all residents in the facility were placed in transmission based precautions to prevent the spread of Covid-19. The administrator, director of nursing (DON) and infection preventionist were notified of the IJ, issued as past noncompliance, on 11/18/20, at 7:38 p.m..</p> <p>Findings include:</p> <p>R1's diagnoses according to face sheet included diabetes, chronic kidney disease, asthma, tremors, and obesity.</p> <p>R1's quarterly Minimum Data Set (MDS) assessment dated 9/23/20, indicated R1 had moderate cognitive impairment, adequate hearing and vision, clear speech, was understood and had clear comprehension. Further, the MDS indicated R1 was always continent (able to control) of bladder and bowel. R1 was</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>independent with set up help for eating. R1 required extensive assistance of one staff for bed mobility and transfers; walking occurred only once or twice, and R1 was able to move about on the unit in a wheelchair with supervision. R1 required extensive assistance of one or two staff for dressing, toileting and personal hygiene.</p> <p>Review of R1's progress notes, records of O2 (oxygen) sat (saturation) measurements, and faxes to the medical provider noted: On 10/22/20, between 3:30 p.m. and 3:50 p.m. a progress note indicated R1 fell, was incontinent of urine and O2 sat was 88%. On 10/22/20, a note at 6:22 p.m. indicated R1's O2 sat in the electronic medical record (EMR) was 89%. O2 sat was repeated at 6:31 p.m. and was 87%. There was no additional documentation that these low O2 sats were further assessed. On 10/23/20, at 8:34 a.m. a progress note by registered nurse (RN)-A indicated that following his morning bath, R1 transferred poorly and did not bear weight. Tremors were noted of his head, neck and hands. On 10/23/20, at 10:40 a.m. a progress note by RN-A indicated R1 would be brought to dining room for lunch to encourage appetite/stimulation. On 10/24/20, at 8:29 a.m. a progress note by RN-A indicated R1 had diminished lung sounds in bilateral lower lobes of lungs. On 10/24/20, at 8:50 a.m. a progress note by RN-A indicated R1 had required assistance with breakfast due to tremors of his neck and hands affecting his ability to get food and drink to his mouth. On 10/24/20, at 1:09 p.m. a progress note by RN-A indicated R1 did not want anything to eat for lunch. At 1:36 p.m., a note indicated RN-A called the resident's medical provider with a</p>	F 880			

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F 880	Continued From page 5 question regarding R1's previous leg fracture, and RN-A had informed R1's medical provider the resident did not eat lunch, but indicated nothing urgent seemed to be going on and RN-A would monitor eating. On 10/24/20, a fax from R1's physician included: RN-A called today stating R1 had increased redness and swelling of left lower leg (this was an ongoing condition due to leg fracture). Further, the physician's fax indicated R1 had seemed to not eat well recently and had declined a bit. Fax indicated RN-A stated vital signs were stable, no shortness of breath or hypoxia. No fever. Physician ordered an ultrasound of leg, which was negative. On 10/24/20, at 3:38 p.m. R1's O2 sat recorded in the EMR was 88%. On 10/24/20, at 6:22 p.m. a progress note by RN-A indicated R1 needed to be fed, was lethargic and sleepy, and only answered yes and no questions. On 10/25/20, at 1:03 p.m. a progress note by RN-A indicated R1 had diminished lung sounds in bilateral lower lobes of lungs. On 10/27/20, at 9:54 a.m. a progress note by RN-B indicated R1 was incontinent of a large amount of urine. On 10/27/20, at 1:43 p.m. a fax from a physician indicated: reviewed request from nurse. R1 has had two falls in the last week. No major injury, but feeling more weakness. Hemoglobin ordered. Hemoglobin was within normal limits. On 10/28/20, at 9:02 a.m. a progress note by RN-B indicated R1 was incontinent of a large amount of urine and had more episodes of arm tremors. On 10/28/20, at 6:30 p.m. a progress note by RN-A indicated R1 refused supper or anything to drink, and continued to keep eyes closed.	F 880			

