

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered April 24, 2020

Administrator Eventide Lutheran Home 1405 7th Street South Moorhead, MN 56560

SUBJECT: SURVEY RESULTS

CCN: 245461

Cycle Start Date: 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 Eventide Lutheran Home to determine if your facility was in compliance with Federal requirements related to the 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. Eventide Lutheran Home may choose to delay submission of a POC until after the survey and enforcement suspensions have been lifted. The provider will have ten days

Eventide Lutheran Home April 24, 2020 Page 2

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:

Gail Anderson, Unit Supervisor Licensing and Certification Program Health Regulation Division Email: gail.anderson@state.mn.us

Phone: (218) 332-5140

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:

Gail Anderson, Unit Supervisor Licensing and Certification Program Health Regulation Division Email: gail.anderson@state.mn.us

Phone: (218) 332-5140

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;

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- 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 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.

Eventide Lutheran Home 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,

Kamala Fiske-Downing

Licensing and Certification Program
Minnesota Department of Health

Kumalu Fiske Downing

P.O. Box 64900

St. Paul, MN 55164-0900

Telephone: (651) 201-4112 Fax: (651) 215-9697 Email: Kamala.Fiske-Downing@state.mn.us

PRINTED: 05/06/2020 FORM APPROVED OMB NO. 0938-0391

E 000 Initial Comments A COVID-19 Focused Infection Control survey was conducted on 4/8/2020, to 4/10/2020, at your facility by the Minnesota Department of Health to determine 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 INITIAL Control. The facility was determined not to be in compliance with \$43.8.80 Infection Control. The facility was determined not to be in compliance. The facility's plan of correction (POC) will serve as your allegation of compliance with \$43.8.00 Infection Control. The facility was determined not to be in compliance. The facility by the finnesota Department of Health to determine compliance with \$43.8.00 Infection Control. The facility was determined not to be in compliance. The facility by the finnesota Department of Health to determine compliance with \$43.8.00 Infection Control. The facility was determined not to be in compliance. The facility by the finnesota Department of Health to determine compliance with \$43.8.00 Infection Control. The facility was determined not to be in compliance. The facility by the finnesota Department of Health to determine compliance with \$43.8.00 Infection Control. The facility was determined not to be in compliance. The facility by the finnesota Department of Health to determine compliance with \$40.00 Infection Control. The facility was determined not to be in compliance with the regulations has been attained in accordance with your verification. F 880 Infection Prevention & Control		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G		E SURVEY PLETED
STREET ADDRESS, CITY, STATE, ZIP CODE			245461	B. WING _		04/	10/2020
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) E 000 Initial Comments A COVID-19 Focused Infection Control survey was conducted on 4/8/2020, to 4/10/2020, 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. INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted on 4/8/2020, to 4/10/2020, 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 facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Upon receipt of an acceptable electronic POC, an revisit of your facility will be conducted to validate substantial compliance with the regulations has been attained in accordance with your verification. F 880 Infection Prevention & Control F 880 F 880 577/20					1405 7TH STREET SOUTH		
A COVID-19 Focused Infection Control survey was conducted on 4/8/2020, to 4/10/2020, 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. INITIAL COMMENTS F 000 A COVID-19 Focused Infection Control survey was conducted on 4/8/2020, to 4/10/2020, 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 facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Upon receipt of an acceptable electronic POC, an revisit of your facility will be conducted to validate substantial compliance with the regulations has been attained in accordance with your verification. F 880 Infection Prevention & Control F 880 5/7/20	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES	D BE	COMPLETION
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Electronically Signed

