

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245164</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/12/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEW BRIGHTON A VILLA CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>825 FIRST AVENUE NORTHWEST NEW BRIGHTON, MN 55112</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></p> <p>Based on observation, interview and document review, the facility failed to ensure proper hand hygiene procedures were followed in accordance with Centers for Disease Control (CDC) guidelines while donning (putting on) and doffing (taking off) personal protective equipment (PPE). This had the potential to spread Covid-19 and other infectious disease and affect 40 residents residing on the isolation unit during the infection control focus survey. In addition, the facility failed to perform hand hygiene when indicated for 1 of 3 residents (R3) reviewed during personal cares. Findings include: During observation on 5/11/20, at 12:07 p.m. licensed practical nurse (LPN)-A removed face shield and mask and placed in a paper bag and placed the paper bag on the windowsill. Then LPN-A removed gown, folded it inside out and placed it on a chair. LPN-A went out to the north smoking area and smoked a cigarette, ate a sandwich with bare hands, and spoke on a cell phone. No hand hygiene was observed after removing mask, shield or gown and before smoking, eating and using a cell phone. During observation on 5/11/20, at 12:19 p.m. LPN-A re-entered the building. LPN-A removed the mask and face shield from the paper bag and re-donned them. LPN-A used a disinfecting wipe to clean the outside of the gown and then donned the gown. LPN-A then removed the face shield and used the disinfecting wipe to clean the face shield and donned it again. When interviewed on 5/11/20, at 12:22 p.m. LPN-A stated, I went to rest room and washed my hands and then came to this area removed my mask and shield and gown and went outside. LPN-A further stated, I do not have hand sanitizer on me. I don't carry it. LPN-A verified the facility provided education on donning and doffing PPE. When interviewed on 5/11/20 at 2:03 p.m. the assistant director of nursing (ADON) stated staff were taught they should not touch their face mask or shield and if they did they should perform hand hygiene. They are told to wash hands or use hand sanitizer prior to and after touching their PPE. The facility provided the CDC Sequence for Removing Personal Protective Equipment (PPE) document dated 3/25/2020, which was used to educate staff on PPE use. The document outlined the procedure for removing gloves, goggles or face shield, gown, and mask or respirator. The document further instructed staff to, wash hands or use an alcohol-based hand sanitizer immediately after removing all PPE. The facility policy Guideline for Standard and Transmission-based Precautions revised 3/25/2020, instructed staff to perform hand hygiene, after removing personal protective equipment (e.g., gloves, gown, facemask) and before meals.</p> <p>R3's quarterly Minimum Data Set (MDS), dated [DATE], revealed R3 had an indwelling catheter and a [DIAGNOSES REDACTED].</p> <p>regarding the importance of hand washing. Use antibacterial soap and disposable towels. Wash hands immediately after ADLs (activities of daily living), care tasks and activities. On 5/11/20 at 1:32 p.m. nursing assistant (NA)-A was observed assisting R3 with cares in his room. NA-A was wearing gloves, an N95 mask, rain coat, hair cover, shoe covers and face shield. NA-A moved a graduated container from the bathroom and placed it under the catheter drainage bag and tubing under R3's bed. NA-A opened the drainage valve and emptied the the drainage bag of urine into the graduated container. NA-A then closed drainage valve, placed the graduated container on a paper towel on the counter. NA-A then emptied the graduated container of urine into the toilet. NA-A then removed her gloves and put on new gloves without washing or sanitizing her hands. NA-A then attached the call light to R3's grab bar and touched R3's wheelchair, NA-A removed gloves and put on new gloves without performing hand hygiene. NA-A moved R3's tray table and opened R3's drawer. NA-A touched the sharps container and moved R3's tray table closer to R3. NA-A then grabbed wipes on the full mechanical lift in R3's room, wiped off the full mechanical lift and tossed the wipe in garbage. NA-A wiped the door handle to bathroom and removed gloves and gown in room and took trash bag to near door. NA-A removed gloves and put on new gloves and without washing or sanitizing hands removed shoe covers and put them in garbage. NA-A washed her hands, dried her hands and turned the faucet off with a paper towel. NA-A opened the door and exited R1's room. On 5/11/20, at 1:44 p.m. NA-A reported she was trained to wash or sanitize hands after removing gloves and performing cares. NA-A reported she did not do that during or after providing cares for R1. NA-A reported she did not carry hand sanitizer and there was no hand sanitizer in resident rooms. On 5/11/20, at 2:04 p.m. the assistant director of nursing (ADON) reported she expected staff to wash hands when changing gloves and after providing care for residents. The facility policy Guidelines for Standard and Transmission Based Precautions, effective 10/2/19, directed staff, Staff must perform hand hygiene (even if gloves are used): Before and after contact with the resident; Before performing an aseptic task; After contact with blood, body fluids, visibly contaminated surfaces or after contact with objects in the resident's room; After removing personal protective equipment (e.g., gloves, gown, facemask); After using the restroom; and Before meals.</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.