



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

Electronically delivered

July 8, 2020

Administrator  
Southside Care Center  
2644 Aldrich Avenue South  
Minneapolis, MN 55408

RE: CCN: 24E507  
Survey Start Date: May 13, 2020

Dear Administrator:

On July 2, 2020 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of June 22, 2020. Per the CMS Memo QSO-20-20-All, enforcement remedies were suspended from March 23, 2020 to May 31, 2020 and will be evaluated at a later date.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Douglas Larson'.

Douglas Larson, Enforcement Specialist  
Minnesota Department of Health  
Licensing and Certification Program  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4118 Fax: 651-215-9697  
Email: doug.larson@state.mn.us

cc: Licensing and Certification File



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

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June 4, 2020

Administrator  
Southside Care Center  
2644 Aldrich Avenue South  
Minneapolis, MN 55408

SUBJECT: SURVEY RESULTS  
CCN: 24E507  
Cycle Start Date: May 13, 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 May 13, 2020, the Minnesota Department of Health completed a COVID-19 Focused Survey at Southside Care Center to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that your facility was not in substantial compliance. The findings from this survey are documented on the electronically delivered CMS 2567.

#### **PLAN OF CORRECTION**

You must submit an acceptable electronic plan of correction (ePOC) for the enclosed deficiencies that were cited during the May 13, 2020 survey. Southside Care Center may choose to delay submission of an ePOC 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 an ePOC. An acceptable ePOC will serve as

Southside Care Center

June 4, 2020

Page 2

your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. 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 ePOC can lead to termination of your Medicare and Medicaid participation.

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

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

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

Sarah Grebenc, Unit Supervisor  
Metro D Survey Team  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Email: sarah.grebenc@state.mn.us  
Fax: (651) 215-9697

#### **INFORMAL DISPUTE RESOLUTION**

You have one opportunity to dispute the deficiencies cited on the May 13, 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:

Sarah Grebenc, Unit Supervisor  
Metro D Survey Team  
Licensing and Certification Program  
Health Regulation Division  
Minnesota Department of Health  
Email: sarah.grebenc@state.mn.us  
Fax: (651) 215-9697

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

Southside Care Center

June 4, 2020

Page 3

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

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

**Southside Care Center 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,



Douglas Larson, Enforcement Specialist  
Minnesota Department of Health  
Licensing and Certification Program  
Program Assurance Unit  
Health Regulation Division  
Telephone: 651-201-4118 Fax: 651-215-9697  
Email: doug.larson@state.mn.us

cc: Licensing and Certification File

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

PRINTED: 06/15/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>24E507</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/13/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>SOUTHSIDE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2644 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55408</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments  A COVID-19 Focused Infection Control survey was conducted on 5/13/2020, 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 for emergency preparedness. 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 5/13/2020 at your facility by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. The facility was not 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.  The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Upon receipt of an acceptable electronic POC, an revisit of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 880 SS=F	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	F 880		6/22/20	

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

TITLE

(X6) DATE

Electronically Signed

06/12/2020

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

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F 880	<p>Continued From page 2</p> <p>least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi) The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to actively screen visitors and staff in accordance with Centers for Disease Control (CDC) and Centers for Medicare and Medicaid Services (CMS) guidance for Covid-19. In addition, the facility failed to ensure staff had access to personal protective equipment (PPE) and failed to provide education and guidance to staff for Covid-19. This had the potential to effect all 13 residents who resided in the facility.</p> <p>Upon arrival to the facility on 5/13/20, at 8:45 a.m. surveyors entered the facility through the unlocked, main door and were met by social services (SS)-C; temperatures were taken but</p>	F 880	<p>F880 Infection Prevention &amp; Control</p> <p>a. The facility will verify that all paid employees, unpaid staff, contractors, students, residents, volunteers, and future visitors of Southside Care Center will be in compliance with all of the policies and procedures set forth by Southside Care Center's COVID-19 Infection Prevention and Control Program (IPCP).</p> <p>The COVID-19 IPCP includes the following components:</p> <ul style="list-style-type: none"> <li>• Surveillance for Staff for Suspected</li> </ul>		

