

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245183	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/09/2020
NAME OF PROVIDER OF SUPPLIER NORTH RIDGE HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP 5430 BOONE AVENUE NORTH NEW HOPE, MN 55428	
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 - Few	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview and document review, the facility failed to ensure proper glove use and hand hygiene was performed for 1 of 2 residents (R1) observed during personal cares and pressure ulcers. Findings include: On [DATE], at 8:24 a.m. R1 was observed lying in bed on her back. R1 stated she had asked nursing assistant (NA)-A to change her incontinent pad but NA-A had told her she would have to wait. -At 9:01 a.m. surveyor approached licensed practical nurse (LPN)-A who was R1's nurse and stated to her R1 was still waiting for assistance with incontinence care. LPN-A stated she was just preparing R1's morning medications then would go into the room and would also do the cares for R1. -At 9:10 a.m. LPN-A applied gloves then approached R1 and stated she was going to check and change her incontinent pad. -At 9:12 a.m. LPN-A asked R1 to turn. R1's incontinent pad was observed to be dry and was not soiled. LPN-A then told R1 she was still clean but R1 stated to LPN-A she felt she was not clean in the front perineal area and between the legs. -At 9:15 a.m. LPN-A began to clean R1 with wet wipes and as she wiped between R1's legs and perineal area smears of stool were observed on the wipes. As LPN-A continued to clean NA-A entered the room, applied gloves and stood on the window side of R1's bed where the garbage can was located. LPN-A continued to wipe R1's perineal area and after she finished with a wipe, LPN-A handed the soiled wipes to NA-A to put in garbage can. After both LPN-A and NA-A had completed cleaning R1 they touched R1's clothing, pillows and linen wearing the same gloves used to clean the stool. At 9:18 a.m. LPN-A removed the soiled pair of gloves then re-applied another pair without washing her hands. NA-A then removed her gloves, and gathered all the garbage. As NA-A reached out for the door to leave the room this surveyor intervened and asked her to wash her hands before leaving the room. NA-A acknowledged she was supposed to wash her hands before leaving the room and after cares. LPN-A removed her gloves after covering R1 up and went to the bathroom and washed her hands. On [DATE], at 9:44 a.m. LPN-A acknowledged she should have changed her gloves and washed hands after providing cares. On [DATE], at 2:00 p.m. family member (FM)-A stated that staff, have not been doing good pericare. During a visit to the facility I had to clean her up in between her legs and I found smears of poop even after the staff said they had just cleaned her up. On [DATE], at 2:40 p.m. the director of nursing stated she expected the staff to wash their hands or use hand sanitizer before cares, wear gloves during cares, then after cares they were to remove gloves and complete hand hygiene. The facility Personal Protective Equipment policy revised August 2009, directed staff to wash their hands after removing gloves. The facility Handwashing/Hand Hygiene policy revised April 2010, directed staff to wash their hands before and after direct resident contact, before and after assisting a resident with personal care and after being in contact with a resident's mucous membranes and body fluids or excretions.</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.