

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245189	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/05/2020
NAME OF PROVIDER OF SUPPLIER SOUTHVIEW ACRES HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 2000 OAKDALE AVENUE WEST SAINT PAUL, MN 55118	
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, housekeeping staff failed to follow cleaning protocol for high touch surfaces to prevent the potential spread and transmission of COVID-19, with the potential to affect all 56 residents currently residing on the second floor long term care unit. Findings include: On 5/4/20, at 11:59 a.m. a housekeeping cart was observed outside room S208. Housekeeper (H)-A was observed at the cart, and asked what products were used to clean the resident rooms. H-A described using an Ecolab peroxide disinfectant for surfaces, and stated that product, kills everything. However, H-A also described mixing up bleach and water to clean door handles. H-A pulled a gallon sized ice cream bucket out of the housekeeping cart, which had a couple inches of clear liquid inside. When asked how H-A mixed up the bleach solution, H-A stated, not too much, I just pour a little, bleach into the water, because H-A did not want the mixture to be, too strong. H-A pulled a bottle of liquid bleach off the cart to show what was added to the water. H-A stated they always used clean cloths to dip into the bleach-water mixture, and said when the mixture was low, H-A got new water, and added new bleach. During interview on 5/4/20, at 2:29 p.m. the director of housekeeping (DOH) stated facility staff should be using the Ecolab peroxide disinfectant spray. DOH explained it was an all-purpose disinfectant. DOH stated, in response to the outbreak, people may have started using bleach, but that was not best practice. DOH explained bleach would be used by the facility if there were confirmed cases of [MEDICAL CONDITION] (bacteria causing infection of the colon), but then staff would be using wipes and products that did not require mixing or worrying about dilution levels. Additionally, DOH explained the only place in the facility that should have liquid bleach, was the laundry department. DOH stated staff re-education was ongoing. DOH confirmed that H-A was assigned to the second floor long term care unit, which had roughly 56 beds. DOH explained that housekeeping was responsible for cleaning rooms and high touch areas once daily, and then the facility was implementing additional cleaning of high touch areas by other facility staff, such as nursing assistants, each shift. The COVID-19 High Touch Disinfecting Protocol, undated, required all items on the list to be disinfected on all shifts. The items included high touch surfaces such as bed cane, call button, remotes, telephone, tray table, bedside table handle, closet handles, light switch, doorknobs, bathroom surfaces, and equipment. During telephone interview on 5/5/20, at 8:30 a.m. the administrator stated, Housekeepers are not to mix bleach, only the housekeeping supervisor, or the lead housekeeper. The director of nursing (DON) stated H-A worked on the second floor long term care unit, where there were 50 beds, and no COVID-19 outbreak there. Three residents on that unit had been tested, and all tests came back negative for COVID-19.</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.