



*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

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](mailto: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:

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Licensing and Certification Program  
Health Regulation Division  
Email: [gail.anderson@state.mn.us](mailto: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  
P.O. Box 64900  
St. Paul, MN 55164-0900  
Telephone: (651) 201-4112 Fax: (651) 215-9697  
Email: [Kamala.Fiske-Downing@state.mn.us](mailto:Kamala.Fiske-Downing@state.mn.us)

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245461</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVENTIDE LUTHERAN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1405 7TH STREET SOUTH MOORHEAD, MN 56560</b>		
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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.	E 000			
F 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 §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 000			
F 880	Infection Prevention & Control	F 880		5/7/20	

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

TITLE

(X6) DATE

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.

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F 880 SS=F	Continued From page 1 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 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of	F 880			

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F 880	<p>Continued From page 2</p> <p>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 ensure consistent social distancing, and failed to implement communal dining restrictions in common dining areas for residents reviewed at the time of the COVID-19 Focused Infection Control Survey, which had the potential to affect all 149 residents</p>	F 880	<p>F880</p> <p>Response to the Social Distancing:</p> <p>1) How corrective action will be accomplished for those residents found to have been affected by the deficient</p>		

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F 880	<p>Continued From page 3 who currently resided at the facility.</p> <p>Findings include:</p> <p>Social Distancing</p> <p>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.</p> <p>- 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.</p> <p>During observations on 4/8/2020, at 10:40 a.m. on the third floor commons area across from the nurses station, four residents were watching TV. Two female residents were seated in their wheel chairs and one female resident was seated in a chair with her wheelchair in front of her, next to a male resident seated in a chair. All the residents were seated approximately 3 to 4 feet apart, and were not socially distanced from each other.</p> <p>- at 11:14 a.m. one female resident remained</p>	F 880	<p>practice.</p> <p>Staff were educated then R7 and R8 were separated by at least 6ft to maintain appropriate distancing.</p> <p>2) How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents have the potential to be affected.</p> <p>What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur.</p> <p>All staff will receive re-education on social distancing guidelines including communal dining processes to ensure proper distances are maintained between residents on all floors starting on 5/1/2020.</p> <p>3) How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <p>We will audit social distancing on all floors for compliance as follows: 2x audit, per day, per shift, per floor, will continue for 4 weeks. Then 1x audit, per shift, per floor, for 4 weeks. Then 1x audit, per shift, per floor, bimonthly for 4 weeks. Ongoing education completed as needed. Results of audits will get reported out to the QAPI committee for further guidance.</p>		

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F 880	<p>Continued From page 4</p> <p>seated in a chair with her wheelchair in front of her visiting with a male resident who was seated next to her. The two residents were not socially distanced from each other. At 11:41 a.m., four residents continued to be seated 3 to 4 feet apart from each other while they watched TV in the commons area. In addition, two residents were seated in front of the nurses station in their wheel chairs not socially distanced from each other.</p> <p>On 4/8/2020, at 11:31 a.m. on the second floor common area near the nursing desk, with unit secretary (US)-A seated behind the desk, R7 sat in a wheelchair less than a foot away from R8 who sat in a regular chair with a 4 wheeled walker in front of her. Multiple staff walked past R7 and R8, and did not attempt to provide social distancing. At that time, R8 attempted to stand independently, and nursing assistant (NA)- B approached R8, redirected her to sit back down in her wheelchair and immediately walked away with no attempt to provide social distancing for R7 and R8.</p> <p>- At 11:36 a.m. US-A remained seated behind the nursing desk, was not observed to provide social distancing for R7 and R8.</p> <p>Communal Dining</p> <p>During observation on 4/8/2020, at 9:28 a.m. in the second floor dining room, a total of 12 residents and staff were present in the common dining room, for the breakfast meal.</p> <p>During observation on 4/8/2020, at 9:29 a.m. on the third floor main dining room R5 and R6 were seated at a table located in the front of the dining</p>	F 880	<p>Responsible party is the DON or DON designee.</p> <p>4) The date that each deficiency will be corrected.</p> <p>Social Distancing education and practice by 5/7/2020</p> <p>Response to Communal Dining:</p> <p>1) How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>R1, R2, R3 and R4 now are having meals in their rooms assisted by nursing staff. R5 and R6 are now sitting at separate tables on 3rd floor separated by 6 feet during meal service. The seating arrangement for residents was made from a collaboration between dietitians, maintenance and nursing.</p> <p>2) How the facility will identify other residents having the potential to be affected by the same deficient practice.</p> <p>All residents who are eating their meals in communal spaces have the potential to be affected.</p> <p>3) What measures will be put into place or systemic changes made, to ensure that the deficient practice will not recur.</p>		



