

| | | | |
|------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|-------------------------------------------------|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245326 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 07/23/2020 |
| NAME OF PROVIDER OF SUPPLIER ROSE OF SHARON A VILLA CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1000 LOVELL AVENUE ROSEVILLE, MN 55113 | |
| 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 ensure staff utilized and removed personal protective equipment (PPE) in a manner to prevent the potential spread of infection. This had the potential to affect 19 residents along with all staff and approved visitors reviewed for infection control. Findings Include: On 7/22/20, at 8:35 a.m., during interview, the facility administrator identified the facility had re-opened the designated Covid-19 unit to non-Covid positive residents and explained that the rooms at the back of the unit were still used for Covid-19 positive residents. The administrator provided the alphabetical list which identified 7 residents occupied the rooms designated for Covid positive. On 7/22/20, at 8:43 a.m. the speech language pathologist (SLP) was observed to come out of room [ROOM NUMBER], designated as a Covid room and occupied by a resident, carrying a tray with disposable foam plates and cups and set it on top of the tote outside room [ROOM NUMBER] which had clean PPE. When SLP came into the hallway she was observed to wear a blue gown, gloves, mask and face shield. SLP cleaned the disposable dishes from the tray, and wearing the same PPE walked down the hallway and put the tray on the food tray rack and then walked back down the hallway and took the PPE off outside room [ROOM NUMBER] in the hallway. -At 8:46 a.m. nursing assistant (NA)-A was also observed to come out of room [ROOM NUMBER], carrying a tray with disposable dishes. NA-A was observed to wear a gown, face shield and mask in the hallway as he cleaned the trays and put the trays in the rack located in the hallway where SLP was standing. -At 8:48 a.m. SLP left the area. NA-A proceeded to go in and out of rooms [ROOM NUMBERS], designated as Covid rooms, brought out breakfast trays and cleaned them up. During the observation NA-A was observed to change gloves and cleanse hands however, never removed the PPE when coming in and out of the Covid rooms into the hallway, that had shared rooms with non-Covid residents. -At 8:50 a.m. the dietary manager was observed stocking the PPE totes outside rooms 11,12,13 and 14 with N95 masks as NA-A came in and out of the rooms without removing PPE after being in Covid rooms. -At 8:51 a.m. NA-A was observed to come out of room [ROOM NUMBER] still with the same PPE, and after he removed his gloves and cleansed hands, proceeded to walk down the hallway to room [ROOM NUMBER], went past the surveyor and the dietary manager and approached R4 who sitting in a wheelchair. At this time surveyor intervened and asked NA-A about wearing the same PPE on the unit with mixed Covid and non-Covid residents. NA-A stated R4 was one of the Covid residents and he was not going to remove the gown until after he had assisted her because he was in other Covid rooms and could use the same PPE. At this time dietary manager stated, you have not been here since this unit was opened. You have not received training. You are supposed to remove your gown, mask and face shield each time when you come into the hallway because this is a shared unit now and people are using the hallway. At 8:53 a.m. NA-A was observed to wheel R4 into room [ROOM NUMBER] and shut the door. On 7/22/20, at 8:57 a.m. registered nurse (RN)-A, and assistant director of nursing (ADON) stated staff were not supposed to walk in the hallway with the same PPE as worn in the Covid positive rooms, as the unit was shared now with Covid positive and non Covid residents. RN-A also stated There is no excuse; we will continue to educate. NA-A then approached the surveyor and stated he had not worked since the unit was re-opened and was confused and had not been re-trained. On 7/22/20, at 9:38 a.m. the interim director of nursing (DON) stated we are going to continue to educate the staff and audit. We need to have the nurses on the cart to make sure the staff are donning and doffing properly. Am glad you saw this and this has made us get on it.</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.