

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245438	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/30/2022
NAME OF PROVIDER OR SUPPLIER Edenbrook of St Cloud		STREET ADDRESS, CITY, STATE, ZIP CODE 1717 University Drive Southeast Saint Cloud, MN 56304	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0886</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Perform COVID19 testing on residents and staff.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45842</p> <p>Based on interview and document review, the facility failed to test all employees for COVID-19 during a facility outbreak status as directed by the Center for Disease Control (CDC). The facility failed to review employee testing logs, and as a result 12 staff members worked with residents during the outbreak without being tested every 3-7 days. Of those 12 staff that have worked with residents but not tested , 3 were not vaccinated and at higher risk of contracting COVID-19 when exposed. This deficient practice resulted in an immediate jeopardy (IJ) situation for all 66 residents residing in the facility during a COVID-19 outbreak. 7 of those residents (R7, R8, R9, R10, R11, R12 and R13) were not vaccinated for COVID-19 and at a higher risk of contracting COVID-19 when exposed and had a higher risk of adverse outcome. 34 residents (R6, R8, R11, R13, R14, R15, R16, R17, R18, R19, R20 , R21, R22, R23, R24, R25, R26, R27, R28, R29, R30, R31, R32, R33, R34, R35, R36, R37, R38, R39, R40, R41, R42, R43) had contracted COVID-19 between 12/11/22 and 12/27/22, two of those residents were unvaccinated (R8 and R11), and (R6) was hospitalized with COVID-19.</p> <p>The IJ began on 12/11/22, when R13 became positive for COVID-19 and the facility failed to either conduct contact tracing, or ensure all staff were testing every 3 - 7 days during the outbreak as directed by the Center for Disease Control (CDC) and facility policy. The administrator and director of nursing (DON) were notified of the IJ on 12/29/22, at 5:15 p.m. The IJ was removed on 12/30/22, at 2:30 p.m., but noncompliance remained at the lower scope and severity level of F, widespread, which indicated no actual harm with potential for more than minimal harm that was not immediate jeopardy.</p> <p>Findings include:</p> <p>The current Center for Disease Control (CDC) guidance indicated testing with authorized nucleic acid or antigen detection assays was an important addition to other infection prevention and control (IPC) recommendations aimed to prevent COVID-19 from entering nursing homes, detecting cases quickly, and stopping transmission. Swift identification of confirmed COVID-19 cases allows the facility to take immediate action to remove exposure risks to nursing home residents and staff. When one case of COVID-19 is identified, either contact tracing or broad based outbreak testing is required. With broad based testing, all staff would need to be tested every three to seven days until there were fourteen days without a COVID-19 positive staff or resident.</p> <p>The facility's policy COVID-19 Testing Plan last revised 12/28/22, indicated upon identification of a single new case of COVID-19, all staff and residents would be tested regardless of vaccination status and testing would continue until there were no new cases for fourteen days.</p> <p>(continued on next page)</p>

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0886</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Many</p>	<p>Review of the facility resident COVID-19 positive log indicated the following:</p> <p>On 12/11/22, one resident (R13) was positive for COVID-19.</p> <p>On 12/12/22, five residents (R6, R11, R14, R15, R16) were positive for COVID-19. R6 was sent to the emergency roiaognom on [DATE], and hospitalized .</p> <p>On 12/14/22, two residents (R17, R18) were positive for COVID+19.</p> <p>On 12/15/22, four residents (R19, R20, R21, R22) were positive for COVID+19</p> <p>On 12/16/22, one resident (R23) was positive for COVID-19.</p> <p>On 12/17/22, one resident (R24) was positive for COVID-19.</p> <p>On 12/19/22, three residents (R34, R35, R36) were positive for COVID-19.</p> <p>On 12/20/22, one resident (R37) was positive for COVID-19.</p> <p>On 12/22/22, four residents (R38, R39, R40, R41) were positive for COVID-19.</p> <p>On 12/23/22, on resident (R25) was positive for COVID-19.</p> <p>On 12/24/22, one resident (R26) was positive for COVID-19.</p> <p>On 12/25/22 two residents (R27, R28) were positive for COVID-19</p> <p>On 12/26/22 four residents (R8, R29, R30, R31) were positive for COVID-19.</p> <p>On 12/27/22 three residents (R32, R42, R43) were positive for COVID-19.</p> <p>The facility's Resident Vaccination log identified the following residents were not vaccinated against COVID-19, therefore at higher risk of adverse outcome if they were to contract the virus: R7, R8, R9, R10, R11, R12, and R13.</p> <p>Review of staff schedules and facility testing logs from 12/11/22, to 12/24/22, indicated 12 staff members had worked without being tested as required. The information about the 12 staff member is as follows:</p> <p>Nursing assistant (NA)-A worked 12/17/22, and 12/18/22, but did not test for COVID-19 for the weeks that began with 12/11/22, and 12/18/22.</p> <p>NA-B worked 12/13/22 and did not test for COVID-19 the week that began 12/11/22.</p> <p>NA-C worked 12/18/22 and did not test for COVID-19 the week that began 12/18/22</p> <p>(continued on next page)</p>		

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