

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245394	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/08/2020
NAME OF PROVIDER OF SUPPLIER THE ESTATES AT LYNNHURST LLC		STREET ADDRESS, CITY, STATE, ZIP 471 LYNNHURST AVENUE WEST SAINT PAUL, MN 55104	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
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F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to ensure social distancing (6 feet distance between people) was maintained amongst residents (R1, R2, R3, R4, R5, R6 and R7) according to current COVID19 federal and state government guidelines. In addition, the facility failed to follow precautions regarding personal protective equipment (PPE) and hand hygiene in accordance with Centers for Disease Control (CDC) guidelines for 1 of 3 residents (R8) reviewed for personal cares. Findings include: R1's quarterly Minimum Data Set (MDS), dated [DATE], included, problems with short term memory. R1 was independent with locomotion on and off the unit. R1 had moderately impaired decision making ability. R1's care plan, last revised 3/17/20, included, Resident at times has difficulties with remaining the recommended 6 ft (feet) separation/social distances from other residents. Resident benefits from continued reminders and education. R2's admission MDS, dated [DATE], included, cognitively intact and independent with locomotion on and off the unit. R2 had [DIAGNOSES REDACTED]. R2's care plan, last revised 3/19/20, did not include any problem, goal or intervention related to social distancing. R3's quarterly MDS, dated [DATE], included, severe cognitive impairment and was independent with locomotion on and off the unit. R3's care plan, last revised 3/17/20, included, Resident is at risk for increased depression and anxiety related to decreased socialization due to CMS (Center for Medicare/Medicaid Services) guidelines while managing COVID-19. Resident at times has difficulties with remaining the recommended 6 ft separation/social distances from other residents. Resident benefits from continued reminders and education. On 4/8/20, at 10:47 a.m. R1 and R2 were observed sitting on small couch next to each other. R3 was sitting in a chair nearby. The chair and couch were near the window at the end of the second floor hallway. The registered nurse (RN)-B brought a soda to R1 and walked back to the nursing desk without prompting residents to separate. R1 and R2 reported they were aware of the social distancing guidance but thought it only applied to visitors and none of them were sick. R3 did not comment on social distancing guidelines or why he was sitting next to R1 and R2. The director of nursing (DON) reported the residents had been educated on risks and benefits of sitting next to each other but had mental health and cognitive impairments that contributed to non-compliance. The licensed practical nurse (LPN)-C reported staff were trying to direct R1, R2 and R3 to maintain social distance but they remained non-compliant and would sit next to each other. DON and LPN-C reported the furniture at the end of the hallway was put there by staff and not by the residents and had been there prior to Covid-19 concerns as a place for residents to gather and socialize. At 10:54 a.m. NA-D prompted residents to separate. R1, R2 and R3 complied with his request. NA-D distanced the furniture away from each other. R4's quarterly MDS dated [DATE], included, cognitively intact and limited assistance with locomotion on and off the unit. R4 had [DIAGNOSES REDACTED]. R5's quarterly MDS, dated [DATE], included, cognitively intact and independent with locomotion on and off the unit. R5's care plan, last revised 3/16/20, included, Resident is at risk for increased depression and anxiety related to decreased socialization due to CMS guidelines while managing COVID-19. When observed on 4/8/20, at 10:13 a.m. R4 and R5 congregated in hall with less than one foot distance between them. Licensed practical nurse (LPN)-B, stood less than four feet away at medication cart. LPN-B did not attempt to redirect/separate the residents and did not move themselves so they would be over 6 feet away either. R7's Medicare - 5 Day MDS, dated [DATE], included, moderate cognitive impairment and independent with locomotion on and off the unit. R7's care plan, last revised 4/10/20, included, Resident is at risk for increased depression and anxiety related to decreased socialization due to CMS guidelines while managing COVID-19. Resident at times has difficulties with remaining the recommended 6ft separation/social distances from other residents. Resident benefits from continued reminders and education. When observed on 4/8/20, at 10:45 a.m. R4 and R7 smoked outside of the building. They were seated in wheelchairs with less than one foot distance between them for five minutes. R7 had a cigarette in her mouth, R4 leaned over to R7 and lit R7's cigarette. The admissions director (AD) came out to smoking area and directed residents to move six feet apart, residents did not comply. No further attempts by staff were made at separating the residents. When observed on 4/8/20, at 12:10 p.m. four staff LPN-A, LPN-B, Nursing assistant (NA)-B, and NA-C congregated