

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245295</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/27/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>THE EMERALDS AT ST PAUL LLC</b>		STREET ADDRESS, CITY, STATE, ZIP <b>420 MARSHALL AVENUE SAINT PAUL, MN 55102</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> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review the facility failed to ensure staff had masks properly fitted and worn to protect themselves and residents from Covid-19. This had the potential to impact 2 of 5 residents reviewed (R4 and R5) for Covid-19 precautions. Findings include: R4's quarterly minimum data set (MDS), dated [DATE], included R4 was diagnosed with [REDACTED]. On 5/26/20, at 3:00 p.m. a registered nurse (RN)-A was observed sitting at the centrally located staff desk on the third floor. RN-A had her surgical mask below her mouth, nose and chin. RN-A was sitting within 6 feet of R4. RN-A reported the mask was hot and she was taking a break. RN-A then pulled mask above mouth and nose. RN-A reported she was trained to wear a mask covering mouth and nose.</p> <p>R5's quarterly MDS, dated [DATE], included [DIAGNOSES REDACTED]. R5 required the following cares and services: oxygen, suctioning, [MEDICAL CONDITION] (a hole through the neck and into the windpipe) cares and ventilator or respirator cares. On 5/26/20, at 3:34 p.m. nursing assistant (NA)-A was observed conversing with R5 in R5's room. The door was open, and NA-A could be seen adjusting her face mask with bare hands. NA-A washed her hands before exiting R5's room. At 3:37 p.m. NA-A was observed again pulling up the face mask with bare hands, then quickly entered another resident room to ask the resident a question. On 5/26/20, at 3:39 p.m. NA-A stated she wore a surgical mask directly on the face, and then an N95 respirator on top of the surgical mask. NA-A stated the elastic on the N95 respirator did not fit well, and kept breaking. The upper strap that would normally fit over top the ears and around the crown of the head was observed to be missing, leaving only the lower strap that connected around the back of the neck. The lower strap pulled the N95 mask down, and also pulled the surgical mask down underneath NA-A's nose. NA-A pulled up the masks again, and stated the facility had replaced prior N95 respirators after breaking, and NA-A wasn't sure whether they could keep providing NA-A with new N95 respirators due to breaking again. On 5/26/20, at 4:19 p.m. the director of nursing (DON) was asked about NA-A's N95 respirator that was broken and kept falling down. The DON stated NA-A needed a new mask, and they would try a different mask to find a style that fit NA-A better. The DON explained a mask should cover the nose and mouth and staff had been trained how to wear masks properly. The facility's Coronavirus (COVID-19) policy last revised 5/13/20, required staff to implement universal use of facemask for all essential personnel while in the facility. A surgical mask was preferred for all direct patient encounters as supply allowed. On an untitled spreadsheet last updated 5/26/20, the facility kept track of the numbers of all types of PPE (personal protective equipment) available in-house (face masks, N95 masks, safety glasses, gowns, and face shields), and had an available supply of each type of PPE. The Centers for Disease Control and Prevention (CDC) fact sheet, dated 5/19/20, entitled What You Can do if You are at Higher Risk of Severe Illness from COVID-19 revealed, based on what we know now, those at high-risk for severe illness from COVID-19 are: * People aged [AGE] years and older * People who live in a nursing home or long-term care facility * People of all ages with underlying medical conditions, particularly if not well controlled, including: --People with [MEDICAL CONDITION] or moderate to severe asthma --People who have serious heart conditions --People who are immunocompromised. Many conditions can cause a person to be immunocompromised, [MEDICAL CONDITION] treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly [MEDICAL CONDITION] AIDS, and prolonged use of corticosteroids and other immune weakening medications. * People with severe obesity (body mass index (BMI) of 40 or higher) * People with diabetes * People with [MEDICAL CONDITION] undergoing [MEDICAL TREATMENT] * People with liver disease</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.