STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245236	A. BUILDING _____ B. WING _____	10/16/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
BENEDICTINE HEALTH CENTER	935 KENWOOD AVENUE DULUTH, MN 55811

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 -** Immediate jeopardy **Residents Affected -** Some	**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 implement appropriate COVID-19 infection control practices related to the appropriate utilization of personal protective equipment (PPE) when providing personal care and treatment to residents in order to minimize or contain the spread of COVID-19. These practices resulted in an immediate jeopardy (IJ) due the potential risk for widespread outbreak of COVID-19 with the potential to affect 77 of 84 residents residing in the facility. The immediate jeopardy began on 9/18/20, when it was determined the facility had begun reusing washable infection control gowns in resident rooms for staff entering a resident room, regardless if contaminated during the provision of cares, and failed to implement a system to identify which gown had been used by which staff even though the facility currently had an outbreak of COVID-19 within the facility. The administrator, director of nursing (DON) and the infection preventionist (IP)-A were notified of the IJ at 3:44 p.m. on 10/15/20. The IJ was removed on 10/16/20, but noncompliance remained at the lower scope and severity level of E, pattern which indicated no actual harm with potential for more than minimal harm that is not IJ. The Center for Disease Control (CDC) update on prioritizing the use of gowns dated 3/17/20, indicated gowns should be used during high contact patient care activities that provide opportunities for pathogen transfers such as dressing, bathing, transferring, providing hygiene, changing linens, changing briefs, or assisting with toileting, device care or use, and wound care. For the care of patients with suspected or confirmed COVID-19, health care providers risk from re-use of cloth isolation gowns without laundering among (1) single health care provider caring for multiple patients using one gown or (2) among multiple health care providers sharing one gown is unclear. The Center for Medicare and Medicaid Services (CMS) memo COVID-19 Long Term Care Facility Guidance dated 4/2/20, directed nursing homes to immediately ensure they were complying with all CMS and CDC guidance related to infection control, which included the use of standard, contact, and droplet precautions. On 10/14/20, at 9:22 a.m. nursing assistant (NA)-C was observed. NA-C approached a resident room on the Transitional Care Unit (TCU). A sign on the outside of the door indicated the resident was on precautions until 10/21/20. NA-C removed a clean gown from a bin outside the door, tied the neck of the gown, and pulled it over her head prior to entering the room. At 9:31 a.m. NA-C left the room without the gown on. At 9:40 a.m. NA-C approached another resident room, removed a clean gown from a bin outside the door and tied the neck of the gown before pulling it over her head. At 9:44 a.m. NA-C pulled the gown over her head while it was still tied at the neck and hung it on a hook on the back of the door before leaving the room. R1's Face Sheet indicated he returned to the facility on [DATE], following a hospital stay. R1's quarterly Minimum Data Set ((MDS) dated [DATE], indicated he required extensive assistance with all activities of daily living (ADLs) and was always incontinent of bowel and bladder. R1's care plan dated 8/25/20, identified cognitive loss, and indicated he was dependent on staff for toileting, transfers and repositioning. On 10/15/20, at 7:12 a.m. NA-D and NA-E were observed to enter R1's room. NA-C removed a soiled pillow case from a pillow on a chair in R1's room. At 7:18 a.m. NA-C stated she was going to leave the room to obtain supplies. NA-C removed her gown by pulling it over her head while still tied at the neck, then hung the gown on a hook on the back of the door along side another gown that was hanging on the back of the door. At 7:23 a.m. NA-C re-entered the room, removed a gown from the hook on the door, and pulled it over her head while still tied at the neck. NA-D and NA-C assisted R1 to shave his face, both NAs leaned over the bed with their gowns touching the linens. R1's gown was noted to be soiled with a dark yellow substance. At 7:30 a.m. NA-C removed the soiled gown while NA-D washed R1's upper body. NA-D then rolled R1 to his side while touching her gown to the bed linens and R1's skin. At 7:43 a.m. NA-C again removed her gown by pulling it over head head with the neck still tied. Both NA-C and NA-D hung their gowns on hooks on the back of R1's door prior to leaving the room. At that time there were three gowns observed hanging on the back of the door. At approximately 8:00 a.m. random room observations were completed and the following was observed: room [ROOM NUMBER], three gowns were hanging on hooks on the back of the door. Two of the gowns were tied at the neck. room [ROOM NUMBER], four gowns were hanging on the back of the door, two on one hook and two on another hook. On 10/15/20, at 8:10 a.m. NA-C was interviewed and stated if a resident was on isolation precautions, staff were supposed to use a new gown each time they entered the room. NA-C stated if a resident was not on precautions, staff hung the gown on the back of the door for re-use prior to leaving the room. NA-C stated the hooks on the doors were numbered, and stated she always used number one. In regard to R1, NA-C stated he was on precautions, and a new gown should have been used. NA-C stated if there were multiple gowns hanging on the back of the doors, staff would not necessarily know which one was theirs. At 8:33 a.m. IP-A and the DON were interviewed. IP-A stated the use of disposable or washable reusable gowns was based on the facility supply. IP-A stated the facility had received a huge shipment of gowns, so they had been given the option to use either disposable or washable reusable gowns. IP-A stated they had been letting staff know shift to shift what gown to use, and staff knew they could use either type of gown. IP-A stated if staff were using the washable reusable gowns, there were hooks on the back of the doors labeled with the numbers one, two, and three. IP-A stated the hooks were designated to staff: one for the nurse, two for the NA's and three for therapy staff. When asked how staff were educated on the system, IP-A stated they talked to staff shift to shift. IP-A stated staff had received multiple training's on the use of PPE, and the proper way to don and doff the gowns. IP-A stated pulling