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F 880	<p>Continued From page 3</p> <p>not recorded; no Covid-19 screening questions were asked. Surveyors were informed the administrator and director of nursing (DON) were not on site.</p> <p>During an interview on 5/13/20, at 8:55 a.m. registered nurse (RN)-A stated none of the 13 residents had Covid-19 nor were any under investigation for Covid-19. When asked to see facility policies and procedures related to Covid-19, RN-A did not provide them and stated the program director (PD-A) could be reached by phone.</p> <p>During a telephone interview on 5/13/20, at 9:03 a.m. PD-A stated "everything we're doing, we have posted on the walls" in reply to questions about policies and procedure related to Covid-19.</p> <p>During an interview on 5/13/20, at 9:05 a.m. RN-A stated a nurse screens residents twice a day and documents findings in the resident's paper medical record. RN-A stated screening consisted of a temperature check in the morning and screening questions twice a day. RN-A did not know the temperature threshold that would require action by a nurse. RN-A stated the nurse on duty "usually" screens other employees and "for the most part, we do that, but some still check their own temp."</p> <p>Review of facility's employee screening tool indicated staff must record their temperature results and their responses to screening questions. The tool lacked a column for the screener to sign off indicating an employee was actively screened and was okay to work.</p> <p>During an interview and observation on 5/13/20,</p>	F 880	<p>Cases of COVID-19: The method of surveillance for all paid employees, unpaid staff, contractors, students, residents, volunteers, and future visitors of Southside Care Center includes daily temperature checks by the nurse already on duty for staff arriving to start their shift. When an employee first reports to work and before they begin their shift, the nurse already on duty will welcome them and take their temperatures and verify that each staff member completes the required questionnaire.</p> <p>The COVID-19 questionnaire includes the following questions:</p> <ol style="list-style-type: none"> <li>1. Do you also work at another facility with a confirmed positive case of COVID-19 ( coronavirus ) – Yes No If yes – do not allow entry</li> <li>2. Do you have any signs or symptoms of a respiratory illness?</li> <li>3. Do you have a fever of 100.0 or greater? If yes, do not allow the employee to work</li> <li>4. Do you have a cough, sore throat and/or shortness of breath? <ol style="list-style-type: none"> <li>a. If yes, the employee needs to received medical clearance by a doctor prior to coming to work.</li> <li>b. If you have a cough, sore throat and or shortness of breath do you feel you need to see a medical provider about these symptoms A yes B no</li> </ol> </li> <li>5. If an employee is sent home, please notify the Program Director for staffing decisions for the building.</li> <li>6. If an employee is okay to work, confirmation is made on the same form</li> </ol>		



