

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245617</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/08/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>CARONDELET VILLAGE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>525 FAIRVIEW AVENUE SOUTH SAINT PAUL, MN 55116</b>	
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  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to ensure proper hand hygiene procedures were followed in accordance with Centers for Disease Control (CDC) guidelines for 1 of 3 residents (R7), reviewed for personal cares. Findings include: R7's annual Minimum Data Set (MDS), dated [DATE], included cognitively intact and total dependence for most ADL's (activities of daily living), R7's [DIAGNOSES REDACTED]. When observed on 5/7/20, at 12:44 p.m. nursing assistant (NA)-A and NA-B assisted R7 with personal cares. Both aids used hand sanitizer before they donned gloves. Both aids placed lift sling around R7, NA-A operated lift, NA-B guided and lowered R7 onto bed. Both aids removed R7's shoes, socks, and pants, NA-B pulled down soiled brief and NA-A retrieved a new brief and incontinent wipes from bathroom. NA-A took wipes from the package and wiped peri-area, both aids rolled R7 toward NA-B who held R7 in place while NA-A continued to clean peri-area, removed and threw away soiled brief, placed clean brief under R7, and applied barrier cream. NA-A then removed soiled gloves, and donned new gloves with no hand hygiene performed between glove changes from dirty to clean. NA-A applied lotion to R7's back, then secured clean brief on R7. NA-B placed clean clothes for R7 on wheelchair, then placed dirty clothes in soiled linen bag. NA-A placed soiled gloves in trash bag and tied off bag. No hand hygiene followed glove removal, and then placed new trash bag in trash can, opened door and exited room with trash bag and dirty cup. NA-B tightened the tabs on R7's brief. NA-B removed gloves and threw in trash then washed hands with soap and water. R7 asked to be adjusted further over to the right side of the bed, NA-B adjusted R7 in bed, removed R7's face mask and placed in paper bag, took remote and changed TV channel per R7's request, adjusted items on bedside table, removed bag of soiled linen, pushed lift out into hallway, then washed hands with soap and water for 20 seconds. When interviewed on 5/7/20, at 1:35 p.m. NA-A stated, I should have washed my hands or used hand sanitizer before I put on the new gloves. When the lady came from corporate, she did hand washing, they just showed a video about hand washing and gowning and gloving, it was recently, since all this started, we signed a sheet. When interviewed on 5/7/20, at 2:35 p.m. regarding hand hygiene, the DON stated, So they know that they need to wash hands before going into the room, need to wash hands after taking off their gloves, need to scrub for at least 20 seconds, we have hand sanitizer in the room. So if they take off or change gloves, they need to wash hands before putting on a new pair. We did education on that, close to like middle of March and continued up to date with education on hand washing, friction, putting on PPE (personal protective equipment), we have done some audits on hand hygiene on staff, on different shifts. I encourage hand washing versus sanitizing they have the equipment there in the room. Per facility policy titled, Infection Prevention and Control Manual, dated 2019, Caring for Incontinent Residents 1. Gloves (and other PPE as indicated for transmission-based or standard precautions) are routinely worn for cleaning incontinent residents and for helping residents with toileting activities. 2. A disposable gown may be used when cleaning up incontinent residents, changing their beds. Obtain and put on the gown before beginning tasks. 3. Always remove the soiled gloves and wash your hands before moving on to the next task. Per facility policy titled, Infection Prevention and Control Manual Standard Precautions, dated 2019, Change gloves during patient care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g., face, clothing, etc.). Per facility policy titled, Infection Prevention and Control Manual Standard Precautions, dated 2019, Staff must perform hand hygiene even if gloves are utilized. Per facility policy titled, Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), undated, Hand Hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds. Per facility document titled, Manager Guidance for COVID-19, dated 3/28/20, Practice proper hand washing hygiene. All employees should clean their hands before and after interaction with residents and their environment with an alcohol-based hand sanitizer that contains 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty. Per facility document titled, Microlearning: Infection Control: Handwashing &amp; PPE attendance, dated when completed, NA-A completed training on handwashing on 3/20/20.</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.