the gown on or off while still tied at the neck was not the proper way to don or doff the gown. On 10/15/20, at 12:41 p.m. IP-A stated staff had not received any formal education on the use of the hooks for the reusable gowns, and said it was done verbally shift to shift. IP-A stated it was possible staff may not have been aware of which hook to use. At 1:22 p.m. random observations indicated room [ROOM NUMBER] had four gowns hanging on the back of the door. Hooks one and two each had one gown hanging on them,. Hook three had two gowns hanging on the same hook. In room [ROOM NUMBER], hook three also had two gowns hanging on the one hook. At 1:25 p.m. NA-D stated she always used hook number one to hang her reusable gown. NA-D stated the staff talked to each at the start of the shift to determine which hook they would use. NA-D stated there was no designated numbers that she had been made aware of. At 1:36 p.m. registered nurse (RN)-B entered a resident room ad removed a gown from a hook on the back of the door. The room had two hooks on the back of the door, and one hook on the wall. Hook one was on the wall and was empty. Hooks two and three both had gowns hanging on them after RN-B had put on a gown. At 1:51 p.m. prior to leaving the room, RN-B removed her gown and placed it in a bag. RN-B stated when she entered the room she had put on the gown that was on hook number three, even though it already had a used gown hanging on it. RN-B stated she knew it was hers because she had hung it there. On 10/14/20, at 3:31 p.m. trained medication aide (TMA)-A was interviewed and stated reusable gowns were reused and hung on a hook on the back of the door, upon exiting a quarantine room. TMA-A stated he was uncertain how to distinguish between whose reusable gowns was whose, but thought it would be by putting the gown in a spot where he knew he left it. -at 4:05 p.m. the administrator stated if there was a COVID-19 outbreak, their plan was to see where the positive residents were located, and let the positive cases determine where the COVID-19 unit and the isolation rooms would be. The administrator stated if the facility had more than 14 positive cases, they would use transitional care unit (TCU) West as a COVID-19

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 -** Immediate jeopardy **Residents Affected -** Some	(continued... from page 1) unit. The administrator stated if cases were on multiple floors with a few in each area, they would transition all residents into enhanced transmission based precautions (TBP) until they could figure out a further plan. The administrator stated the COVID-19 virus dictates where the unit would be located. On 10/15/20, at 7:41 a.m. NA-A stated staff wore the blue disposable gowns if the resident was negative for COVID-19, and wore a reusable, washable gown if the resident was positive for COVID-19. NA-A stated there were currently no positive COVID-19 cases on the long term care unit. NA-A further stated staff were told when a resident was off their 14 day precautions. -at 7:20 a.m. NA-B was working on the TCU unit. NA-B stated new admisstions and residents returning from the hospital were placed on precautions for two weeks. NA-B stated staff used one gown per shift, per room. NA-B stated there were three hooks on the back of each door, and staff discussed at the beginning of the shift who would use which hook. NA-B stated staff removed the gowns at the end of the shift, and the reuseable, washable gowns were placed in laundry. If the gowns were disposable, they would be thrown them in the garbage after every use. -at 8:33 a.m. IP-A stated the facility used reusable, washable gowns based on supply. IP-A stated ideally staff would use reusable, washable gowns for residents on 14-day quarantine, and if they were running low on reusable, washable gowns, they would use the disposable gowns. IP-A stated the second floor staff had been using reusable, washable gowns since the last COVID-19 outbreak in June. IP-A stated if staff were using a reusable, washable gown and not hanging it on the door, the gown should be placed in a bag, and immediately brought to the utility room. IP-A stated reusable, washable gowns should be removed after every shift, and placed in dirty utility room. IP-A further stated competency training had been completed for donning/doffing PPE for all staff on multiple shifts and times. -at 1:12 p.m. room [ROOM NUMBER] had three reusable, washable gowns behind the door, one gown on each hook. The hooks labeled 1, 2 and 3. -at 1:13 p.m. physical therapist (PT)-A stated the nursing staff use the gowns hanging on the back of residents doors of the TCU unit. PT-A stated there were three reusable, washable gowns on back of an unidentified residents door, one on each hook which were numbered 1, 2 and 3. PT-A stated nurses pick a number and use that same numbered hook to hang their gown on during their shift. PT-A stated the number system had been in place for a while, but changed depending on gown supply. I thought there were observations of the PT donning a reusable gown? Also, did you ask PT if they reuse their gowns? do they take a clean one each time? -at 1:24 p.m. NA-B stated she had previously worked on the COVID-19 unit. NA-B stated she thought the numbered hooks on the back of the doors had been there for a while. Four reusable, washable gowns were observed on the back of the door to room [ROOM NUMBER]. NA-B verified this, and stated there were more gowns hanging on the hoooks than usual, because there were nursing students in the facility. NA-B stated the students each had a specific hook to hang their gowns on, and the nurse also had a specific hook, but the nurse usually wore a disposable gown. do you know which hooks the students were supposed to use? did you interview anyone on that? did NA-B know? -at 1:30 p.m. RN-A stated staff tried to use the disposable gowns for the quarantined residents. RN-A stated the reusable, washable gowns were used if there was a staff member that was going to be on the unit for the entire shift. RN-A stated that staff member would hang their reusable, washable gown on the designated hook on the back of the door. RN-A stated she'd only used reusable, washable gowns if they were out of the disposable gowns. RN-A stated staff communicated at the beginning of the shift which hook they would use for that shift. The immediate jeopardy that began on 9/18/20, was removed on 10/16/20, when the facility implemented an infection control plan to minimize the spread of COVID-19 which included procedures for the appropriate use and reuse of PPE by facility staff, and these interventions were verified through observations and interviews.