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F 880	<p>Continued From page 5</p> <p>room eating independently. R5 was seated approximately 3 to 4 feet away from R6 when trained medication aid (TMA)-A approached R5 and gave her medications to take. TMA-A proceeded to walk back to her medication cart. TMA-A was not observed to provide social distancing for R5, and 6 while they continued to eat their breakfast independently next to other.</p> <p>- at 9:41 a.m. R5 and R6 continued to be seated approximately 3 to 4 feet away from each other in the dining room area, eating independently. R5 and R6 were not observed to be socially distanced while they ate their breakfast.</p> <p>On 4/8/2020, at 11:04 a.m. registered nurse (RN)-B confirmed the residents who needed assistance/supervision with eating came to the main dining room for meals. RN-B indicated the facility had no restrictions on the number of residents and staff in the dining room, and staff were to space the residents out in the dining room so they were not close to each other while eating.</p> <p>On 4/8/2020, at 12:02 p.m. staff began serving the residents in second floor dining room. At this time a total of 13 residents and 8 dietary/nursing staff were observed in the common dining room.</p> <p>- At 12:13 p.m. at this time a total of 23 people were observed gathered in the second floor dining room, including 10 staff who were assisting 13 residents with various things during meal time.</p>	F 880	<p>As of 4/12/2020 all residents on first floor are now having meal service in their assigned rooms. The residents needing assistance are assisted by nursing staff. As of 4/28/2020 residents who required high levels of assistance on the 2nd and 3rd floor dining rooms are now eating in their rooms assisted by nursing staff. Those residents requiring minimal supervision but are in need of monitoring will eat in the dining rooms. All residents will sit one per table and are separated by 6 feet or more. A seating chart was designed and measured from a collaboration between the dietitian, maintenance and nursing. No more than 10 staff and/or residents will congregate in the dining room areas at any time.</p> <p>4) How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.</p> <p>We will audit the dining areas for compliance as follows: Dining rooms on 2nd and 3rd floors we will have an 1x audit for each meal, per floor, per day, for 4 weeks. Then we will audit 1x for 2 meals, per floor, per day, for 4 weeks. Then 1x audit for 1 meal per floor, per day, bimonthly for 4 weeks. Results of audits will get reported out to the QAPI committee for further guidance. Responsible party is the DON or DON designee.</p>		

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F 880	<p>Continued From page 6</p> <p>- At 12:25 p.m. a total of 10 staff and 13 residents remained in dining room.</p> <p>- At 12:30 p.m. a total 28 people including 15 staff, and 13 residents were observed to be gathered in the dining room.</p> <p>During observation on 4/8/2020, at 12:50 p.m. in the third floor dining room, 10 round tables had two place settings set at opposite ends of each table. 11 dietary/nursing staff were assisting residents with their plates of food, and 20 residents were seated in dining room with 2 residents at each table. Although the residents were socially distanced 6 feet across from each other, a total of 31 people were observed to be gathered in the communal dining room at the same time.</p> <p>On 4/8/2020, at 1:00 p.m. dietary aid (DA)-C confirmed they always served the residents in the third floor dining room this way and indicated nursing staff would bring residents into the dining room that need assistance with eating.</p> <p>On 4/8/2020, at 12:46 p.m. infection control registered nurse (ICRN) indicated residents were encouraged to remain in their rooms, and stated if residents were out of their rooms they were to be kept socially distanced as able. ICRN indicated if residents were seen closer than 6 feet apart, she would expect staff to try to separate them. The ICRN indicated the residents who ate in the dining rooms required assistance or supervision, and confirmed the facility had made no limitations on the number of people in the dining room at one time.</p>	F 880	<p>5) The date that each deficiency will be corrected.</p> <p>Communal Dining practice by 5/7/2020.</p>		

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F 880	<p>Continued From page 7</p> <p>On 4/10/2020, at 8:02 a.m. during a phone interview with the director of nurses (DON), she indicated the facility had stopped group activities, and indicated they had updated seating charts in the dining rooms to keep residents that needed assistance/supervision with eating 6 feet apart, and independent residents ate in their rooms. The DON stated she would expect staff to intervene and separate any residents who were not 6 feet apart. The DON verified she was aware of the large numbers of people gathered together in the dining rooms during meals, indicated she was unaware of how the number of residents/staff could be lowered and currently had no plan in place to ensure guidelines for provision of communal dining restrictions were followed.</p> <p>A review of the facility provided document titled "COVID-19 Precaution Implementation Timeline", section dated 3/16/2020, indicated the facility had closed all communal gathering spaces.</p>	F 880			

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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.	E 000			
F 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 §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 000			
F 880 SS=F	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880			

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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245461</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>04/10/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>EVENTIDE LUTHERAN HOME</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1405 7TH STREET SOUTH MOORHEAD, MN 56560</b>		
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F 880	Continued From page 1  §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 infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections; (iv) When and how isolation should be used for a resident; including but not limited to:	F 880			

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F 880	<p>Continued From page 2</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 ensure consistent social distancing, and failed to implement communal dining restrictions in common dining areas for residents reviewed at the time of the COVID-19 Focused Infection Control Survey, which had the potential to affect all 149 residents who currently resided at the facility.</p> <p>Findings include:</p>	F 880		