05/04/2020

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION IG		E SURVEY IPLETED
		245461	B. WING _		04/	10/2020
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F 880 SS=F	CFR(s): 483.80(a)(§483.80 Infection C The facility must es infection prevention designed to provide comfortable enviror development and tr diseases and infect §483.80(a) Infection program. The facility must es and control prograr a minimum, the foll §483.80(a)(1) A sys identifying, reportin controlling infection diseases for all res visitors, and other i under a contractual facility assessment §483.70(e) and foll standards; §483.80(a)(2) Writt procedures for the but are not limited t (i) A system of surv possible communic infections before th persons in the facili (ii) When and to wh communicable dise reported; (iii) Standard and tr	control stablish and maintain an and control program a safe, sanitary and ment and to help prevent the transmission of communicable cions. In prevention and control stablish an infection prevention in (IPCP) that must include, at owing elements: In the for preventing, go, investigating, and is and communicable idents, staff, volunteers, individuals providing services arrangement based upon the conducted according to owing accepted national In the formula of the following includes and communicable in the following services arrangement based upon the conducted according to owing accepted national In the formula of the following includes and program, which must include, or eillance designed to identify able diseases or ey can spread to other the formula of the following includes of the	F 88			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F 880	resident; including (A) The type and d depending upon the involved, and (B) A requirement of least restrictive postine circumstances. (v) The circumstances of infected contact with reside contact with reside contact will transm (vi)The hand hygie by staff involved in §483.80(a)(4) A sy identified under the corrective actions to \$483.80(e) Linens. Personnel must have transport linens so infection. §483.80(f) Annual The facility will contact in the second of th	isolation should be used for a but not limited to: uration of the isolation, e infectious agent or organism that the isolation should be the sible for the resident under ces under which the facility oyees with a communicable I skin lesions from direct nts or their food, if direct it the disease; and ne procedures to be followed direct resident contact. stem for recording incidents a facility's IPCP and the taken by the facility.	F 88	F880 Response to the Social Distancing: 1) How corrective action will be accomplished for those residents for have been affected by the deficient	ound to	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X4) PROVIDED (SUPPLIED OF A

