

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245187	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/03/2025
NAME OF PROVIDER OR SUPPLIER The Villas at the Cedars		STREET ADDRESS, CITY, STATE, ZIP CODE 7900 West 28th Street Saint Louis Park, MN 55426	

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 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide for the safe, appropriate administration of IV fluids for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49616</p> <p>Based on observation, interview, and record review the facility failed to ensure a peripherally inserted central catheter (PICC) was appropriately managed based on professional standards of practice and in accordance with physician orders for 1 of 1 resident (R1) reviewed for intravenous (IV) medications.</p> <p>Findings include:</p> <p>R1's face sheet dated 4/3/25, identified diagnoses of cerebral vascular accident (stroke), sequelae of cerebral infarction (complications of stroke on brain and body).</p> <p>R1's hospital discharge summary dated 2/25/25, identified R1 had diagnoses that included bacterial endocarditis. Treatment of Ceftriaxone (antibiotic) via PICC. Discharge order for Ceftriaxone 2-gram solution daily.</p> <p>R1's admission Minimum Data Set (MDS) dated [DATE], identified moderate cognitive impairment. R1 was administered IV antibiotic medication.</p> <p>R1's care plan dated 3/4/25, identified a current infection related to acute bacterial endocarditis (serious infection of the heart lining and valves). Give medications as ordered, update medical doctor on changes, vital signs as ordered/facility protocol.</p> <p>During an observation and interview on 4/3/25 at 8:21 a.m., R1 was lying in bed, R1's PICC line was located on R1's right arm. Licensed practical nurse (LPN)-A came into R1's room holding R1's IV medication. LPN-A was wearing gloves and a mask when she entered. LPN-A removed the cap of the PICC, disinfected the insertion site with an alcohol wipe, and then attached the antibiotic bulb to the line. LPN-A told R1 she would return in 15-minutes, then left the room. LPN-A did not check R1's PICC for patency - flush the PICC prior to the administration of the antibiotic.</p> <p>During an observation on 4/3/25 at 9:29 a.m., LPN-A returned to R1's room with oral medications but did not check the status of infusion of the antibiotic. At 10:07 a.m. R1 stated the antibiotic was done. The balloon holding the medication was deflated. At 10:52 a.m., nursing assistant (NA)-B told R1 she would tell LPN-A that the antibiotic was finished.</p> <p>During an interview on 4/3/25 at 12:06 p.m., NA-B confirmed R1's antibiotic bulb was still connected to R1's PICC line. NA-B explained she forgot to tell LPN-A when she finished R1's cares.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: Facility ID: 245187	If continuation sheet Page 1 of 6

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<p>F 0694</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 4/3/25 at 12:10 p.m., LPN-A went in to R1's room to disconnect the antibiotic. LPN-A applied gloves, disconnected the antibiotic bulb, and used an alcohol wipe to disinfect the PICC cap. LPN-A then flushed the line with saline.</p> <p>During an interview on 4/3/25 at 12:15 p.m., LPN-A stated the PICC line should be flushed before and after medication administration. LPN-A verified R1's PICC line was not flushed prior to medication administration I thought about it but did not want to do so much flushing.</p> <p>During an interview on 4/3/25 at 3:12 p.m., director of nursing (DON) stated there are batched orders that are put in the system for PICC lines that include flushing before and after medication administration. Staff should also use an alcohol wipe before and after each thing they do with the PICC line. Staff are educated yearly on PICC care during a skills fair each September.</p> <p>The facility PICC use, flushing, dressing change, administering medications, IV infusion, obtaining a blood sample, and removing procedure undated, identified to perform a vigorous mechanical scrub of the needleless connector for at least 5 seconds using antiseptic pad and allow to dry completely. While maintaining the sterility of the tip, attach a prefilled 10 milliliter (mL) syringe containing normal saline to the needleless connector. Slowly aspirate for blood return. If blood returned, slowly inject the solution into the catheter. Remove and discard the syringe. Perform a vigorous mechanical scrub of the needleless connector for at least 5 seconds using antiseptic pad. Allow to dry completely. Connect IV tubing to cap on end of PICC. Repeat the process when the IV medication process is completed.</p>		

