

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245184</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/29/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>ROCHESTER EAST HEALTH SERVICES</b>		STREET ADDRESS, CITY, STATE, ZIP <b>501 EIGHTH AVENUE SOUTHEAST ROCHESTER, MN 55904</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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review the facility failed to ensure proper infection control practices of hand hygiene and disinfection of medical equipment to prevent and/or mitigate the risk of COVID-19 infection outbreak. The deficient practices had the potential to affect all residents who resided on the two wings of the second floor where two residents reported who had tested positive for COVID-19. Findings include During the entrance conference on 4/28/2020, at 8:50 a.m. clinical nurse consultant (CNC) stated the facility currently had two residents who had tested positive for COVID-19, both residents resided on the second floor on the same wing, both residents had their own rooms and own bathroom, consistent staffing implemented for that wing, and staff were required to use full PPE (personal protective equipment, gown, mask, eye protection, and gloves) when in the resident room. During an observation on 4/28/2020, at 9:50 a.m., NA-A placed lift outside of room in hallway then re-entered room and exited carrying garbage down to dirty utility room. NA-A did not return to hallway to disinfect lift. -At 9:52 a.m. nursing assistant (NA)-B was observed entering a resident room with a surgical mask on and gloves, NA-B set an item down on the bedside table, adjusted the TV volume, touched the resident's reclining chair, and then rubbed the resident's back. NA-B then walked out of the resident's room, removed gloves, touched glasses, and touched a nearby door, then without performing hand hygiene entered a resident's room on the other side of the hallway. NA-B walked over to the resident who was sitting in her wheelchair with breakfast tray in front of her. NA-B added a sugar packet to the resident's cereal, and the resident requested more sugar be added. NA-B walked out of the resident's room without performing hand hygiene walked to the kitchen area, grabbed sugar, went back to the resident's room, then added the sugar. NA-B then walked back down to the kitchen and performed hand hygiene. -At 9:58 a.m. NA-B verified she did not do hand hygiene between residents and did not perform hand hygiene when she left the resident's room to obtain sugar. NA-B indicated she would make sure she performed hand hygiene when appropriate. -At 9:59 a.m. license social worker (LSW) was observed conversing with a resident near the resident's bed. LSW walked out of the room without performing hand hygiene and then entered an office a short distance away. LSW verified she had not performed hand hygiene and indicated hand hygiene should be performed upon entry and exit of a room or after resident contact. -At 10:05 a.m. NA-B pushed a standing lift out of a resident's room, sanitized her hands, then parked the lift next to another standing lift in a storage room [ROOM NUMBER], then pushed the full body lift down the hallway to a resident's room. NA-B did not disinfect the lift and did not return to the storage room. -At 10:13 a.m. NA-C was in room [ROOM NUMBER], NA-C indicated the lifts needed to be disinfected after each resident. NA-C then gathered supplies and disinfected the lift. -At 10:30 a.m., NA-A entered a shared resident room wearing mask, carrying a daily menu list in a protective covering with magnets on the back and a piece of paper to record resident lunch request. NA-A then exited the room without performing hand hygiene entered the next resident's room to obtain their order. NA-A did not perform hand hygiene after leaving that room. NA-A confirmed she had not used hand sanitizer in between entering and exiting resident rooms and stated she should have performed hand hygiene after each room or resident contact. During an interview on 4/28/2020, at 10:05 a.m., RN-A stated NA-A had gone to break. RN-A stated equipment is disinfected and wiped down in between using with each resident. RN-A stated staff spray Oxivir Tb disinfectant and allow to sit for 1 minute then wipe down with paper towels. RN-A then disinfected the lift after performing hand hygiene and donning gloves. During an interview on 4/28/2020, at 12:00 p.m. clinical nurse consultant (CNC) indicated hand hygiene was supposed to be completed after glove removal or resident contact and expected the equipment to be disinfected after resident use or between residents. Centers for Disease Control (CDC) signage posted around the facility How To Safely Remove Personal Protective Equipment (PPE) directed to wash hand or use alcohol based hand sanitizer immediately after removing all PPE. Facility Handwashing Procedure included: Employees must wash their hands immediately (or as soon as feasible) after they remove gloves or other Personal Protective equipment and immediately or as soon as feasible, after contact with blood or other potentially infectious materials. The policy indicated if soap and water were not available then the employer had to provide antiseptic towelettes or an appropriate hand cleaner such as alcohol based hand rub. A policy/procedure for routine cleaning/disinfecting of reusable or shared equipment was not provided.</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.