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F 880	<p>Continued From page 4</p> <p>at 9:11 a.m. SS-C stated the facility was not taking new admissions "until things improved" with the pandemic. SS-C stated the last new admission was on 5/1/20, and this resident was not quarantined for 14 days as recommended. SS-C was unaware of this recommendation and stated the new resident shared a room with other women.</p> <p>During an interview on 5/13/20, at 9:30 a.m. RN-A stated there was an adequate supply of surgical masks, gloves, hand sanitizer and disinfectant wipes, but no goggles or face shields for resident care encounters. RN-A further stated the facility did not have gowns to utilize for PPE in the event a resident developed symptoms of Covid-19.</p> <p>During an interview on 5/13/20, at 10:15 a.m. with SS-C and RN-A, SS-C stated they did not have the ability to isolate a resident who developed Covid-19 symptoms, as there are no private or empty rooms; "not sure how we would do that." RN-A stated if a resident developed symptoms of Covid-19, she would isolate the resident "until they figured it out." RN-A stated there were no procedures in writing to provide guidance to the staff in this situation so she would call 911 and transfer the resident to a hospital. Further, RN-A stated she has not had education on transmission based precautions that would be necessary for caring for a resident with symptoms of Covid-19.</p> <p>During an interview on 5/13/20, at 10:20 a.m. PD-A stated the morning nurse is supposed to look through the employee screening log to ensure compliance, however there was no written guidance for that requirement. PD-A stated the temperature threshold for residents and employees was 100.4 degrees Fahrenheit and</p>	F 880	<p>"okay to work."</p> <ul style="list-style-type: none"> <li>Surveillance for Residents for Suspected Cases of COVID-19: A method of surveillance will be used for residents where each resident's temperature will be taken a minimum of one time daily and recorded in the MAR/TAR. Nursing staff will also continue to monitor residents for possible signs and symptoms of illness each shift. If a resident has a temperature of 100.0 degrees Fahrenheit or greater that resident needs to be sent in for COVID-19 testing immediately. The resident also needs to be placed in isolation until the COVID-19 results are available. If the test comes back positive, the resident remains in isolation until the resident has a confirmed negative test result for COVID-19.</li> <li>Internal Communication: There is required communication for suspected or confirmed incidents of possible communicable diseases or infections including COVID-19. Immediately report all suspected communicable diseases to the Program Director Emmanuel Tandoh and the Administrator, Donald Flack. If a resident is suspected or has a confirmed case of COVID-19, the resident must be immediately quarantined on-site in a designated COVID-19 unit or sent to another healthcare facility with a dedicated COVID-19 unit immediately and not have contact with other resident's and staff until the transfer has been made. All suspected or confirmed cases of</li> </ul>		

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F 880	<p>Continued From page 5</p> <p>was not aware of the recommended temperature of 100.0 degrees F.</p> <p>During continual observation on 5/13/20, from 10:20 a.m. to 11:00 a.m. no staff were monitoring the unlocked, front door which may have allowed an individual to enter the facility without being screened at the entrance. Residents came and went through this door to smoke; observed residents on front porch of facility smoking at 8:45 a.m. and at 10:40 a.m.</p> <p>During an interview on 5/13/20, at 10:35 a.m. PD-A admitted the facility did not have written policies and procedures to provide guidance for staff regarding Covid-19, specifically guidance on transmission based precautions, appropriate use of PPE, resident and employee screening procedures. PD-A stated if a resident developed a fever and cough, the doctor would be called, but admitted there was no written policy or procedure to direct staff to do this. PD-A was unaware of the recommendation for eye protection during all resident care encounters and admitted the facility did not have goggles, face shields, nor did the facility have isolation gowns available for staff if a resident developed symptoms of Covid-19.</p> <p>During an interview on 5/13/20, at 11:15 a.m. PD-A stated he drove residents to the store and to the bank, two or three residents at a time. Residents went into the store to shop, but stayed in the car at the bank. Residents wore cloth masks, however riding in a car prevented residents and PD-A from social distancing.</p> <p>During an interview on 5/13/20, at 11:20 a.m. DON arrived at the facility and confirmed there were no policies or procedures to guide staff in</p>	F 880	<p>COVID-19 will be reported to Miya at the Bridges' COVID-19 hotline phone number 651-370-3295. Additionally, Paul Gans, Regional Executive Director and VP of Technology, address 1932 University Ave W, St Paul, MN55104, mobile phone (952) 913-5990 must be contacted for all suspected or confirmed cases of COVID-19.</p> <ul style="list-style-type: none"> <li>Personal Protective Equipment: Precautionary measures include the implementation of all universal precautions, good hand hygiene and the utilization of required personal protective equipment will be used by all paid employees, unpaid staff, contractors, students, residents, volunteers, and future visitors of Southside Care Center. The personal protective equipment will include: medical grade protective gloves, face masks, protective eye goggles or a face shield, and isolation gowns. Isolation gowns will only be required if a positive COVID -19 case has been identified and the gowns will only be required in the designated COVID-19 isolation area.</li> <li>Handling New Admissions: As a precautionary measure for new admissions to the facility, new resident's admitting to the facility will have a dedicated private room for a 14 day quarantine or a recent negative COVID-19 test result prior to admission.</li> <li>Social Distancing: Southside Care Center will continue to allow residents to smoke outside of the facility while</li> </ul>		

