

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245447</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/01/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>SACRED HEART CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1200 12TH STREET SOUTHWEST AUSTIN, MN 55912</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 <b>F 0880</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Many</b></p>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation and interview, the facility failed to ensure proper infection control procedures were followed for hand hygiene and glove use during housekeeping duties in order to prevent and or decrease the risk of transmission and spread of infectious disease including COVID-19. This had potential to affect all staff and 54 residents in the facility at the time of COVID-19 Infection Control Focus Survey. Findings include: During an observation on 4/30/20, at 10:08 a.m., HSKP-A stated she had been educated on PPE and hand hygiene. HSKP-A stated she uses hand hygiene after using bathroom and breaks. HSKP-A stated they were not instructed to use hand hygiene when removing gloves or between resident rooms. During an observation on 4/30/2020, at 10:30 a.m. HSKP-A pushed her housekeeping cart down the hallway and entered a residents room without first performing hand hygiene. HSKP-A went into the resident's bathroom to clean it, HSKP-A finished wiping surfaces down, emptied the trash can, carried the bag out of the room, and placed the bag on her cart. HSKP-A then without first performing hand hygiene, opened her cart, donned gloves, grabbed cleaning solution from the bottom of the cart and went back into the resident's room. HSKP-A then came back out of the room, removed gloves, and without performing hand hygiene opened her cart, she removed toilet paper and the dry mop from the cart and went back into the resident's room. During an observation on 4/30/2020, at 10:28 a.m., HSKP-B was in a resident room, without gloves on picked up a trash bag and carried it to her cart parked just outside the room. HSKP-B then without performing hand hygiene applied gloves. HSKP-B returned into room and wiped down light switch, doorknob, and tray table. HSKP-B then walked out of the room to the cart where she removed her gloves, and without performing hand hygiene, grabbed the dust mop from the cart, and then returned into the room to clean the floor. HSKP-B exited the room, walked over to her cart, without gloves on removed the soiled sweeper/pad from the handle and placed it in a bag. Even though HSKP-B touched a dirty floor pad, she did not perform hand hygiene prior entering the next resident's room. After a short time HSKP-B walked out of that resident's room carrying a trash bag that she placed in a bag on her cart. HSKP-B verified she had not washed her hands and indicated she should have performed hand hygiene after removing gloves, after touching dirty mop, after handling trash, and before going into another room. HSKP-B then performed hand hygiene. During an interview on 4/30/2020, at 11:15 a.m. director of nursing (DON) indicated the housekeepers should have performed hand hygiene after removing gloves and before exiting the resident's room. DON stated that re-education would be provided.</p> <p>During a telephone interview on 5/1/20, at 2:15 p.m. the DON stated she and infection preventionist (IP) had not been closely involved with training environmental service workers on infection control (IC); however, all staff were trained on hand hygiene during orientation. The facility administrator stated the maintenance director who oversees the environmental services staff did not regularly attend meetings related to IC. Facility undated policy titled Hand Hygiene, indicated, It is our policy at Sacred Heart Care Center to make sure all staff members know and adhere to correct hand hygiene techniques with use of alcohol based hand sanitizer or soap and water. The policy provided directions on how to wash hands with soap and water and how to use alcohol based sanitizer. It indicated staff were to wash hands if visibly soiled, after using the restroom and between resident contacts.</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.