

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/14/2026
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>Based on observation, interview, and document review, the facility failed to ensure appropriate personal protective equipment (PPE) was worn by staff according to the Center for Disease Control and Prevention (CDC) guidelines for a facility in outbreak status. This had the potential to affect all 73 residents in the building. Findings include: CDC Infection control guidance: SARS-CoV-2 (Covid-19) dated 6/24/2024 advised source control is recommended for those residing or working on a unit of the facility experiencing a Covid-19 or other outbreak of respiratory infection. Source control refers to use of respirators or well-fitting facemasks or cloth masks to cover a person's mouth and nose to prevent spread of respiratory secretions when they are breathing, talking, sneezing, or coughing. On 1/14/2026 at 8:30 a.m., a sign was observed on the front door and in the elevator which directed Masks required for staff. On 1/14/2026 at 9:04 a.m., licensed practical nurse (LPN)-A was observed not wearing a mask while standing at the nurse's desk in close proximity to other staff members. LPN-A stated he did not know if he should be wearing a mask, but was going to put one on until he could find the answer. On 1/14/2026 at 9:12 a.m., laundry assistant (LA)-A was observed not wearing a mask while talking with a resident in the resident's room. Nursing assistant (NA) was observed at the nurse's desk not wearing a mask. At 9:19 a.m., NA-A was observed wearing a mask. During an interview on 1/14/2026 at 9:19 AM LA-A stated she delivers laundry to all resident rooms in the facility. She did not have a mask on because it made her face break out. At 9:26 a.m. LA-A was observed wearing a mask. LA-A stated she was informed she needed to wear a mask whenever she was around the residents. On 1/14/2026 at 10:13 a.m., NA-B was observed wearing her mask under her chin while in a common area with residents. NA-B stated masks should be worn covering the nose and mouth whenever she is around residents. On 1/14/2026 at 11:50 a.m., LPN-B was observed wearing her mask under her chin while at the nurse's desk with other staff members. LPN-B stated she should have had her mask covering her nose and mouth when she was around other people. All staff members were required to wear a mask. On 1/14/2026 at 1:45 p.m., NA-A was observed wearing a mask under her chin in a common area with residents. NA-A stated all staff are required to wear a mask and acknowledged she was not wearing a mask this morning until she was reminded to put one on. NA-A stated a mask should be worn covering her nose and mouth when around residents. During an interview on 1/14/2026 at 2:29 p.m., the infection preventionist nurse (IP) stated all staff members are required to wear a mask when in resident care areas and at the nurse's desk. A mask is worn properly when covering the nose and mouth. The undated Covid-19 policy and procedure instructed signage will be posted regarding an outbreak, personal protective equipment, and source control.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245063
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