

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245348	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2020
NAME OF PROVIDER OF SUPPLIER THE ESTATES AT RUSH CITY LLC		STREET ADDRESS, CITY, STATE, ZIP 650 BREMER AVENUE SOUTH RUSH CITY, MN 55069	
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)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview, and document review, the facility failed to ensure proper hand hygiene and glove use was implemented during incontinence cares for 1 of 3 residents (R2) reviewed for bladder incontinence. Findings include: R2's Admission Record printed 6/9/20, indicated R2's [DIAGNOSES REDACTED]. R2's MDS further identified he was always incontinent of bowel and bladder. R2's Order Review Report dated 6/9/20, indicated R2 was ordered [MEDICATION NAME] (healing ointment) to his skin folds twice daily. R2's care plan dated 4/11/20, indicated R2 required staff assistance with toileting and hygiene. The care plan directed staff to provide incontinence products, and to wash the resident with each incontinent brief change. On 6/9/20, at 11:21 a.m. nursing assistant (NA-A) was observed to enter R2's room. R2 was laying on his bed and positioned on his back. NA-A put on gloves and raised R2's bed. NA-B entered R2's room at 11:23 a.m., put on gloves, and closed the door to the room. NA-B entered R2's bathroom and wet a washcloth. NA-B handed the wet washcloth to NA-A, and NA-A washed R2's face. NA-A and NA-B then lowered R2's pants. NA-A unfastened R2's incontinence brief and pulled towards R2's thighs. NA-A stated R2's incontinence product was wet. NA-A then used a wet washcloth and performed frontal perineal cares on R2. NA-A then removed R2's soiled incontinence product from underneath him, and placed it in a garbage can. NA-A removed her soiled gloves, placed them in the garbage can, and without performing hand hygiene, donned clean gloves. NA-A opened a container of [MEDICATION NAME] which was on R2's nightstand, and applied the ointment to R2's frontal perineal area and groin folds. NA-A and NA-B rolled R2 side-to-side, and placed a clean incontinent brief under him. NA-A removed her soiled gloves, and placed the gloves in a garbage can. NA-A did not perform hand hygiene. NA-A proceeded to fasten R2's incontinence brief. NA-A and NA-B rolled R2 side-to-side, placed a lift sling under him, and raised his pants. NA-A touched her hair, wheeled a mechanical lift near R2's bed, and touched the mechanical lift remote. NA-A and NA-B transferred R2 from his bed to his wheelchair. NA-B exited R2's room with the mechanical lift. NA-A touched touched her goggles, and without performing hand hygiene, donned clean gloves. NA-A removed the garbage bag from the garbage can, and placed the garbage bag on the floor. NA-A removed her soiled gloves and placed them in the garbage bag. NA-A did not perform hand hygiene. NA-A put a new garbage bag in the garbage can, and proceeded to make R2's bed. NA-A wheeled R2 closer to the television in his room. NA-A exited R2's room with the garbage bag, and opened a soiled utility room door using the door handle. On 6/9/20, at 11:36 a.m. an interview was conducted with NA-A. NA-A stated she did not perform hand hygiene when moving from a soiled body site, and between glove changes. NA-A stated right, when asked if hand hygiene was to be performed between glove changes. On 6/9/20, at 1:33 p.m. registered nurse (RN)-A was interviewed and stated every time staff put on clean gloves, hand hygiene needed to be performed. On 6/9/20, at 2:02 p.m. the director of nursing (DON) stated staff needed to perform hand hygiene between glove changes to prevent the transmission of disease. The facility policy Handwashing/Hand Hygiene dated 8/19, directed, The use of gloves does not replace hand washing/hand hygiene.</p>		

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.