

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245561</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/21/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NORTHFIELD CARE CENTER INC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>900 CANNON VALLEY DRIVE NORTHFIELD, MN 55057</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 - Few</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p><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 appropriate hand and glove hygiene infection control measures were implemented to prevent cross-contamination during incontinent cares for 2 of 3 residents (R2, R1) who were observed during personal cares during an Infection Control Focus Survey for COVID 19. Findings include: R2's annual Minimum Data Set ((MDS) dated [DATE], indicated R2 was severely cognitively impaired, required assistance of one staff member for transfers, dressing, and toileting. R2 was frequently incontinent of bowel and bladder. On 4/20/20, at 9:36 a.m., nursing assistant (NA)-A wheeled R2 to bathroom and washed her hands. NA-A put gloves on. NA-A put a transfer belt on R2. NA-A assisted R2 to stand. When NA-A lowered R2's pants she told R2 there was some stool at the top of the incontinence product. NA-A removed the incontinence product. NA-A helped R2 sit on the toilet. NA-A removed gloves, did not wash hands and put gloves on. NA-A removed wheel chair from bathroom and got a incontinent product and pack of wipes from the bottom drawer. At 9:45 a.m., NA-A removed gloves and put on new gloves and did not wash her hands. NA-A took R2's wheelchair into the bathroom. NA-A opened incontinence product and put it between R2's legs and fastened the product. NA-A helped R2 standup holding on to the grab bars. NA-A wiped R2's bottom with a wipe. There was soft brown stool on the wipe. NA-A pulled up the incontinence product up, and pulled R2's pants up. NA-A transferred R2 to the wheel chair and removed transfer belt. NA-A removed her gloves and washed hands. NA-A and NA-B helped R2 transfer to the recliner. R1's quarterly MDS dated [DATE], indicated R1 was severely cognitively impaired, required assistance of two staff members for bed mobility transfers, dressing, and toileting. R1 was frequently incontinent of bowel and bladder. On 4/20/20, at 10:10 a.m., R1 was in bed, NA-A brought mechanical lift into the room. NA-A and NA-B washed their hands and put on gloves. NA-A applied lotion to R1's feet and legs. NA-A removed gloves and washed her hands. NA-A washed R2's abdomen and changed her gloves but did not wash her hands. NA-A washed R2's perineum while NA-B obtained clothing from R2's closet. NA-B applied ointment to R2's to left abdominal fold. NA-A and NA-B rolled R2 toward NA-B. Incontinence product was stuck to R2's bottom. NA-A applied moistened the incontinence product to loosen it. NA-B used a walkie talkie to request the nurse come to R2's room. Licensed practical nurse (LPN)-A got wound care supplies out of the cabinet and then washed her hands and put on gloves. LPN-A cleaned R2's wounds. LPN-A requested more gauze. NA-A changed gloves but did not wash her hands, removed non-sterile gauze and gave it to LPN-A. LPN-A Nurse wiped wound. LPN-A removed her gloves, washed hands and donned new gloves. NA-A applied cream to R2's right thigh. LPN-A applied skin prep to R2's buttock. LPN-A dropped the skin prep swab on the floor. LPN-A picked the swab up off the floor, put it in the trash and, without a glove change, applied stoma powder to the open wound. LPN-A removed gloves, washed her hands and left the room. At 10:44 a.m. NA-A verified she forgot to wash her hands when she cared for R1 and R2. NA-A stated she was nervous. At 10:52 a.m. LPN-A stated staff were to wash hands every time they change gloves. When I dropped the swab, I could have picked it up, changed my gloves and washed my hands or finished the treatment and then picked it up. 4/20/20 at 11:59 a.m., registered nurse (RN)-A stated hands were to be washed or cleaned with hand sanitizer anytime staff entered or exited a room, if hands were visible soiled, if they come in contact with anything questionable when they donned or doffed gloves. RN-A stated staff should change gloves after stool is wiped and before a brief is pulled up. 4/20/20 at 12:15 p.m. The director of nurses (DON) stated staff were to use hand sanitizer when they entered the building to be screened. They are to wash hands when they enter a room, prior to and after they provide cares, and prior to and after they wear gloves. The DON stated we want them to wash with soap and water 25 seconds. The DON stated if staff picked up a dirty item off the floor during wound care, she would expect them to change gloves and wash their hands. Facility Infection control preventionist provided a copy of EduCare Infection Control Techniques revised 4/13/18, that indicated staff were to wash hands or use an alcohol based hand cleaner before applying gloves and after removing gloves</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.