STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245495	A. BUILDING _____ B. WING _____	06/04/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
THE EMERALDS AT GRAND RAPIDS LLC	2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744

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** - 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 ensure proper disinfection of a multi-use Hoyer lift (full body mechanical lift) was implemented to prevent the spread of infection for 2 of 2 residents (R2, R4) observed to utilize the Hoyer lift. This had the potential to affect 9 of 9 (R1, R2, R4, R5, R6, R7, R8, R9, and R10) residents residing on the 300 unit who required staff assistance with transfers with a Hoyer lift. Findings include: R1's quarterly Minimum Data Set ((MDS) dated [DATE], indicated R2 required the use of a mechanical lift for all transfers. R2's quarterly MDS dated [DATE], indicated R2 required the use of mechanical lift for all transfers. R4's quarterly MDS dated [DATE], indicated R4 required the use of mechanical lift for all transfers. R5's quarterly MDS dated [DATE], indicated R4 required the use of mechanical lift for all transfers. R6's quarterly MDS dated [DATE], indicated R6 required the use of mechanical lift for all transfers. R7's quarterly MDS dated [DATE], indicated R4 required the use of mechanical lift for all transfers. R8's quarterly MDS dated [DATE], indicated R8 required the use of mechanical lift for all transfers. R9's quarterly MDS dated [DATE], indicated R9 required the use of mechanical lift for all transfers. R10's quarterly MDS dated [DATE], indicated R10 required the use of mechanical lift for all transfers. On 6/3/20 at 9:37 a.m. nursing assistant (NA)-A was observed leaving R4's room with a Hoyer lift. NA-A proceeded to bring the Hoyer lift down the hallway and into R2's room, where she was joined by NA-B. NA-A and NA-B sanitized their hands, and donned clean gloves. R2 was observed to be sitting in his wheelchair (w/c) in front of the television with a Hoyer lift sling already in place underneath him. NA-A stated they were getting him up from his w/c and into his bed. NA-A and NA-B proceeded to attach the sling straps to the metal Hoyer lift arms. When asked if the Hoyer lift was sanitized after being used on R4, both NA-A and NA-B stated no. NA-B stated since R2 was not on contact precautions, they were not required to sanitized equipment in between uses. NA-A verified she had not cleaned the Hoyer lift after using it to transfer R4. NA-B stated it was her understanding the Hoyer lift could go from room to room on the unit, and did not require sanitizing unless the resident was on contact precaution. NA-A and NA-B proceeded with lifting R2 with the Hoyer lift. NA-A and NA-B then stopped the transfer, lowered R2 back into his w/c, and proceed to wipe down the Hoyer lift. NA-A did not change gloves or perform hand hygiene after sanitizing the Hoyer lift, and proceeded with the transfer. R2 was transferred into his bed, and the Hoyer lift sling was removed. NA-A removed her gloves, performed hand hygiene, and donned on clean gloves. NA-A took the Hoyer lift out into the hallway, and sanitized it. On 6/3/20 at 11:19 a.m. the director of nursing (DON) was interviewed and stated all reusable equipment such as vital machines and Hoyer lifts should be cleaned between residents on all units. The DON stated it was critical to be cleaning all equipment to prevent the spread of infection. On 6/3/20 at 2:29 p.m. registered nurse (RN)-A stated their was only one Hoyer lift for residents on Unit 3. RN-A stated it cleaning equipment was important for infection control. RN-A further stated many residents on the unit are immunocompromised, and infection prevention was crucial for preventing the spread of infection. The facility policy Coronavirus (COVID-19) Infection Prevention and Control undated, directed cleaning and disinfecting of rooms, equipment, and high touch areas will be performed using products that have EPA-approving emerging [MEDICAL CONDITION] pathogens claims that have demonstrated effectiveness [MEDICAL CONDITION].

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