STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245272	A. BUILDING _____ B. WING _____	06/23/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
MARTIN LUTHER CARE CENTER	**1401 EAST 100TH STREET BLOOMINGTON, MN 55425**

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 -** Many	**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 hand hygiene (washing with soap and water for at least twenty seconds and/or use of hand sanitizer) was performed adequately by staff after direct resident care for the prevention and potential transmission of COVID-19. This had the potential to affect all 116 residents currently residing in the facility. In addition, the facility also failed to ensure staff disinfected a mechanical lift (patient care equipment) after direct resident care. This had the potential to affect 3 of the 31 residents on the unit who use the mechanical lifts. Furthermore, the facility failed to ensure communal dining room guidance (maintenance of at least 6 feet between residents) was maintained during meal service in the memory care unit. This had the potential to affect all 15 residents currently residing in the memory care unit at the time of the COVID-19 focused survey. Findings include: HAND HYGIENE During observation on 6/22/20, at 10:31 a.m. a hand sanitizer dispenser was present on a hallway wall outside of the Fox Crossing unit. A World Health Organization (WHO) hand hygiene poster was directly above the dispenser which instructed on how to handrub with alcohol-based formulation and how to handwash with soap and water. The poster instructed to perform hand hygiene with hand sanitizer for, 20-30 sec, and hand hygiene with soap and water for, 40-60 sec. During observation on 6/22/20, at 10:51 a.m. nursing assistant (NA)-A performed hand hygiene with soap and water after NA-A exited a resident room with a mechanical lift. NA-A wet hands at a hallway sink station, applied soap from wall dispenser, rubbed hands and fingers together for eight seconds, dried hands with paper towels from wall dispenser, and shut faucet off with the same paper towels. NA-A was not observed to use alcohol-based hand sanitizer. NA-A stated hand hygiene was to be performed every time one would come into contact with a resident in which soap and water should be used and then hand sanitizer used when going in and out of resident rooms. NA-A stated hand hygiene steps consisted of turning on the water, getting soap, scrubbing all over for about five seconds, rinsing and then grabbing a paper towel which would also be used to turn off the water. NA-A stated to being trained on facility hand hygiene policy. On 6/22/20, at 11:06 a.m. NA-B was observed to exit a resident room propelling a resident in their wheelchair. NA-B stopped outside of room and went back into the resident room to perform hand hygiene. NA-B performed hand hygiene with soap and water for a total of seven seconds. NA-B was not observed to use alcohol-based hand sanitizer. NA-B entered another resident room after bringing resident to day room. NA-B stated hand hygiene steps consisted of first wetting hands, applying soap, scrubbing hands, about twenty seconds, running water on hands and rinsing, then drying hands and turning off water with paper towels. NA-B stated having been trained on facility hand hygiene policy. During interview on 6/22/20, at 11:18 a.m. nurse manager (RN)-A stated staff were expected to follow facility hand hygiene protocols. RN-A further stated staff have had hand hygiene education and hand hygiene audits have been performed. During observation on 6/22/20, at 12:29 p.m. NA-C performed hand hygiene with the use of soap and water for twelve seconds after bringing a used lunch tray from a resident room to the dining room. NA-C then assisted another resident with lunch tray setup and resident hand hygiene and then performed self-hand hygiene with soap and water for five seconds. NA-C was not observed to use alcohol-based hand sanitizer. NA-C stated hand hygiene steps consisted of using soap and water, scrubbing hands, for five seconds, rinsing hands, taking a paper towel to dry them, and another paper towel to turn the faucet off. NA-C stated having been trained on facility hand hygiene policy. On 6/22/20, at 12:32 p.m. RN-B was observed to perform hand hygiene with soap and water for thirteen seconds after RN-B assisted a resident with eating lunch. RN-B assisted another resident to eat after performing hand hygiene. RN-B was not observed to use alcohol-based hand sanitizer. RN-B stated having had education on hand hygiene being at least twenty seconds per facility policy. During observation on 6/22/20, at 12:40 p.m. NA-A performed hand hygiene with soap and water for ten seconds after bringing a used resident lunch tray to the dining room. Hand hygiene was performed in a resident's bathroom before NA-A assisted resident with cares. NA-A was not observed to use alcohol-based hand sanitizer. During interview on 6/22/20, at 1:15 p.m. director of nursing (DON) stated prior to COVID-19 the facility had started to transition hand hygiene education to the WHO guidance but which had been placed on hold due to COVID-19 facility changes. DON stated staff were expected to follow the hand hygiene policy and that hand hygiene consisted of, hand rub is thirty seconds, and soap and water use was, thirty to forty five seconds. DON further stated staff should sing to themselves songs such as Happy Birthday, Twinkle Twinkle Little Star, or the ABCs. DON stated hand hygiene education