at the nursing station for several minutes with less than two foot distance between them. R6's quarterly MDS, dated [DATE], included, moderate cognitive impairment and limited assistance with locomotion on and off the unit. R6 had [DIAGNOSES REDACTED]. When observed on 4/8/20, at 12:35 p.m. R4 and R6 congregated in the hall near R6's room for several minutes with less than two foot distance between them. NA-B stood less than eight feet away at nurses station and did not intervene. The facilities Coronavirus (COVID-19) policy revised 3/19/20 indicated, The facility will attempt to make every effort to maintain social distancing of at least 6 ft between residents. When interviewed on 4/8/20, at 12:04 p.m. DON stated, I will talk to admin and SW (social worker) to develop plan, we are doing more frequent monitoring, making sure they (residents) are within six feet apart. When observed on 4/8/20, at 9:12 a.m. the director of nursing (DON) who is also the infection preventionist (IP) was unmasked in the facility. He walked down the hallway alongside and within three feet of administrator and nurse manager (RN). DON entered the business office, spoke with RN for one minute, exited the business office and stated, Sorry I lost my mask, then entered stairway about six feet away to go locate a mask. When observed on 4/8/20, at 9:49 a.m. LPN-A stood at the medication cart in the hallway with her facemask pulled down below the nose and mouth and rested below her chin. An unidentified staff member also stood at the cart and talked with LPN-A for two minutes with less than two foot distance between them. When observed on 4/8/20, at 10:14 a.m. LPN-A adjusted and touched the outside of her facemask with bare hands, she then grabbed the insulin bottle and insulin pen needle off the desk, walked over to and opened the med cart drawer, loaded insulin into the insulin pen, set the insulin pen down inside the med drawer, grabbed gloves from the side of the cart, and entered R8's room. LPN-A donned gloves with no hand hygiene/sanitization performed, administered insulin injection, doffed gloves, and then used hand sanitizer. When observed on 4/8/20, at 10:26 a.m. NA-B placed both hands on the outside of his facemask, rubbed and adjusted his facemask, then touched/typed on a touch screen computer in the hallway. No hand hygiene/sanitization was performed. No sanitization of computer screen was noted before NA-B walked away. R8's admission MDS, dated [DATE], included, cognitively intact and required extensive assistance with locomotion on and off the unit. R8's care plan, last revised 3/17/20, included, Resident is at risk for increased depression and anxiety related to decreased socialization due to CMS guidelines while managing COVID-19. When observed on 4/8/20, at 10:59 a.m. NA-A wiped off mechanical stand with sani-wipes. NA-C used hand sanitizer then grabbed a mechanical device sling. NA-A touched the outside of her facemask with bare hands, grabbed gloves, pushed the mechanical stand into R8's room, moved bedside table away from R8's wheelchair and asked R8, Can I change you now? NA-A donned gloves with no hand hygiene/sanitization performed after touching facemask and items in R8's room. NA-C donned gloved with no hand hygiene/sanitization performed after she touched mechanical device sling. NA-A and NA-C moved lift to R8, and strapped R8 into mechanical stand. NA-A grabbed a brief from the cupboard, removed and disposed of gloves, and stated, I will be right back, you don't have any wipes. Exited room, no hand hygiene/sanitization performed after NA-A removed gloves. NA-C remained in room. On 4/8/20, at 11:07 a.m. NA-A reentered room with a bag of wipes in hand, donned a new pair of gloves with no hand hygiene/sanitization performed. NA-A removed wipes from the package and set the wipes on top of the outside of the wipe package. NA-A used mechanical stand</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>to raise R8, removed soiled brief, completed peri-care, and placed new brief on R8. NA-A doffed and disposed of gloves use for care, and donned new pair of gloves with no hand hygiene/sanitization performed between glove changes. NA-C also doffed gloves used for peri-care and threw away, donned new gloves with no hand hygiene/sanitization performed between glove changes. NA-A lowered resident back into the wheelchair. NA-A entered bathroom, wet a towel and added soap, and washed R8's hands. NA-C doffed gloves and exited room, grabbed new gloves from hallway and donned, no hand hygiene between glove changes. NA-A removed gloves and put in trash bag, entered trash room and threw away trash bag, then used hand sanitizer. NA-A did not wash hands after she touched the garbage. When observed on 4/8/20, at 11:13 a.m. LPN-A stood in the hallway again with facemask pulled down below her nose and mouth, and the facemask was observed rested below her chin. When interviewed on 4/8/20, at 9:50 a.m. regarding face mask use, LPN-A stated, I cant breathe, I pulled it down when I came out of the room, I'm sweating. LPN-A stated she had training on proper mask use and was educated to keep mask on at all times while in facility. When interviewed on 4/8/20, at 9:55 a.m. regarding face