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F 880	<p>Continued From page 6</p> <p>the care of residents related to Covid-19 prevention and management. DON admitted there had been no staff education related to Covid-19 on the utilization of proper PPE and transmission based precautions.</p> <p>During an interview on 5/13/20, at 11:30 a.m. PD-A was informed surveyors were not fully screened upon arrival to facility, nor were names entered onto screening log. PD-A promptly entered this information.</p> <p>The facility document titled Southside Care Center coronavirus disease 2019 (COVID-19), effective date 3/20/2020, indicated:</p> <p>A. Plan for containment of the virus to limit spreading: the big three risk factors to be aware of:</p> <ol style="list-style-type: none"> <li>1). Any travel in the last 30 days or exposure to someone with travel within 30 days</li> <li>2). Fevers (101.5) or higher</li> <li>3). Cough / SOB [shortness of breath]</li> <li>4). If you answer yes to 1 and 2 or 3, please contact a medical professional for further triage.</li> </ol> <p>B. Post-Acute and Long Term Care (PALTC) recommendations:</p> <p>The CDC and WHO (World Health Organization) recommend that health care workers who care for persons suspected of having Covid-19 infection use standard precautions, contact precautions, airborne precautions, and eye protection. This means wearing gown, gloves, facemask, and goggles or a faceshield if patients are actively coughing. Designated staff should be responsible for caring for those suspected or known to have Covid-19. These should be trained personnel on infection</p>	F 880	<p>remaining on the property. Resident's will be required to maintain the social distancing recommendation of 6'-0" while outside smoking.</p> <ul style="list-style-type: none"> <li>• Transporting Resident's in Vehicles: Southside Care Center will only transport one resident at a time to the bank or to medical appointments while recommendations and guidelines by the CDC and Minnesota Department of Health remain in place for social distancing.</li> <li>• Dedicated Isolation Room: A dedicated isolation room has been created on 2nd Floor in room 204 which has a two-bed capacity. Another room at Southside Care Center could also be identified if needed. If effective isolation cannot be accommodated at Southside Care for all suspected or confirmed cases of COVID-19, the resident or residents could be sent off-site to another facility until the suspected residents have test negative at which point they could return to the facility. Droplet and Airborne (when possible) precautions will be followed regarding handling all suspected or confirmed positive cases of COVID-19.</li> <li>• Tracking COVID-19 Cases: Southside Care Center will track all suspected and confirmed cases of COVID-19 in the Infection Prevention and Control Program binder and will comply with all reporting requirements set forth by CDC and NHSN.</li> </ul>		