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		(X3) DATE SURVEY COMPLETED
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who currently resider Findings include: Social Distancing During the facility to small sitting area we the south unit and to were eating breakfar were seated approximately 5 feets approximately 5 fe	our on 4/8/2020, at 9:06 a.m. a as located on the first floor of the left R1, R2, R3 and R4 ast independently. R1 and R2 kimately 2-3 feet apart while st. R1 sneezed occasionally face/mouth. R3 was seated at straight across from R1 and akfast independently. RN)-A confirmed the four ted together because they ored while eating due to except for R2 who had 12, R3, R4 continued to be sitting area located on the left eating independently and stanced from each other while so on 4/8/2020, at 10:40 a.m. mmons area across from the residents were watching TV. Its were seated in their wheel ale resident was seated in a lichair in front of her, next to a ed in a chair. All the residents kimately 3 to 4 feet apart, and		Staff were educated then R7 and separated by at least 6ft to maintal appropriate distancing. 2) How the facility will identify off residents having the potential to be affected by the same deficient practice will residents have the potential to affected. What measures will be put into playsystemic changes made, to ensure the deficient practice will not recurred in the deficient practice in the deficient practice in the deficient practice is defined in the deficient practice in the deficient practice is being corrected and will recurred in the deficient practice	ner e ctice. be ace or e that c. on social mmunal r n s eficient II not all floors t, per ue for 4 er floor, ift, per oing Results
- at 11:14 a.m. one	female resident remained		of audits will get reported out to the committee for further guidance.	e QAPI
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Findings include: Social Distancing During the facility tour on 4/8/2020, at 9:06 a.m. a small sitting area was located on the first floor of the south unit and to the left R1, R2, R3 and R4 were eating breakfast independently. R1 and R2 were seated approximately 2-3 feet apart while eating their breakfast. R1 sneezed occasionally without covering her face/mouth. R3 was seated approximately 5 feet straight across from R1 and R2 while eating breakfast independently. Registered nurse (RN)-A confirmed the four residents were seated together because they needed to be monitored while eating due to swallowing issues, except for R2 who had behaviors. - at 9:12 a.m. R1, R2, R3, R4 continued to be seating in the small sitting area located on the left side of the hallway eating independently and were not socially distanced from each other while	A BUILDIN- 245461 ROVIDER OR SUPPLIER E LUTHERAN HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 who currently resided at the facility. Findings include: Social Distancing During the facility tour on 4/8/2020, at 9:06 a.m. a small sitting area was located on the first floor of the south unit and to the left R1, R2, R3 and R4 were eating breakfast independently. R1 and R2 were seated approximately 2-3 feet apart while eating their breakfast. R1 sneezed occasionally without covering her face/mouth. 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WING STREET ADDRESS, CITY, STATE, ZIP CODE 1405 TTH STREET SOUTH MOORHEAD, MN 56560 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) SUMINGERISE PRECEDED BY FULL (REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 3 Who currently resided at the facility. Findings include: Social Distancing During the facility tour on 4/8/2020, at 9:06 a.m. a small sitting area was located on the first floor of the south unit and to the left R1; R2, R3 and R4 were eating breakfast independently. R1 and R2 were seated approximately 2-3 feet apart while eating their breakfast. R1 sneezed occasionally without covering her face/mouth. R3 was seated approximately 5 feet straight across from R1 and R2 while eating breakfast sindependently. R1 swallowing issues, except for R2 who had behaviors. - at 9:12 a.m. R1, R2, R3, R4 continued to be seating in the small sitting area located on the left side of the hallway eating independently and were not socially distanced from each other while eating. 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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	FIPLE CONSTRUCTION NG		SURVEY PLETED
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F 880	her visiting with a mext to her. The two distanced from each residents continue from each other who commons area. In seated in front of the chairs not socially On 4/8/2020, at 11	age 4 with her wheelchair in front of male resident who was seated to residents were not socially ch other. At 11:41 a.m., four d to be seated 3 to 4 feet apart nile they watched TV in the addition, two residents were ne nurses station in their wheel distanced from each other. 31 a.m. on the second floor or the nursing desk, with unit	F 84	Responsible party is the DO designee. 4) The date that each deficorrected. Social Distancing education by 5/7/2020 Response to Communal Di	ciency will be	
	secretary (US)-As in a wheelchair les who sat in a regula walker in front of h R7 and R8, and didistancing. At that independently, and approached R8, re in her wheelchair a with no attempt to R7 and R8. - At 11:36 a.m. US	eated behind the desk, R7 sat s than a foot away from R8 ar chair with a 4 wheeled er. Multiple staff walked past d not attempt to provide social time, R8 attempted to stand d nursing assistant (NA)- B edirected her to sit back down and immediately walked away provide social distancing for -A remained seated behind the not observed to provide social		1) How corrective action of accomplished for those reshave been affected by the opractice. R1, R2, R3 and R4 now are in their rooms assisted by rR5 and R6 are now sitting atables on 3rd floor separated during meal service. The searrangement for residents of a collaboration between dismaintenance and nursing.	idents found to deficient e having meals nursing staff, at separate ed by 6 feet eating was made from etitians,	
	Communal Dining During observation the second floor diresidents and staff dining room, for the During observation the third floor main	n on 4/8/2020, at 9:28 a.m. in ning room, a total of 12 were present in the common		 2) How the facility will idented residents having the potent affected by the same deficient. All residents who are eating communal spaces have the beaffected. 3) What measures will be or systemic changes made the deficient practice will not be affected. 	ial to be ent practice. g their meals in e potential to put into place, to ensure that	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		(X3) DATE SURVEY COMPLETED
		245461	B. WING		04/10/2020
	PROVIDER OR SUPPLIER DE LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH MOORHEAD, MN 56560	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLÉTION
F 880	room eating indeperapproximately 3 to trained medication and gave her medication and gave her medication and gave her and ga	age 5 Andently. R5 was seated 4 feet away from R6 when aid (TMA)-A approached R5 cations to take. TMA-A back to her medication cart. Served to provide social and 6 while they continued to independently next to other. And R6 continued to be seated 4 feet away from each other in a, eating independently. R5 beserved to be socially by ate their breakfast. O4 a.m. registered nurse the residents who needed sion with eating came to the for meals. RN-B indicated the fictions on the number of in the dining room, and staff fresidents out in the dining not close to each other while O2 p.m. staff began serving cond floor dining room. At this assidents and 8 dietary/nursing d in the common dining room. This time a total of 23 people for in the second floor fing 10 staff who were fints with various things during	F 880	As of 4/12/2020 all residents on first are now having meal service in the assigned rooms. The residents need assistance are assisted by nursing As of 4/28/2020 residents who require high levels of assistance on the 2nd 3rd floor dining rooms are now eatitheir rooms assisted by nursing state Those residents requiring minimal supervision but are in need of monivill eat in the dining rooms. All residual sit one per table and are separated feet or more. A seating chart was designed and measured from a collaboration between the dietitian, maintenance and nursing. No more 10 staff and/or residents will congresin the dining room areas at any time. 4) How the facility will monitor its corrective actions to ensure the definition process of the definition of the dining areas for compliance as follows: Dining room 2nd and 3rd floors we will have an audit for each meal, per floor, per day weeks. Then we will audit 1x for 2 meals, per floor, per day, for 4 wee Then 1x audit for 1 meal per floor, pay, bimonthly for 4 weeks. Results audits will get reported out to the Q committee for further guidance. Responsible party is the DON or Defensione.	eding staff. uired d and ng in ff. etoring dents ated by ethan egate e. ficient not easy, for 2 ks. per s of API

