STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245483	A. BUILDING _____ B. WING _____	07/02/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE NORTH SHORE ESTATES LLC	7700 GRAND AVENUE DULUTH, MN 55807

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 screening and surveillance of staff before starting work for potential COVID-19 symptoms. This had the potential to affect all 54 residents who resided in the facility. In addition, the facility failed to ensure proper hand hygiene and glove use during personal cares for 1 of 1 residents (R3). Findings include: On 7/1/20, at approximately 2 p.m. nursing assistant (NA)-C entered the facility, and was not wearing a mask. NA-C walked into the building, past the nurse's station, and went to a three drawer bin located next to the nurse's station. NA-C then took out a mask, and put it on. While this was occurring, the director of nursing (DON) was screening NA-A, NA-B, and NA-D at the nurse's station. NA-A, NA-B, and NA-D then went to clock in for their shift. After she completed the screenings, the DON was interviewed. The DON stated when staff entered the building, they go to the three drawer bin and get a mask, put it on, and then they are screened. The DON stated residents could potentially be present at the nurse's station. On 7/2/20, at 10:37 a.m. the DON stated some staff entered the building without face masks, and those staff would have the potential to walk past residents prior to being screened. R3's Admission Record printed on 7/1/20, indicated R3's [DIAGNOSES REDACTED]. R3's Order Summary Report printed 7/1/20, included orders to wash R3's sacral pressure ulcer with soap and water daily. On 7/1/20, at 2:24 p.m. NA-A and NA-B entered R3's room. NA-B provided perineal cares on R3, removed her soiled gloves, and without performing hand hygiene donned clean gloves. Registered nurse (RN-B) entered the room. with clean gloves, RN-B applied a cream to a rash under R3's left breast. RN-B removed her soiled gloves, completed hand hygiene and donned clean gloves. RN-B cleansed R3's pressure ulcer, removed her soiled gloves, and without performing hand hygiene, donned clean gloves. RN-B completed the pressure ulcer treatment on R3's sacral area. RN-B picked up all the supplies, put them into a plastic bag, placed the plastic bag into a gray wash basin, removed her gloves and performed hand hygiene. At 3 p.m. NA-B was interviewed. NA-B stated hand hygiene should be performed before any resident interaction, when the task is done. NA-B stated she did not perform hand hygiene after completing perineal care and removing her soiled gloves, and donning clean gloves. At 3:10 p.m. RN-B was interviewed. RN-B stated hand hygiene should be done before interacting with a resident, and when hands were visibly soiled. RN-B verified she put away R3's dressing supplies wearing the same soiled gloves she wore during the dressing change. At 3:32 p.m. the DON was interviewed. The DON stated hand hygiene should be performed before resident cares, after resident cares, after glove removal, when changing gloves, and before and after dressing changes. The facility policy Handwashing/Hand Hygiene dated 8/19, directed staff to perform hand hygiene before and after direct contact with residents, before handling clean or soiled dressings, after removing gloves, several other situations were listed.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE