STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245153	A. Building B. Wing	04/23/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madonna Towers of Rochester	4001 19th Avenue Northwest Rochester, MN 55901

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	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review, the facility failed to ensure proper personal protective equipment (PPE) was used during high-contact cares for 1 of 1 residents (R20) reviewed for enhanced barrier precautions (EBP) who had an indwelling catheter (R20). Findings include: R20's quarterly Minimum Data Set, dated [DATE] indicated R20 was cognitively intact, required partial assistance for activities of daily living (hygiene, toileting, transfers, ambulation), and had a urinary catheter. R20's diagnoses list included: neuromuscular dysfunction of bladder, need for assistance with personal care, unsteadiness on feet, muscle weakness, arthritis of knee, and a history of falling. R20's careplan indicated R20 had a urinary catheter that required catheter care per facility protocol. R20 required extensive assistance from 1 staff member for transfers, bed mobility and activities of daily living. An infection careplan indicated R20 required enhanced barrier precautions related to the presence of an indwelling catheter and to post clear signage on the door or wall outside the resident room indicating the type of precautions and requirement of PPE. The careplan also indicated staff must apply gloves and gowns prior to facility-identified high-contact care activities, discard PPE in designated location following activities, and sanitize hands after PPE removal. R20's April medication administration record printed 4/22/26 indicated foley catheter change monthly, flush catheter with 30 milliliters normal saline or sterile water as needed, record catheter output and complete catheter care every shift. During observation on 4/21/26 at 10:11 a.m., R20 was lying in bed. Catheter tubing was observed extending from under the blankets to a drainage bag located below the bed. An orange sign titled enhanced barrier precautions was attached to the door of R20's room. A plastic cabinet containing PPE was located just outside R20's room.During an observation and interview on 4/22/26 at 9:29 a.m., nursing assistant (NA)-B entered R20's room and applied gloves. R20 independently pivot transferred from her wheelchair to the edge of the bed. Without donning a gown, NA-B removed R20's catheter bag from the dignity bag under R20's wheelchair and placed it on a towel located under R20's bed. NA-B then lifted R20's legs onto the bed and placed a pillow under R20's legs. NA-B then reached over and used both hands to cover R20 with a sheet. NA-B then removed gloves and performed hand hygiene. During an interview, NA-B stated they receive have monthly trainings regarding infection control practices and have routine meetings routinely to go over anything new. NA-B stated they would wear gloves and a gown if they are performing direct cares for a resident of if they are draining a catheter bag. NA-B stated they do not have to wear gowns when assisting a resident for transfers or adjusting linens. During an interview on 4/23/26 at 9:07 a.m., the facility infection preventionist (IP) stated residents who have chronic wounds, MDROs (multidrug resistant organisms), and indwelling medical devices, such as urinary catheters, require enhanced barrier precautions. If it is determined a resident requires enhanced barrier precautions, a sign is posted on the door of the resident's room, a cart containing PPE is placed outside the room, the careplan is updated, and a flag is placed on the electronic medical record indicating EBP is required. The IP confirmed staff are expected to wear PPE during personal contact, transferring, toileting, wound care, and any care involving the indwelling medical device. During an interview on 4/23/26 at 9:39 a.m., the director of nursing confirmed staff are required to wear gowns and gloves when having direct contact with a (continued on next page)

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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(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	resident who has a foley catheter in place. A policy titled enhanced barrier Precautions revised 4/1/24, indicated the purposed of EBP is to decrease transmission of CDC-target and other epidemiologically important multidrug-resistant organisms. EBP will be used for residents actively infected or colonized with CDC-targeted and other epidemiolocally important MDROs. Additionally, residents at risk for MDROs, specifically those with an indwelling medical device and/or chronic wounds requiring a dressing will be required to use EBP. The procedure describes the use of personal protective equipment beyond situations in which exposure to blood and body fluids is anticipated. It also refers to the use of gowns and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. The policy indicated EBP is required for residents with chronic wounds (e.g. pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers), regardless of MDRO colonization status. It is also required for residents who have indwelling medical devices (central lines, urinary catheters, feeding tubes, tracheostomy/ventilator) regardless of MDRO colonization status. High-contact resident care activities are defined as dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs/assisting with toileting needs, indwelling medical device care or use, chronic wound care. PPE is described as gloves and gowns prior to the high-contact care activity.