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F 880	<p>Continued From page 3</p> <p>Social Distancing</p> <p>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.</p> <p>- 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.</p> <p>During observations on 4/8/2020, at 10:40 a.m. on the third floor commons area across from the nurses station, four residents were watching TV. Two female residents were seated in their wheel chairs and one female resident was seated in a chair with her wheelchair in front of her, next to a male resident seated in a chair. All the residents were seated approximately 3 to 4 feet apart, and were not socially distanced from each other.</p> <p>- at 11:14 a.m. one female resident remained seated in a chair with her wheelchair in front of her visiting with a male resident who was seated next to her. The two residents were not socially distanced from each other. At 11:41 a.m., four residents continued to be seated 3 to 4 feet apart</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>from each other while they watched TV in the commons area. In addition, two residents were seated in front of the nurses station in their wheel chairs not socially distanced from each other.</p> <p>On 4/8/2020, at 11:31 a.m. on the second floor common area near the nursing desk, with unit secretary (US)-A seated behind the desk, R7 sat in a wheelchair less than a foot away from R8 who sat in a regular chair with a 4 wheeled walker in front of her. Multiple staff walked past R7 and R8, and did not attempt to provide social distancing. At that time, R8 attempted to stand independently, and nursing assistant (NA)- B approached R8, redirected her to sit back down in her wheelchair and immediately walked away with no attempt to provide social distancing for R7 and R8.</p> <p>- At 11:36 a.m. US-A remained seated behind the nursing desk, was not observed to provide social distancing for R7 and R8.</p> <p>Communal Dining</p> <p>During observation on 4/8/2020, at 9:28 a.m. in the second floor dining room, a total of 12 residents and staff were present in the common dining room, for the breakfast meal.</p> <p>During observation on 4/8/2020, at 9:29 a.m. on the third floor main dining room R5 and R6 were seated at a table located in the front of the dining room eating independently. R5 was seated approximately 3 to 4 feet away from R6 when trained medication aid (TMA)-A approached R5 and gave her medications to take. TMA-A proceeded to walk back to her medication cart. TMA-A was not observed to provide social</p>	F 880			



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F 880	<p>Continued From page 5</p> <p>distancing for R5, and 6 while they continued to eat their breakfast independently next to other.</p> <p>- at 9:41 a.m. R5 and R6 continued to be seated approximately 3 to 4 feet away from each other in the dining room area, eating independently. R5 and R6 were not observed to be socially distanced while they ate their breakfast.</p> <p>On 4/8/2020, at 11:04 a.m. registered nurse (RN)-B confirmed the residents who needed assistance/supervision with eating came to the main dining room for meals. RN-B indicated the facility had no restrictions on the number of residents and staff in the dining room, and staff were to space the residents out in the dining room so they were not close to each other while eating.</p> <p>On 4/8/2020, at 12:02 p.m. staff began serving the residents in second floor dining room. At this time a total of 13 residents and 8 dietary/nursing staff were observed in the common dining room.</p> <p>- At 12:13 p.m. at this time a total of 23 people were observed gathered in the second floor dining room, including 10 staff who were assisting 13 residents with various things during meal time.</p> <p>- At 12:25 p.m. a total of 10 staff and 13 residents remained in dining room.</p> <p>- At 12:30 p.m. a total 28 people including 15 staff, and 13 residents were observed to be gathered in the dining room.</p>	F 880			

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F 880	<p>Continued From page 6</p> <p>During observation on 4/8/2020, at 12:50 p.m. in the third floor dining room, 10 round tables had two place settings set at opposite ends of each table. 11 dietary/nursing staff were assisting residents with their plates of food, and 20 residents were seated in dining room with 2 residents at each table. Although the residents were socially distanced 6 feet across from each other, a total of 31 people were observed to be gathered in the communal dining room at the same time.</p> <p>On 4/8/2020, at 1:00 p.m. dietary aid (DA)-C confirmed they always served the residents in the third floor dining room this way and indicated nursing staff would bring residents into the dining room that need assistance with eating.</p> <p>On 4/8/2020, at 12:46 p.m. infection control registered nurse (ICRN) indicated residents were encouraged to remain in their rooms, and stated if residents were out of their rooms they were to be kept socially distanced as able. ICRN indicated if residents were seen closer than 6 feet apart, she would expect staff to try to separate them. The ICRN indicated the residents who ate in the dining rooms required assistance or supervision, and confirmed the facility had made no limitations on the number of people in the dining room at one time.</p> <p>On 4/10/2020, at 8:02 a.m. during a phone interview with the director of nurses (DON), she indicated the facility had stopped group activities, and indicated they had updated seating charts in the dining rooms to keep residents that needed assistance/supervision with eating 6 feet apart, and independent residents ate in their rooms. The</p>	F 880			

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F 880	<p>Continued From page 7</p> <p>DON stated she would expect staff to intervene and separate any residents who were not 6 feet apart. The DON verified she was aware of the large numbers of people gathered together in the dining rooms during meals, indicated she was unaware of how the number of residents/staff could be lowered and currently had no plan in place to ensure guidelines for provision of communal dining restrictions were followed.</p> <p>A review of the facility provided document titled "COVID-19 Precaution Implementation Timeline", section dated 3/16/2020, indicated the facility had closed all communal gathering spaces.</p>	F 880			