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F 880	<p>Continued From page 6</p> <p>On 10/29/20, at 7:44 a.m. a progress note indicated R1 was incontinent of urine.</p> <p>On 10/29/20, at 10:25 a.m. documentation included a fax from RN-B to the medical provider requesting oxygen for R1. The fax note included: checked O2 sats on room air and they ranged from 85 to 89%. Started oxygen per standing orders. "Requesting oxygen to keep sats above 90%. Lung sounds clear but diminished."</p> <p>On 10/29/20, at 10:58 a.m. a follow up progress note by RN-B indicated R1's O2 sats ranged from 85-89%; lung sounds clear but diminished therefore, R1 was started on oxygen. In addition, RN-B noted R1 had more upper body tremors. A fax was sent to the provider to request supplemental oxygen.</p> <p>On 10/29/20, at 11:08 a.m. RN-B documented a progress note indicating R1 had removed his oxygen and his O2 sat was 92% so RN-B left the oxygen off. The note also indicated R1 had refused breakfast.</p> <p>On 10/29/20, at 1:03 p.m. RN-B documented R1's O2 sat was 88% to 90% on room air.</p> <p>On 10/30/20, at 6:47 a.m. RN-C documented a progress note indicating that R1 was pale, quiet, and did not open eyes when spoken to. RN-C also documented that R1 did not eat supper, adding R1 usually ate snacks at night if he didn't eat supper, but had also refused snacks. RN-C further indicated R1 had coarse crackles to bilateral lower lobes of lungs; using accessory muscles (sign of labored breathing) with breathing.</p> <p>On 10/30/20, at 10:06 a.m. a progress note by RN-A indicated R1 continued to look pale, lung sounds diminished bilaterally, not eating, lethargic, and R1 had low blood pressure at 88/54. RN-A faxed an update to provider.</p> <p>On 10/30/20, at 1:09 p.m. RN-A documented an</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>order to send R1 to the emergency room for evaluation.</p> <p>On 10/31/20, at 9:03 a.m. R1's son called to inform the facility R1 had tested positive for Covid-19. Progress notes indicated RN-B had called the hospital to verify the Covid-19 diagnosis which was confirmed.</p> <p>On 11/3/20, progress notes indicate R1 returned to the facility.</p> <p>During an interview on 11/18/20, at 10:45 a.m. nursing assistant (NA)-A stated if she observed symptoms of Covid-19 in a resident she would report them to the nurse. NA-A stated she'd noticed, "in addition to symptoms you usually think of" for Covid-19, some residents had diarrhea, which she reported to the nurse and documented in the EMR. NA-A stated other residents "don't have much energy and don't have much of an appetite."</p> <p>During an interview on 11/18/20, at 10:50 a.m. RN-A stated residents were screened for Covid-19 symptoms twice a day. Screening consisted of temperature, O2 sat, cough, sore throat and shortness of breath. When asked if she had observed residents with symptoms indicative of Covid-19, RN-A replied "not really." RN-A was not able to recall any residents who had Covid-19-like symptoms prior to 11/3/20, when the majority of their residents tested positive for Covid-19.</p> <p>During an interview on 11/18/20, at 2:11 p.m. the timeline for R1 was reviewed with the director of nursing (DON), administrator and infection preventionist. The DON stated, "it's easy to look back, all the stuff R1 was doing wasn't uncommon for him." Further, the DON stated,</p>	F 880			

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F 880	<p>Continued From page 8</p> <p>"R1 did not have loss of taste and smell and his vital signs were normal for him." However, the DON also verified loss of taste or smell were not questions asked as part of the facility's resident screening questions for Covid-19. During this same interview, the administrator was present and added, "R1 did not have blatant symptoms. These were not new symptoms. We talked about him, but [R1] continuously would run lower O2 sats." The administrator also stated, according to R1's twice daily O2 sats for the month of October, until 10/22/20, R1 had only one O2 sat reading below 90%, which was 87% on 10/16/20. The DON stated, "O2 sats below 90% would generally be considered abnormal." They clarified the facility EMR made automatic notations on the vital signs report when a resident's oxygen saturation was below 90%. Review of the record indicated R1 had five incident that oxygen saturation was below 90 %. During the interview, the administrator stated leadership reviewed each resident every morning at morning report. The administrator described the review during morning report as consisting of review very of brief (one or several words) hand-written notes by nurses, on an 11 x 14 form from the previous 24 hours. The DON, infection preventionist and administrator acknowledged they did not read resident progress notes, or review vital signs reports, to look for potential signs and symptoms of Covid-19. There was no evidence that on-going resident surveillance had been occurring prior to R1's diagnosis, for potential signs and symptoms of Covid-19.</p> <p>During an additional interview on 11/18/20, at 3:24 p.m. with the DON, administrator and infection preventionist, the DON stated residents were screened for cough, sore throat, shortness</p>	F 880			