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X4) PROVIDER/SURPLIED/CLIA

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
		245461	B. WING _		04/10/2020
	PROVIDER OR SUPPLIER PE LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH MOORHEAD, MN 56560	,
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE COMPLÉTION
F 880	Continued From pa	ge 6	F 88	80	
	- At 12:25 p.m. a to remained in dining	tal of 10 staff and 13 residents room.		5) The date that each deficient corrected.	cy will be
		tal 28 people including 15 nts were observed to be ng room.		Communal Dining practice by 5	5/7/2020.
	the third floor dining two place settings stable. 11 dietary/nuresidents with their residents were sear residents at each tawere socially distant other, a total of 31 p	on 4/8/2020, at 12:50 p.m. in groom, 10 round tables had set at opposite ends of each rsing staff were assisting plates of food, and 20 ted in dining room with 2 able. Although the residents need 6 feet across from each people were observed to be inmunal dining room at the			
	confirmed they alway	0 p.m. dietary aid (DA)-C ays served the residents in the om this way and indicated bring residents into the dining istance with eating.			
	registered nurse (IC encouraged to remaif residents were on the kept socially distindicated if resident feet apart, she wou separate them. The residents who ate in assistance or super	46 p.m. infection control CRN) indicated residents were ain in their rooms, and stated at of their rooms they were to tanced as able. ICRN as were seen closer than 6 ld expect staff to try to be ICRN indicated the at the dining rooms required existent, and confirmed the collimitations on the number of proom at one time.			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRU			TE SURVEY MPLETED
		245461	B. WING			04	/10/2020
	PROVIDER OR SUPPLIER DE LUTHERAN HOME			1405 7TH ST	RESS, CITY, STATE, ZIP CODE REET SOUTH D, MN 56560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EAC	ROVIDER'S PLAN OF CORRECT CH CORRECTIVE ACTION SHOU S-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 880	interview with the dindicated the facility and indicated they and indicated they the dining rooms to assistance/supervisional independent retained the DON stated shintervene and sepanot 6 feet apart. The aware of the larger together in the dinirindicated she was a residents/staff could had no plan in place provision of communifollowed. A review of the facility COVID-19 Precausection dated 3/16/16	o2 a.m. during a phone irector of nurses (DON), she had stopped group activities, had updated seating charts in keep residents that needed sion with eating 6 feet apart, esidents ate in their rooms. He would expect staff to rate any residents who were the DON verified she was numbers of people gathered and rooms during meals, unaware of how the number of dibe lowered and currently the to ensure guidelines for unal dining restrictions were littly provided document titled tion Implementation Timeline", 2020, indicated the facility had all gathering spaces.	F	80			

PRINTED: 04/24/2020 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		FIPLE CONSTRUCTION NG		E SURVEY MPLETED
		245461	B. WING		04/	10/2020
	PROVIDER OR SUPPLIER PE LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH MOORHEAD, MN 56560		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 0	00		
F 000	was conducted on a facility by the Minned determine compliant Preparedness regular facility was in full conducted on a facility was in full conducted on a facility by the Minned determine compliant Control. The facility compliance.	prolled in ePOC, your uired at the bottom of the first 567 form. If correction is required, it is cilty acknowledge receipt of ments. If Seed Infection Control survey 4/8/2020, to 4/10/2020, at your esota Department of Health to not with §483.80 Infection was determined not to be in	F 0	00		
	as your allegation of Department's acception enrolled in ePOC, y	f correction (POC) will serve of compliance upon the otance. Because you are your signature is not required of first page of the CMS-2567				
F 880 SS=F	revisit of your facilit	n & Control	F 8	80		

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION IG		TE SURVEY MPLETED
		245461	B. WING _		04	/10/2020
	PROVIDER OR SUPPLIER DE LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH MOORHEAD, MN 56560	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 880	infection prevention designed to provide comfortable enviror development and tr diseases and infect §483.80(a) Infection program. The facility must est and control program a minimum, the foll §483.80(a)(1) A system of surviving services of arrangement based conducted accordinaccepted national staff, volunteers, visproviding services of arrangement based conducted accordinaccepted national staff, volunteers, visproviding services of arrangement based conducted accordinaccepted national staff, volunteers, visproviding services of arrangement based conducted accordinaccepted national staff, volunteers, visproviding services of the but are not limited to (i) A system of surviving when and to who communicable disereported; (iii) Standard and tr to be followed to provide the system of surviving system of surviving systems of s	control ctablish and maintain an and control program a a safe, sanitary and ment and to help prevent the cansmission of communicable ctions. In prevention and control ctablish an infection prevention in (IPCP) that must include, at owing elements: Stem for preventing, identifying, ting, and controlling infections diseases for all residents, sitors, and other individuals under a contractual d upon the facility assessment ing to §483.70(e) and following standards; en standards, policies, and program, which must include, so: ceillance designed to identify cable diseases or ey can spread to other ity; com possible incidents of case or infections should be cansmission-based precautions event spread of infections; isolation should be used for a	F 88			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION		TE SURVEY MPLETED
		245461	B. WING _		04	/10/2020
	PROVIDER OR SUPPLIER DE LUTHERAN HOMI			STREET ADDRESS, CITY, STATE, ZIP (1405 7TH STREET SOUTH MOORHEAD, MN 56560	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE
F 880	depending upon the involved, and (B) A requirement least restrictive positive contact with residence contact with residence contact will transmed (vi) The hand hygien by staff involved in §483.80(a)(4) A system of the corrective actions §483.80(e) Linens Personnel must have transport linens so infection. §483.80(f) Annual The facility will consider the corrective actions for the corrective actions for the corrective actions for the facility will consider the corrective actions.	uration of the isolation, e infectious agent or organism that the isolation should be the ssible for the resident under the discessible for the facility oyees with a communicable diskin lesions from direct that or their food, if direct distinct or the facility. In the discession of the distinct or the distinct	F 88			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION IG		TE SURVEY MPLETED
		245461	B. WING _		04	/10/2020
	PROVIDER OR SUPPLIER DE LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP COD 1405 7TH STREET SOUTH MOORHEAD, MN 56560		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 880	small sitting area we the south unit and the south unit and the were seated appropriated approximately 5 feets approximately 6 feets	our on 4/8/2020, at 9:06 a.m. a ras located on the first floor of the left R1, R2, R3 and R4 rast independently. R1 and R2 raight across from R1 and rakfast independently. R3 was seated at straight across from R1 and rakfast independently. RN)-A confirmed the four rated together because they rored while eating due to except for R2 who had R2, R3, R4 continued to be a sitting area located on the left reating independently and were red from each other while s on 4/8/2020, at 10:40 a.m. of the residents were watching TV. This were seated in their wheel ale resident was seated in a red in a chair. All the residents with a residents were watching TV. The residents were watching TV. The resident was seated in a red in a chair. All the residents remained at the resident remained of the resident who was seated to residents were not socially the other. At 11:41 a.m., four it to be seated 3 to 4 feet apart.	F 88			