mask use, DON / IP stated, I get like suffocated, so I just took it off, I usually have it on all the time so . it is part of our quarterly training, infection control, this one, all the nursing have been training on Covid-19, hand washing. When interviewed on 4/8/20, at 10: 28 a.m. NA-B stated he had training on proper hand sanitization and did not think he needed to sanitize his hands after touching his mask, No, I don't think so . We sanitize the (computer) screens every morning. When interviewed on 4/9/20, at 1:05 p.m. DON stated, staff had been educated on proper PPE use, they are to wear the mask at all times and not touch the outside of it, if they do, they are to wash their hands. Staff should wash hands whenever they remove gloves, before putting on new ones. When interviewed on 4/9/20, at 1:11 p.m. NA-A stated she had previous education on hand hygiene, so many times. Stated, When changing gloves, I wash my hand again before putting another gloves on. Every time I remove gloves I have to rewash the hands and dry them.</p> <p>The facility's policy titled, Handwashing, dated 11/2019 indicated, When conducting a procedure requiring the use of gloves, proper hand washing shall be completed before donning gloves and after removing gloves. The facility's policy titled, Handwashing, dated 11/2019 indicated, hand washing shall be completed: after touching garbage. This policy also indicated, hand washing shall be completed: after changing incontinent products or cleaning up after someone who has used the toilet. The facility's Hand Washing Competency document, which is individually dated when completed, indicated, Proper hand washing techniques should be used to prevent the spread of infection. Hands, when visibly soiled, should be washed with soap and water. For hands not visibly soiled, use an alcohol-based hand rub to decontaminate hands. #6. After removing gloves g. (sic) before and after meals, and breaks. The facility's Hand Washing Competency document indicated LPN-A was not signed out as being re-trained in hand washing procedure. The facility's Hand Washing Competency document indicated NA-A was signed out on 3/13/20 by ADON as being re-trained in hand washing procedure. The facility's Hand Washing Competency document indicated NA-B was signed out on 4/1/20 by DON as being re-trained in hand washing procedure. The facility's Coronavirus (COVID-19) policy, revised 3/19/20, indicated, All healthcare personnel will be trained, upon hire and on an ongoing basis as needed. Training should include, but is not limited to, general information on the Coronavirus- 2019, assessing/observing for clinical features of COVID-19, clinical management of residents suspected of and confirmed to have COVID-19, implementing infection control procedures, utilizing PPE, Hand hygiene, procedures for managing ill healthcare workers, and the importance of adhering to these necessary requirements. This document also indicated, (alternative) facemask's should be donned and doffed per usual CDC protocol. The facility's policy on facemask use and education were requested on 4/9/20, administrator indicated, no we do not have that currently. The CDC's Strategies for Optimizing the Supply of Facemask's document, last reviewed 3/17/20, indicated, HCP must take care not to touch their facemask. If they touch or adjust their facemask they must immediately perform hand hygiene. This document also indicated, HCP should leave the patient care area if they need to remove the facemask. The CDC's Using Personal Protective Equipment (PPE) document, last reviewed 4/3/20, indicated, Do not wear respirator/facemask under your chin or store in scrubs pocket between patients. This document also indicated, Remove and discard respirator (or facemask if used instead of respirator). Do not touch the front of the respirator or facemask. Respirator: Remove the bottom strap by touching only the strap and bring it carefully over the head. Grasp the top strap and bring it carefully over the head, and then pull the respirator away from the face without touching the front of the respirator. Facemask: Carefully untie (or unhook from the ears) and pull away from face without touching the front. A handout from the Centers for Disease Control and Prevention (CDC), last revised 4/3/20, entitled, What You Can Do if You are at Higher Risk of Severe Illness from Covid-19, revealed, Based on what we know now, those at high-risk for severe illness from COVID-19 are: People aged [AGE] years and older, People who live in a nursing home or long-term care facility, People of all ages with underlying medical conditions, particularly if not well controlled, including: People with [MEDICAL CONDITION] or moderate to severe asthma, People who have serious heart conditions, People who are immunocompromised: Many conditions can cause a person to be immunocompromised, [MEDICAL CONDITION] treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly [MEDICAL CONDITION] AIDS, and prolonged use of corticosteroids and other immune weakening medications, People with severe obesity (body mass index(BMI) of 40 or higher) People with diabetes, People with [MEDICAL CONDITION] undergoing [MEDICAL TREATMENT], People with liver disease.</p>		