

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245574	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/21/2020
NAME OF PROVIDER OF SUPPLIER SHOLOM HOME WEST		STREET ADDRESS, CITY, STATE, ZIP 3620 PHILLIPS PARKWAY SOUTH SAINT LOUIS PARK, MN 55426	
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 - Some	<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 implement appropriate infection control practices related to re-usable face masks. This had the potential to affect all residents residing on the unit. Findings include: During interview on 4/20/20, at 8:38 a.m. the infection preventionist (IP) stated one resident at the facility was on droplet precautions for suspected Covid-19. The IP stated the resident had been tested and test result was pending.</p> <p>The IP stated the resident resided in room [ROOM NUMBER] of the unit designated for new admissions and those with or suspected to have Covid - 19. During observation on 4/20/20, at 9:00 a.m. nursing assistant (NA)-A and licensed practical nurse (LPN)- A exited room [ROOM NUMBER]. NA-A and LPN-A walked over to a desk at the end of the unit and put on face masks that had been lying flat on paper towels on the desk. LPN-A left the paper towel on the desk and left the unit. room [ROOM NUMBER] had a sign on the door indicating droplet precautions. At 9:12 a.m. LPN-A stated the staff wore masks in the facility at all times. LPN-A stated prior to entering a room with droplet precautions, the staff removed the mask and placed it on a paper towel on the desk. LPN-A stated inside room [ROOM NUMBER] they each had a mask and a face shield that was also stored on a paper towel in the room. At 9:18 a.m. NA-A stated when leaving room [ROOM NUMBER], the staff took off their personal protective equipment (PPE) and stored the face shield and the mask worn in the room on a shelf in the bathroom on top of a paper towel and stated the equipment was not placed in a bag. NA-A stated the masks and gowns were thrown away at the end of the shift. NA-A stated the masks were not labeled but he and LPN-A had a system in which one place their mask on the right of the shelf and the other on the left. At 11:43 a.m. the IP stated staff had received education and training related to the use of PPE and re-usable PPE. The IP stated she struggled to find good material related to re-use of PPE. Related to the storage of masks on the unit, the IP was not able to articulate the process staff should be following. She stated some had sealable plastic bags and she had seen some of them laying the mask on paper towels. An e-mail sent by the director of nursing on 4/20/20 at 3:20 p.m. indicated the following was the direction given to staff when the masks were given to them: Extended/ Re-use Surgical Face Masks for Care Center Direct Care Staff, dated 4/11/20. - The facemask should be removed and discarded if soiled, damaged, or hard to breathe through. The mask is to be discarded after 7 days of use. - Staff should leave patient care area if they need to remove the facemask. - Facemasks should be carefully folded so that the outer surface is held inward and against itself to reduce contact with the outer surface during storage. - The folded mask can be stored between uses in a clean sealable paper bag or breathable container. Masks are to be marked with the date received and care giver's name before use.</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.