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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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49616</p> <p>Based on observation, interview, and record review the facility failed to follow infection control protocols to ensure proper handwashing was implemented for 2 of 4 residents (R1, R2); failed to ensure proper enhanced barrier precautions (EBP) were utilized appropriately for 2 of 2 residents (R1, R3); and failed to disinfect vital sign machine after use for 1 of 1 residents (R1).</p> <p>Findings include</p> <p>Enhanced barrier precautions: refer to an infection control intervention designed to reduce transmission of multi-drug-resistant organism that employs targeted gown and glove use during high contact resident care activities. Gowns and gloves are used as personal protective equipment (PPE).</p> <p>R1</p> <p>R1's face sheet dated 4/3/25, identified diagnoses of sequelae of cerebral infarction.</p> <p>R1's admission Minimum Data Set (MDS) dated [DATE], identified some cognitive impairment. Used intravenous (IV) medication of antibiotic.</p> <p>R1's care plan dated 2/25/25, EBP related to peripherally inserted central catheter (PICC) line. Staff to follow EBP, use appropriate communication to follow EBP, explain reason for use of EBP, staff to put on and take off PPE per EBP when providing high contact cares. Additionally, on 3/4/25, identified a current infection related to acute bacterial endocarditis (serious infection of the heart lining and valves).</p> <p>During an observation on 4/2/25 at 2:05 p.m., R1 did not have signage on the door that indicated EBP precautions, nor a container around the area of the room for staff to apply personal protective equipment (PPE) for the EBP.</p> <p>During an observation and interview on 4/3/25 at 8:21 a.m., R1 was lying in bed, PICC line was on right arm. Licensed practical nurse (LPN)-A came into R1's room holding R1's IV medication. LPN-A was wearing gloves and a mask when she entered. LPN-A was not wearing a gown. Removed cap on PICC, rubbed an alcohol wipe on insertion site, screwed on antibiotic.</p> <p>During an observation on 4/3/25 at 8:46 a.m., an EBP sign was on the front of the door to R1's room. No container for EBP PPE was at location or in room.</p> <p>During an observation and interview on 4/3/25 at 9:29 a.m., R1 stated she had never seen staff wearing gowns when working with her. LPN-A brought medications to R1. LPN-A was wearing a mask but no gloves or gown. LPN-A left room and returned with a vital sign machine. LPN-A obtained blood pressure on R1. LPN-A applied gloves to administer nasal spray, removed blood pressure cuff. Removed gloves. Did not sanitize hands. Left room and returned. Did not apply gown or gloves. LPN-A applied new gloves to assist with nasal cannula. Removed gloves. Picked up garbage and grabbed vital sign machine and went to the nurse's cart. Threw away garbage and sanitized hands. Did not sanitize vital sign machine.</p> <p>(continued on next page)</p>		

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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>During an observation on 4/3/25 at 10:33 a.m., nursing assistant (NA)-B was completing morning cares on R1. NA-B was wearing gloves. NA-B did not wear a gown. NA-B needed more gloves to complete cares. Removed gloves, left room, returned without wearing PPE, applied new gloves. NA-A was assisting R2 with cares and NA-B asked NA-A to come to R1's side of the room. NA-A entered wearing gloves, no gown. Did not remove gloves between helping R2 to help R1. NA-B removed gloves and applied a new pair. NA-A left room to get more supplies. NA-A returned without wearing PPE. NA-B left room to get supplies and returned with no PPE on. NA-A applied gloves and began to clean bowel movement from rectal area. NA-B removed one glove and reapplied the new glove while touching the new glove with the old one. NA-B finished task, removed gloves, did not perform hand hygiene then applied new gloves. NA-B then left the room to get more gloves. NA-A removed gloves. NA-B returned without wearing PPE. NA-A and NA-B applied gloves, completed care, removed gloves. NA-B washed hands in bathroom sink. NA-A did not perform hand hygiene before both the NA's left the room.</p> <p>During an observation on 4/3/25 at 12:10 p.m., LPN-A went into R1's room. LPN-A was not wearing PPE. LPN-A applied gloves. Took saline and one alcohol wipe from pink basin at R1's window and unscrewed antibiotic. LPN-A used an alcohol wipe and wiped the opening of the PICC line. Screwed in the saline and pushed the fluid through the PICC. Removed the saline, opened a new cap for the PICC and screwed it on, removed gloves.</p> <p>During an observation on 4/3/25 at 12:20 p.m., physical therapist (PT)-A was in R1's room providing care. No PPE was used.</p> <p>R2</p> <p>R2's face sheet dated 4/3/25, identified diagnoses of stress fracture (break) left tibia (main long bone of lower leg), obesity (excessive body fat).</p> <p>R2's admission Minimum Data Set (MDS) dated [DATE], identified R2 was cognitively intact.</p> <p>During an observation on 4/3/25 at 10:07 a.m., NA-B went to room to answer call light, applied gloves. NA-B removed gloves and left room. NA-B returned with hands full of laundry and applied gloves. R2 had a visible, red rash on upper thigh, abdomen, breast area. NA-B placed walker in front of R2, picked up discarded hospital gown from floor, assisted with pulling up R2's pants and stripped the bed. Removed gloves and left room. No hand hygiene was performed.</p> <p>R3</p> <p>R3's face sheet dated 4/3/25, identified a diagnosis of end stage renal disease.</p> <p>R3's care plan dated 3/25/25, identified EBP precautions related to dialysis access site.</p> <p>During an observation on 4/3/25 at 9:45 a.m., LPN-A applied PPE and entered R3's room with medication. At 9:50 a.m., LPN-A exited R3's room and draped gown outside residents' room on a handrail and walked away. LPN-A returned and reapplied gown and entered R3's room. LPN-A left room and applied hand sanitizer.</p> <p>(continued on next page)</p>		

