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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION   | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER<br><b>245556</b>   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                            | (X3) DATE SURVEY COMPLETED<br><b>04/10/2020</b> |
| NAME OF PROVIDER OF SUPPLIER<br><b>PRESBYTERIAN HOMES OF BLOOMINGTON</b>   |  | STREET ADDRESS, CITY, STATE, ZIP<br><b>9889 PENN AVENUE SOUTH<br/>BLOOMINGTON, MN 55431</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<br><br><b>Level of harm</b> - Minimal harm or potential for actual harm<br><br><b>Residents Affected</b> - Some             | <p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview and document review, the facility failed to implement proper infection prevention and control practices to prevent or minimize the development and transmission of COVID-19 and other communicable disease and infections, for 3 residents (R1, R2, R3) and potentially affecting all 9 residents who were in the dining area. Findings include: R1, on 4/8/2020 at 8:43 a.m., was observed to enter the dining room in her wheelchair where there were 9 residents and 6 staff. During the entire meal R1 wiped her runny nose with a tissue and her hand. R1 self-propelled to a table at 9:04 a.m., where R2 was receiving assistance with the meal from nursing assistant (NA)-1. R1 touched and rubbed R2's arm. NA-1 did not intervene. R1 touched the chin and mouth of R2. NA-1 did not intervene. R1 propelled self to another table that had not been cleaned after the meal. R1 grabbed the dirty clothing protector, Kleenex box and touched the area where another resident finished eating. R1 then went to another table and touched R3 who was receiving assistance. No staff intervened. At 9:10 a.m., R1 was unable to report her name and was observed to have a runny nose that was dripping. Life Nourishment director reported at 10:13 a.m., for safety precaution and fall risk, the facility keeps residents in the common area. Staff make sure residents are 6 feet apart and monitor. Clinical administrator was interviewed at 11:35 a.m., and stated staff should have intervened and redirected R1 and any other resident if a resident was touching other residents. Record review of R1's care plan identified that staff should cue, reorient, supervise and intervene as needed to protect the rights and safety of others. Nurse (N)-1 interviewed on 4/9/20 at 1:30PM. (N)- Reported she saw R1 encounter R2 yesterday and stated You cannot intervene constantly. States R1 has been doing this for a while and staff need more effort to intervene. Reports all staff on the unit had training on how to care for and intervene with memory care patients. Stated staff would wash hands if physical interaction between residents. (NA)-2 interviewed on 4/9/20 at ~1:37PM and stated Staff are to intervene and it is not OK for residents to touch other residents. The INFECTION PREVENTION AND CONTROL MANUAL INTERIM POLICY FOR SUSPECTED OR CONFIRMED CORONAVIRUS (COVID-19) Policy states residents will be reminded to practice social distancing and perform frequent 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.