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NAME OF PROVIDER OR SUPPLIER  <b>SOUTHSIDE CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2644 ALDRICH AVENUE SOUTH MINNEAPOLIS, MN 55408</b>		
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F 880	<p>Continued From page 7</p> <p>prevention and control recommendations for Covid-19 with knowledge about the proper use of personal protective equipment. Facilities should review and follow contact isolation procedures and make sure staff follow them consistently and correctly.</p> <p>C. Since most PALTC facilities will not have airborne isolation rooms, if an individual meets the CDC case definition of a suspected infection, facility staff should provide the patient a single room with a closed door and consult with the local health department. Ensure staff follow standard, contact, and airborne precautions, including eye protection.</p> <p>D. Transferring residents with suspected Covid-19: CMS recommend that facilities without an airborne isolation room should not be required to transfer a patient to the hospital unless the patient needs a higher level of care than the nursing home can provide or the facility is not capable of adhering to infection control practices.</p> <p>E. Recommendation for outbreaks: Frequently review CDC recommendations for surveillance and updates.</p> <p>The facility document titled Twin Cities Physicians, dated 3/2/20, indicated: until Covid-19 precautions are discontinued, if patient complains of new symptoms of fever, new shortness of breath and/or new cough, please assess the patient and notify doctor for a fever greater than 100.3 degrees F.</p> <p>The facility document titled Southside Care Center COVID-19 daily employee screening tool, undated, indicated: all staff must record employee name, date, temperature 100.4 degrees F or greater, cough, sore throat, shortness of breath, nausea/vomiting or diarrhea and travel question.</p>	F 880	<ul style="list-style-type: none"> <li>• Transporting and Handling Clothing and Linens: Linens and clothing for all residents at Southside Care Center will be brought to and carried out of each resident's room individually to the laundry room in the lower level utilizing plastic bags or an approved covered container to prevent the spread of infections when handling, transporting and storing all personal laundry and linens at Southside Care Center.</li> <li>b. All paid employees, unpaid staff, contractors, students, residents, volunteers and future visitors to Southside Care Center will be asked to comply with the policies and procedures set-forth by the COVID-19 IPCP for the facility. All staff will be trained on the COVID-19 IPCP not later than June 22, 2020. Ongoing training will occur upon hire and a minimum of one time annually for all staff.</li> <li>c. The policy and procedure for the COVID-19 IPCP at Southside Care Center have been updated for use and by the paid employees, unpaid staff, contractors, students, residents, volunteers, and future visitors to the facility. The COVID-19 IPCP will be updated to remain in compliance with the United States Centers for Disease Control and Prevention (CDC) and the Minnesota Department of Health guidelines for Nursing Homes in Minnesota. And the COVID-19 IPCP policies and procedures will be revised and updated as needed a minimum of annually by the Administrator</li> </ul>		

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	<p>Continued From page 8</p> <p>The facility document titled Bridges MN, Covid Work Station Check-in, dated 4/6/2020, indicated:</p> <ul style="list-style-type: none"> <li>- Each house/building will have a check-in area for all employees. The purpose of this station is to provide a location for staff to check and document their temperature at the time they begin their shift.</li> <li>- The employee is to log in on the sheet provided, take their temperature using the provided thermometer and appropriate probe cover and document that temperature on the sheet.</li> <li>- If the temperature of an employee is over 100.6, they are to contact their supervisor and the Covid Hotline.</li> <li>- If the temperature is below 100.6, the employee may report to work.</li> </ul> <p>The facility document titled Southside Care Center Infection Prevention and Control Program, dated 7/19, indicated: The primary purpose is to establish and maintain an infection prevention and control program (IPCP) designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. The IPCP is a facility-wide effort involving all disciplines and is part of the quality assurance and performance improvement program (QAPI).</p> <ul style="list-style-type: none"> <li>- The infection control program is comprehensive in that it addresses detection, prevention and control of infection among residents and personnel.</li> <li>- All personnel will be trained on infection control upon hire and periodically thereafter, including when and how to find pertinent procedures and equipment related to infection</li> </ul>		<p>and Program Director of the facility.</p> <p>d. The administrator or designee will conduct a minimum of weekly compliance audits for all staff, residents, and future visitors to the facility to verify the facility remains in compliance with the COVID-19 IPCP policies and procedures. The weekly audits will continue for a minimum of 3 months, at which time continued auditing will be brought forth to the Quality Assurance and Performance Improvement Program (QAPI) team for review for the need for a continuation for weekly audits.</p>		

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

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F 880	Continued From page 9 control. - The facility's infection control policies and procedures will be reviewed and revised or updated as needed. - Policies and procedures are utilized as the standards of the infection prevention and control program. - Important facets of infection prevention include: a. identifying possible infections or potential complications of existing infections; b. instituting measures to avoid complications or dissemination; c. educating staff and ensuring they adhere to proper techniques and procedures; d. enhancing screening for possible significant pathogens; e. implementing appropriate isolation precautions when necessary; and f. following established general and disease-specific guidelines such as those of the Centers for Disease Control (CDC).	F 880			