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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>During an interview on 4/3/25 at 12:01 p.m., NA-A stated handwashing would be completed after touching a resident's body. EBP would be used if the resident had an infection or open wounds. NA-A stated if a resident required EBP there would be signs and containers or supplies hanging on the door. If unsure, could ask the nurse if EBP was required.</p> <p>During an interview on 4/3/25 at 12:06 p.m., NA-B stated handwashing is done before and after providing care to residents, and before and after glove wearing. EBP is used when providing cares to residents. NA-B did not wear EBP PPE when caring for R1 or wash hands before and after glove use and should have.</p> <p>During an interview on 4/3/25 at 12:15 p.m., LPN-A stated EBP PPE should be put on before you go in a room and R1 was on EBP. LPN-A did not wear PPE because she did not see any supply of PPE nearby. If the supplies are there, LPN-A will use them but the majority of the time there are no supplies. The vital sign machine should be disinfected each time it is used, and it was not done after R1. Therapy should wear PPE for EBP, everyone that goes in the room should wear it.</p> <p>During an interview on 4/3/25 at 12:20 p.m., PT-A stated initially when R1 was at the facility they were to wear EBP PPE but currently it was not required.</p> <p>During an interview on 4/3/25 at 1:32 p.m., registered nurse (RN)-A stated EBP signs are used on doors with what to put on for PPE. Anything that involves high contact care with the resident would need EBP PPE such as if a resident has a wound, catheter, infectious disease. Handwashing should be completed before entering and upon exiting rooms, if gloves are removed handwashing should be done before putting a new pair on.</p> <p>During an interview on 4/3/25 at 3:12 p.m., DON stated staff were trained in EBP when it was first introduced in April 2024, yearly in the facility online education. EBP PPE is used for wound care, multi-drug-resistant organisms, catheters, any kind of IV dressings, PICC line, and basically anything that has an opening in the skin that infections could enter. Vital sign equipment should be disinfected after use. It was the expectation of the DON that staff would follow handwashing guidelines, disinfectant guidelines, and infection control protocols.</p> <p>The facility Enhanced Barrier Precautions policy dated 4/1/24, identified the facility would implement enhanced barrier precautions for the prevention of transmission of multidrug-resistant organisms. Referred to the use of gown and gloves for use during high contact resident care activities for residents known to be colonized or infected with multidrug resistant organisms as well as those at increased risk of multidrug resistant organism acquisition. Clear signage will be posted on the door or wall outside of the resident room indicating the type of precautions. Make gown and gloves available. Ensure access to alcohol based hand rub in every resident room, position a trash can inside the resident room for discarding PPE after removal, prior to exit of the room or before providing care for another resident in the same room. High contact care activities included: dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assistance with toileting, device care or use, wound care, working with residents in the therapy gym, specifically when anticipating close contact.</p> <p>The facility Handwashing policy undated, identified proper handwashing techniques should be used to protect the spread of infection. Handwashing shall be completed before applying gloves and after removing gloves.</p> <p>(continued on next page)</p>		

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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>The facility Infection Prevention and Control program dated 11/2024, identified the program was designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infections.</p> <p>The facility Infection Prevention and Control program dated 11/2024, identified the program was designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable disease and infections.</p>		