performed upon hire and annually for all staff, along with staff being trained in response to COVID-19. The facility policy Hand Hygiene, dated 3/30, identified health care workers were expected to perform hand hygiene using soap and water .when hands are visible dirty, if your facility is experiencing an outbreak or higher endemic rates, after known or suspected exposure to patients with infectious diarrhea, and use of alcohol-based hand sanitizer for everything else. The policy further identified, when cleaning your hands with soap and water .during the hand washing process, rub your hands vigorously for at least 20 seconds (Birthday song), paying special attention to the backs of your hands, wrists, in between your fingers and underneath your fingernails. MECHANICAL LIFT DISINFECTION During observation on 6/22/20, at 10:51 a.m. NA-A exited a resident room with a mechanical lift and placed the lift alongside a hallway wall. NA-A walked away from lift and performed hand hygiene with soap and water at a nearby sink. NA-A then walked past the mechanical lift and headed down the hallway. (NA)-A stated mechanical lifts were to be disinfected only if the lift were visibly soiled after direct resident care, at 10:00 a.m. and 2:00 p.m. with the overhead announcement for high touch surface cleaning, and if the lifts were used in a, precaution room. NA-A further stated mechanical lift cleaning did not need to be performed after all direct resident lift use. NA-A stated the practice for disinfecting the mechanical lifts would be to use Clorox wipes to, wipe it down, and let it air dry. During interview on 6/22/20, at 11:18 a.m. RN-A stated mechanical lifts had two processes for disinfection; a deeper clean for lifts used in rooms that required transmission based precautions in which QT disinfectant was used per instructions, and for non-transmission based precaution rooms, staff were to use Clorox bleach spray, for 3 minutes. RN-A stated the resident room NA-A exited from was a non-transmission based precaution room and staff were expected to clean the lifts as directed per facility policy. RN-A further stated staff education on lift cleaning had been performed. On 6/22/20, at 1:15 p.m. DON stated mechanical lift cleaning should occur between every resident. DON further stated mechanical lift cleaning education for staff had been completed upon hire and annually. The facility policy Standard Precautions for Infection Control, dated 11/19, identified standard precautions apply to all staff when working with residents, regardless of the residents' [DIAGNOSES REDACTED]. The policy further identified staff will use care in handling resident-care equipment in order to prevent the transfer of microorganisms to other clients or environments by ensuring that, reusable equipment is appropriately cleaned and reprocessed prior to use on another resident . The policy failed to instruct staff on how to appropriately clean and reprocess reusable equipment. The facility policy Noncritical Resident-care Equipment Disinfection, dated 11/19, identified direction only for blood pressure cuffs and blood glucose monitor equipment. The policy failed to instruct staff on mechanical lift disinfection. COMMUNAL DINING During interview on 6/22/20, at 11:06 a.m. NA-B stated during meal times some residents eat in the dining room, while other residents eat in their rooms. NA-B further stated only two residents were placed at a dining room table for meals to help with social distancing. On 6/22/20, at 12:23 p.m. eight

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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F 0880 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) memory care unit residents were in the dining room during the lunch meal. Two residents, one on each side of the table facing each other, were seated at each table. The tables did not have a physical barrier which separated the residents. RN-A and surveyor, using a facility medical tape measure, measured the distance between residents at each table. Two tables measured fifty-two inches (four feet three inches) between residents and two tables measured fifty-five inches (four feet six inches) between residents. All eight residents were seated at the dining room tables, free of any signs that indicated attempts to stand or move away from the tables. No surveyor witnessed attempts by staff to separate residents six feet or greater. During interview on 6/22/20, at 12:25 p.m. RN-B stated two residents were placed at the dining room tables during meals as the residents, cannot sit by themselves, and two residents at a table helped with the, ease of assisting to eat. RN-B stated further if staff were to place residents in their rooms they could not eat by themselves, residents would yell out, and food would get cold, so the staff were required to feed the residents before the food became cold. RN-B stated staff attempt to keep residents six feet apart but this is harder to control during meal times. On 6/22/20, at 1:15 p.m. DON stated residents that required assist to eat (cueing/supervision/physical feeding assist) were placed in the dining room for meals, in which residents, should be six feet apart when in the dining room. DON stated further that the dining room tables were spread out and she would like one person at a table, however, this spacing was difficult as staff either, cannot get them to move or they wander. DON further stated the facility did not have a policy that addressed communal dining practices.