

STATE LICENSING COMPLIANCE REPORT

Report #: HL20533035C

Date Concluded: July 29, 2020

Name, Address, and County of Facility Investigated:

Whispering Pines Assisted Living
830 West Main Street
Anoka, MN 55303
Anoka County

Name, Address, and County of Housing with Services Registration:

The Willows
2918 Seventh Avenue North
Anoka, MN 55303
Anoka County

Facility Type: Home Care Provider

Investigator's Name:

Jessica Chenze, RN Special investigator
Jenn Panitzke, RN Special Investigator

An investigator from the Minnesota Department of Health conducted an inspection to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and 144A. The purpose of this assessment was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20533	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 07/30/2020
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NAME OF PROVIDER OR SUPPLIER WHISPERING PINES ASSTD LIVING	STREET ADDRESS, CITY, STATE, ZIP CODE 830 WEST MAIN STREET ANOKA, MN 55303
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, the Minnesota Department of Health issued a correction order(s) pursuant to a survey.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>On July 29, 2020, the Minnesota Department of Health initiated an investigation of complaint #HL20533035C. At the time of the investigation, there were 7 clients receiving services under the comprehensive license.</p> <p>The following correction order is issued/orders are issued for #HL20533035C tag identification 1252.</p>	0 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2)</p>	
01252 SS=I	<p>144A.4798, Subd. 3 Infection Control Program</p> <p>Subd. 3. Infection control program. A home care provider must establish and maintain an effective</p>	01252		

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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01252	<p>Continued From page 1</p> <p>infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and record review the licensee failed to establish and maintain an effective infection control program that complies with accepted health care, medical, and nursing standards for infection control related to COVID-19. The deficient practice had the potential to affect all seven out of seven clients.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>The findings include:</p> <p>The licensee failed to ensure infection control standards were followed as per the Center for Disease Control (CDC) guidelines for environmental cleaning of the licensee's facility; failed to ensure infection control standards were followed as per the CDC and Minnesota Department of Health (MDH) for appropriate screening of visitors; use of protective eyewear, maintain social distancing, and hand hygiene.</p> <p>ENVIRONMENTAL CLEANING</p> <p>The MDH document titled "Covid-19 Toolkit,</p>	01252		

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01252	<p>Continued From page 2</p> <p>Information for Long Term Care Facilities", dated June 5, 2020, indicated on page 23: facilities should clean and disinfect frequently touched surfaces with EPA-registered disinfectant with a label indicating effectiveness against human coronavirus or emerging viral pathogens. High-touch surfaces include but are not limited to door handles, railings, light switches, remotes, phones, call buttons, medical equipment (lifts, thermometers, pulse oximeter), etc.</p> <p>On July 29, 2020, at 10:00 a.m. employee A (licensed practical nurse/LPN) stated all employees had been trained to use Lysol for cleaning of high touch surfaces. Employee A stated cleaning was completed every 2 hours on all high touch surfaces. Employee A stated surfaces were sprayed with Lysol and allowed to air dry.</p> <p>On July 29, 2020 at 10:05 a.m., employee B (unlicensed personnel/ULP) was observed to spray a kitchen counter with a solution from a gray spray bottle marked "Disinfectant" with a piece of tape. No other product information was available on the bottle. Employee B wiped the surfaces with a wet cloth after spraying. Employee B stated the facility had not used Lysol for disinfecting in "quite some time." Employee B stated the solution in the spray bottle was half a cup of Fabuloso, half a cup of vinegar, and half a cup of water, surfaces were sprayed every two (2) hours. Employee B stated she was unsure how long the solution needed to remain wet on the surface to effectively kill COVID-19.</p> <p>On July 29, 2020, at 10:35 a.m. employee D (director of nursing/DON) stated Fabuloso was effective to kill COVID-19.</p>	01252		

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01252	<p>Continued From page 3</p> <p>Review of a document titled, "Cleaning Protocol," dated May 7, 2020, instructed employees to mix five (5) ounces of Lysol with warm water. There were no instructions on use of Fabuloso.</p> <p>A review of Fabuloso's directions for use label included directions for cleaning, but not disinfecting. The label did not list the ability to kill any pathogens, including COVID-19. Further review of the EPA's N-list (list of disinfecting agents approved by the CDC) did not include Fabuloso as effective in disinfecting or killing COVID-19.</p> <p>SCREENING OF VISITORS</p> <p>The Center for Disease Control (CDC) webpage titled, "Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities", last updated May 29, 2020, included the standard to designate one or more facility employees to actively screen all visitors and personnel. Screening included obtaining a temperature and send visitors or personnel home if they have a temperature of 100.0 degrees Fahrenheit or greater.</p> <p>The Minnesota Department of Health (MDH) document titled, "Visitor and Employee Health Screening Checklist", dated May 20, 2020, instructed a health screening be conducted each time employees or visitors enter the facility. The screening questions included, Do you have a fever or feeling feverish; chills; a new cough; shortness of breath; a new sore throat; new muscle aches; new headache; and new loss of smell or taste?</p>	01252		

