

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245039	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/04/2025
NAME OF PROVIDER OR SUPPLIER  Neilson Place		STREET ADDRESS, CITY, STATE, ZIP CODE  1000 Anne Street Northwest Bemidji, MN 56601	
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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>35569</p> <p>Based on observation, interview and document review the facility failed to ensure cleaning of shared glucometers between patient use for 3 of 3 residents (R3, R4, R5) reviewed for infection control.</p> <p>Findings include:</p> <p>R4's Resident Face Sheet included a diagnosis of diabetes mellitus (DM) and long-term use of insulin. R4's Physician Order Report dated 4/4/25, identified an order for blood glucose monitoring before meals and at bedtime. R4's Vitals Report identified a blood glucose check was done 4/4/25 at 12:20 p.m.</p> <p>R3's Resident Face Sheet included a diagnosis of DMII. R3's Physician Order Report dated 4/4/25, identified an order for blood glucose monitoring four times a day and as needed. R4's Vitals Report identified a blood glucose check was done 4/4/25 at 11:54 a.m.</p> <p>R5's Resident Face Sheet included a diagnosis of DMII and long-term use of insulin. R5's Physician Order Report dated 4/4/25, identified an order for blood glucose monitoring before meals and at bedtime. R4's Vitals Report identified a blood glucose check was done 4/4/25 at 12:04 p.m.</p> <p>During observation on 4/4/25 at 11:52 a.m., registered nurse (RN)-A used a glucometer and checked R5's blood sugar in the dining room. RN-A then returned to the medication cart. No disinfectant wipes were observed on the medication cart. At 12:00 p.m., RN-A walked down the hall to R6's room with a glucometer in his hand. When RN-A returned to the medication cart, the glucometer was not in his hand. At 12:16 p.m. RN-A went to R4's room with a glucometer. RN-A returned to the medication cart and pulled two glucometers from his pocket and placed them on the medication cart.</p> <p>During interview on 4/4/25 at 12:27 p.m., RN-A confirmed he had checked blood glucose levels for R4, R5 and R6. RN-A said the residents did not have their own glucometers and they were shared between the residents. RN-A stated he had not been instructed to clean the glucometers between use.</p> <p>During interview on 4/4/25 at 1:05 p.m., the infection preventionist (IP) stated nurses were trained to clean the glucometers between uses during orientation. The IP said every resident should have their own glucometers assigned to them and should have been kept in their room or in the medication cart. The IP said glucometers should be cleaned between uses whether they were shared or not.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy Blood Glucose Monitoring, Disinfecting and Cleaning dated 9/25/24, indicated blood glucose meters should be cleaned and disinfected after each use whether the meter is shared between residents or assigned to a resident. Cleaning and disinfecting can be completed by using a commercially available environmental protection agency registered disinfectant or germicide wipe.</p>		