F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	245461	B. WING		04/	10/2020	
NAME OF PROVIDER OR SUPPLIER EVENTIDE LUTHERAN HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH MOORHEAD, MN 56560		•		
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO	OULD BE	(X5) COMPLETION DATE	
rom each other whommons area. In eated in front of the hairs not socially on 4/8/2020, at 11: common area near ecretary (US)-A sent a wheelchair less who sat in a regulating front of her. Multiple (188), and did not attered the hadependently, and approached R8, refer wheelchair and to attempt to proving 88. At 11:36 a.m. US-bursing desk, was allistancing for R7 at Communal Dining Ouring observation he second floor direction of the ouring observation he third floor main eated at a table lo	nile they watched TV in the addition, two residents were he nurses station in their wheel distanced from each other. 31 a.m. on the second floor the nursing desk, with unit eated behind the desk, R7 sat is than a foot away from R8 rehair with a 4 wheeled walker iple staff walked past R7 and empt to provide social time, R8 attempted to stand I nursing assistant (NA)-B directed her to sit back down in I immediately walked away with de social distancing for R7 and Aremained seated behind the not observed to provide social nd R8. I on 4/8/2020, at 9:28 a.m. in ning room, a total of 12 were present in the common expressed to the common dining room R5 and R6 were located in the front of the dining room at the control of the dining room and the front of the dining room and the front of the dining room and the control of the dining room and the front of the dining room and the control		,			
	CORRECTION DVIDER OR SUPPLIER LUTHERAN HOME SUMMARY STA (EACH DEFICIENC' REGULATORY OR LE Continued From particular of the commons area. In the commons area in the commons area near the common a	CORRECTION 245461 DVIDER OR SUPPLIER LUTHERAN HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 com each other while they watched TV in the commons area. In addition, two residents were eated in front of the nurses station in their wheel hairs not socially distanced from each other. On 4/8/2020, at 11:31 a.m. on the second floor common area near the nursing desk, with unit ecretary (US)-A seated behind the desk, R7 sat a wheelchair less than a foot away from R8 who sat in a regular chair with a 4 wheeled walker of front of her. Multiple staff walked past R7 and 18, and did not attempt to provide social istancing. At that time, R8 attempted to stand adependently, and nursing assistant (NA)-B pproached R8, redirected her to sit back down in the erwheelchair and immediately walked away with the attempt to provide social distancing for R7 and 18. At 11:36 a.m. US-A remained seated behind the tursing desk, was not observed to provide social istancing for R7 and R8.	DENTIFICATION NUMBER: 245461 B. WING DVIDER OR SUPPLIER LUTHERAN HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOOTITION TO THE ORDER OF THE O	Dentification Number: 245461 2455714 STREET ADDRESS, CITY, STATE, ZIP CODE 1405714 STREET SOUTH MOORHEAD, MN 56560 24607614DLL (EACH DEFICIENCY MUST BE PREC'DED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2504076114 STATE CROSS-REFERENCED TO THE APP DEFICIENCY) 2504076114 STATE 250407611	245461 245461 245461 245461 245461 245461 245461 245461 245461 245461 245461 245461 245461 245461 245461 245461 2465 TH STREET ADDRESS, CITY, STATE, ZIP CODE 1405 TH STREET SOUTH MOORHEAD, MN 56560 2500 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2500 Intend From page 4 2500 Intend From page 5 2500 Intend From page 6 2500 Intend From page 7 2500 Intend From page 8 2500 Intend From page 9 2500	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245461	B. WING			04/10/2020	
NAME OF PROVIDER OR SUPPLIER EVENTIDE LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP COD 1405 7TH STREET SOUTH MOORHEAD, MN 56560	E			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 880	eat their breakfast i - at 9:41 a.m. R5 ar approximately 3 to the dining room are and R6 were not obtain the distanced while the On 4/8/2020, at 11: (RN)-B confirmed to assistance/supervise main dining room for facility had no restrict residents and staff were to space the residents.	ind 6 while they continued to independently next to other. Ind R6 continued to be seated 4 feet away from each other in a, eating independently. R5 independently in a served to be socially at their breakfast. O4 a.m. registered nurse the residents who needed sion with eating came to the for meals. RN-B indicated the lictions on the number of in the dining room, and staff esidents out in the dining not close to each other while	F 8	80			
	the residents in sectime a total of 13 restaff were observed - At 12:13 p.m. at the were observed gather dining room, include assisting 13 resident meal time. - At 12:25 p.m. a to remained in dining - At 12:30 p.m. a to	tal 28 people including 15 nts were observed to be					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245461	B. WING _		04	/10/2020
NAME OF PROVIDER OR SUPPLIER EVENTIDE LUTHERAN HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 1405 7TH STREET SOUTH MOORHEAD, MN 56560		1 0-11 10/2020	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODER (DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 880	the third floor dining two place settings is table. 11 dietary/nur residents with their residents were sear residents at each tawere socially distant other, a total of 31 gathered in the consame time. On 4/8/2020, at 1:0 confirmed they alway third floor dining roon nursing staff would room that need associally distincted if residents were on be kept socially distindicated if resident apart, she would exthem. The ICRN in in the dining rooms supervision, and conto limitations on the dining room at one. On 4/10/2020, at 8: interview with the dining rooms to assistance/supervisions.	on 4/8/2020, at 12:50 p.m. in groom, 10 round tables had set at opposite ends of each raing staff were assisting plates of food, and 20 ted in dining room with 2 able. Although the residents aced 6 feet across from each people were observed to be amunal dining room at the communal dining istance with eating. 46 p.m. infection control CRN) indicated residents were an in their rooms, and stated at of their rooms they were to tanced as able. ICRN as were seen closer than 6 feet appect staff to try to separate dicated the residents who ate required assistance or infirmed the facility had made an number of people in the	F 88			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245461	B. WING			04/10/2020	
	PROVIDER OR SUPPLIER DE LUTHERAN HOME	:		STREET ADDRESS, CITY, STATE, ZIP COL 1405 7TH STREET SOUTH MOORHEAD, MN 56560			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORR X (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 880	DON stated she wo and separate any rapart. The DON velarge numbers of p dining rooms during unaware of how the could be lowered a place to ensure guicommunal dining rooms. A review of the faci "COVID-19 Precausection dated 3/16/	ould expect staff to intervene esidents who were not 6 feet erified she was aware of the eople gathered together in the g meals, indicated she was a number of residents/staff nd currently had no plan in delines for provision of estrictions were followed. It provided document titled tion Implementation Timeline", 2020, indicated the facility had all gathering spaces.	F8	80			