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01252	<p>Continued From page 4</p> <p>On July 29, 2020, at 9:30 a.m. employee A screened both surveyors by taking temperatures using a forehead thermometer. Employee A failed to ask surveyors any further questions about exposure or active symptoms of COVID-19. Employee A also failed to clean and disinfect the thermometer after obtaining each surveyor's temperature.</p> <p>On July 29, 2020, at 10:35 a.m. employee D stated the expectation when employees conduct visitor screening was to take and record the visitor's temperature and ensure the visitor had no symptoms as listed on the screening log.</p> <p>Upon review of an undated, document "EMPLOYEE/VISITOR Screen," indicated the nurse should be notified if an employee or visitor had a temperature over 100.4 degrees or have any symptoms. Symptoms listed included: cough, shortness of breath, fever, chills, headache, muscle pain, sore throat, or loss of taste or smell.</p> <p>USE OF PROTECTIVE EYEWEAR</p> <p>The MDH guidance titled, "Responding to and Monitoring COVID-19 Exposures in Health Care Settings", dated June 8, 2020, indicated on page 2 of 6 facilities should institute use of eye protection for health care workers during all patient care encounters.</p> <p>On July 29, 2020, at 9:30 a.m. employee A, employee B and employee C (ULP) were observed to not have on protective eyewear in the facility.</p> <p>On July 29, 2020, at 9:45 a.m. employee A stated eye protection was no longer required due to no</p>	01252		

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01252	<p>Continued From page 5</p> <p>COVID-19 positive cases at the facility. Employee A stated there was eye protection available for staff to use, if needed.</p> <p>On July 29, 2020, at 10:35 a.m. employee D was observed to be wearing an N95 mask, but no protective eyewear. There were two clients within six feet of employee D. Employee D stated eye protection was no longer a requirement and at minimum, a mask was needed.</p> <p>On July 29, 2020, at 11:15 a.m. employee E (activity staff/AS) was interacting with a client in close proximity. Employee E was observed to wear a surgical mask, but no protective eyewear.</p> <p>SOCIAL DISTANCING</p> <p>The CDC webpage titled, "Considerations for Preventing Spread of COVID-19 in Assisted Living Facilities", last updated May 29, 2020, indicated facilities should encourage social distancing to remain at least 6 feet apart from others when clients are outside of their room.</p> <p>On July 29, 2020, at 9:48 a.m. the dining room table was observed to be pre-set with six place settings. The place settings did not allow for social distancing. Each chair around the table was noted to have a place setting.</p> <p>On July 29, 2020, at 9:48 a.m. employee A agreed social distancing could not be maintained in the dining room with the current table set up. Employee A stated most clients "eat quick" and return to their rooms.</p> <p>On July 29, 2020, at 11:15 a.m. employee D stated clients ate in shifts, with only two three</p>	01252		

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01252	<p>Continued From page 6</p> <p>people sitting at the table at a time. Employee D agreed that social distancing could not be maintained with the current table set up.</p> <p>HAND HYGIENE</p> <p>The CDC guidance titled "Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic", updated June 19, 2020 indicated that healthcare workers should perform hand hygiene before and after all patient contact. The recommendations also indicated staff should perform hand hygiene by using alcohol-based hand sanitizer (ABHS) with 60-95% alcohol or washing hands with soap and water for at least 20 seconds.</p> <p>The MDH document titled, "COVID-19 Toolkit, Information for Long Term Care Facilities", dated June 5, 2020, indicated on page 11, facilities should conduct COVID-19 specific IPC(infection prevention and control) training for staff, including how to: practice strict hand hygiene, and audit staff IPC practices, including hand hygiene.</p> <p>On July 29, 2020, at 9:33 a.m. employee A performed temperature checks on two surveyors. Employee A did not perform hand hygiene between the temperature checks or after completion of the visitor screening.</p> <p>On July 29, 2020, at 10:20 a.m. employee C had a surgical facemask placed under their chin, and proceeded to touch the front of the mask to cover the nose and mouth. No hand hygiene was observed to be performed after touching the front of the mask.</p>	01252		
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01252	<p>Continued From page 7</p> <p>On July 29, 2020, at 10:42 a.m. employee D adjusted the mask by touching the front of the mask. No hand hygiene was performed after touching the front of the mask.</p> <p>On July 29, 2020, at 11:15 a.m. employee D stated employees should perform hand hygiene during visitor screening and following touching the front of a face mask.</p> <p>According to "Facemask Do's and Don'ts" document, undated, indicated hand hygiene should be performed before and after adjusting a face mask.</p> <p>Policies and procedures were requested for the concerns listed above, but were not provided.</p> <p>No further information was provided.</p> <p>TIME PERIOD TO CORRECT-Two (2) days</p>	01252		