

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245409	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER EDENBROOK OF ROCHESTER		STREET ADDRESS, CITY, STATE, ZIP 1875 19TH STREET NORTHWEST ROCHESTER, MN 55901	
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 - Many	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and document review the facility failed to ensure proper infection control procedures were followed for hand hygiene and disinfection of medical equipment in order to prevent and or decrease the risk of transmission and spread of infectious disease including Covid-19. Findings include: During an observation and interview on 4/22/2020, at 9:00 a.m., dietary aide (DA)-A was observed in the west hallway with fresh water pitchers. DA-A was wearing a cloth mask however, it rested below the nose. DA-A was observed exchanging old water pitchers for fresh water pitchers to several resident rooms without performing hand hygiene between the rooms. DA-A stated she was told to wash hands after finishing delivering. DA-A stated she was wearing her mask lower because her glasses fogged up. DA-A stated she had been educated on hand hygiene, glove use, and not to touch face when wearing a mask. DA-A stated she reported the mask issue to director of nursing (DON) but nothing was done. During an interview on 4/22/2020, at 9:15 a.m., registered nurse (RN)-A stated staff have been educated on hand hygiene and are trained to perform hand hygiene in between resident rooms. RN-A stated each resident room has a sink and hand sanitizer for use and hallway walls also have hand sanitizer for use. During an interview on 4/22/2020, at 9:32 a.m., administrator said dietary manager is not available at this time. The administrator stated it would be expected that all staff use hand hygiene in and out of resident rooms, even delivering of water. Administrator stated staff are expected to wear mask over nose. During an interview on 4/22/2020 at 9:40 a.m., licensed practical nurse (LPN)-A stated staff are instructed to use hand hygiene before and upon leaving a resident room. LPN-A stated staff completed competency on PPE (personal protective equipment) and hand hygiene. EQUIPMENT CLEANING During an observation on 4/22/2020, at 10:27 a.m., nurse aide (NA)-A was observed pushing a vital sign machine into a resident room, NA-A then walked out of the resident room with the machine then walked into the neighboring resident's room without cleaning/disinfecting the machine or attached accessories. NA-A then exited that room with the machine, walked with it to the lobby area where NA-A positioned the machine up against the wall, and walked away without cleaning/disinfecting the machine. During an interview on 4/22/2020, at 10:30 a.m., NA-A stated she did not wipe down the vital signs machine and was not told to do so after each use. NA-A stated that the resident does not touch the vital signs machine. The facility procedure on passing water dated 3/11/20, included the steps to wash hands initially, fill ice bucket with ice; obtain an ice spoon and additional cups and place all items on a cart, proceed to each resident's room and ask the resident if he/she wants ice or just water or both, remove pitcher and empty contents, wash hands between each resident's rooms, repeat procedure from room to room. The facility did not provide a policy on routine disinfection of medical equipment between residents.</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.