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(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 9</p> <p>of breath, temperature and O2 sat. They provided the facility policy which outlined the resident screening process which included: residents would be "screened for signs and symptoms of Covid infection." The facility's policy failed to include what the symptoms for Covid-19 included. The Infection preventionist (IP)-C verified, "We could do a better job to monitor symptoms of Covid-19." The DON again stated it was not uncommon for R1 to not eat. When asked about R1's lethargy, the DON stated R1 "liked to play possum." Neither the DON or infection preventionist correlated the changes in R1's condition, including; incontinence of urine, tremors, diminished lung sounds, decreased O2 sats, decreased appetite and lethargy, as possible symptoms of Covid-19 and a sick resident. The DON, administrator and infection preventionist confirmed R1 was not quarantined to protect other residents and staff when he developed potential Covid-19 symptoms starting on 10/22/20. In addition, R1 was not tested for Covid-19 by the facility during that time, nor was a provider notified of all changes in R1's condition from 10/22/20, through 10/29/20, to discuss the possibility the symptoms were indicative of the Covid-19. In addition, the DON confirmed R1 was allowed to leave his room via wheelchair on his own during this time, adding R1 was compliant in wearing a mask.</p> <p>At the time of the survey, the facility identified 40 of 43 residents had tested positive for COVID-19.</p> <p>The facility's Active Infection Crisis Screening Policy and Procedure, undated, indicated the following: -Facility will strive to do everything they can to provide residents with the most up-to-date</p>	F 880			

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F 880	<p>Continued From page 10</p> <p>preventions recommended during a pandemic outbreak, including quarantining residents regarding Covid-19 or any other episode of pandemic proportions.</p> <ul style="list-style-type: none"> -Residents will be screened twice daily for signs and symptoms of a Covid infection. -Nurse will notify MD of any signs and symptoms of Covid that the resident has after determining if this is something common with the resident or a true sign of Covid. -Upon any active sign of Covid the nurse will quarantine the resident with contact and transmission based precautions. -MD and nurse will discuss any follow up that will be done. <p>The facility's Covid-19 Testing Protocol, dated 8/28/20, indicated:</p> <ul style="list-style-type: none"> -Due to the nature of the Covid-19 novel virus and spreadability, facility will test all individuals whether staff or resident, that meet the ever-changing criteria that falls under Covid-19 symptoms. -Residents will be screened twice a day by licensed staff and charted in the EMR. -This data is collected and used to monitor and track not only noticeable symptoms but also more silent symptoms of Covid19, including oximeter levels. -Any resident that begins to come down with symptoms of Covid19 will be quarantined to their room or transferred to designated Covid19 wing. Individual Covid19 testing will be done. -For symptomatic residents, document the date, time and identification of signs or symptoms, when testing was conducted, when results were obtained and actions based on the test results. <p>Although the facility provided additional</p>	F 880			

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

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F 880	<p>Continued From page 11</p> <p>information regarding R1's condition including: weights and vital sign summary worksheets including documentation of oxygen saturation levels from 3/2020- 11/2020, progress notes, diagnosis report, and the after visit summary report from the resident's hospital admission of 10/30/20- 11/3/20 following the survey, it remained evident that even when R1 had displayed symptoms, the facility had not implemented adequate quarantine measures and TBP. In addition, surveillance was not conducted to assess and monitor the symptoms to protect other residents.</p> <p>The IJ that began on 10/22/20, was corrected as of 11/5/20. This was verified by observation, interview and record review. The facility had implemented transmission based precautions for residents, and had implemented active surveillance for signs and symptoms of Covid-19. Staff interviewed were able to describe Covid-19 symptoms, and records included documentation of twice daily screening of residents for any signs and symptoms.</p>	F 880			