

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/27/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47790</p> <p>Based on observation, interview, and record review the facility failed to ensure proper enhanced barrier precautions (EBP), glove use, and hand hygiene was performed during incontinence care for 1 of 3 (R1) residents reviewed for incontinence care.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 needed extensive assistance with personal hygiene and had a suprapubic catheter (tube inserted into the bladder through an incision in the lower abdomen).</p> <p>R1's EBP signage undated, indicated staff needed to wear gloves and gown when providing high-contact resident care activities such as changing linens, providing hygiene, or changing brief.</p> <p>During an observation on 3/26/25 at 10:43 a.m., nursing assistant (NA)-A and NA-B were observed sanitizing hands and placing on gloves prior to going into R1's room. R1 had a sign indicating he was on EBPs and a bin of personal protective equipment (PPE) was outside the entrance of his door. NA-A and NA-B entered R1's room to assist him with personal hygiene without gowns on. NA-A open R1's soiled incontinent brief and cleansed R1's peri-area, then placed the bowel filled wipes in-between R1's thighs. NA-A grabbed clean towel and wash clothes with her soiled gloves on and went to R1's shared bathroom and got the wash clothes wet. R1 was assisted to his left side, NA-A cleansed R1's buttocks with wash clothes which had bowel on them and rolled the bowel filled wash clothes and brief under R1's body. NA-A removed her gloves, did not perform hand hygiene and removed R1's linen for the right side of his bed pushing the linen under R1. NA-A adjusted R1's pillow under his head, applied a clean fitted sheet to the right side of the bed, and placed a clean brief under R1's buttocks. NA-A assisted R1 to his right side. NA-B cleansed R1's left side near his buttock as there was bowel present, then removed the soiled brief and soiled linen from under R1. NA-B did not remove her soiled gloves and applied the clean fitted sheet to the left side of R1's bed. R1 was then placed on his back. NA-A removed soiled wipes with bowel from R1's groin area without gloves on stating, I shouldn't be doing this, and placed the bowel soiled wipes in the trash. NA-A grabbed a clean towel and started wiping the remaining bowel off of R1's genital area with no gloves on. NA-A and NA-B strapped R1's clean brief together and adjusted his gown. NA-B removed her gloves and did not sanitize her hands. NA-A raised R1's head and leg with the bed remote, adjusted R1's pillow under his head, applied his blanket. NA-B applied new gloves without sanitizing hands and NA-A turned R1 to his right side as NA-B placed a pillow behind R1's back. NA-A left R1's room without sanitizing her hands.</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>During an interview on 3/26/25 at 11:35 a.m., NA-B stated she did not notice R1's EBP sign on his door and that is why she did not wear a gown into his room. Further, NA-B stated she did not remove her gloves after providing personal hygiene to R1 or sanitize her hands after removing her gloves.</p> <p>On 3/26/25 at 12:20 p.m., NA-A stated it slipped her mind that R1 was on EBPs and that is why she did not wear a gown when assisting R1 with personal hygiene. NA-A stated she forgot to remove her gloves after providing personal hygiene to R1. NA-A stated she did not sanitize her hands after removing her soiled gloves. NA-A stated she grabbed soiled wipes from between R1's legs without gloves on because she felt rushed and she did not sanitize her hands before leaving the room.</p> <p>On 3/27/25 at 9:52 a.m., infection preventionist (IP)-A stated if when a resident was on EBPs and staff provided personal care they needed to wear a gown and gloves and follow what the signage and policy stated. IP-A stated staff were expected to remove gloves after cleaning the soiled areas, sanitize their hands, apply new gloves, and not touch soiled products without gloves on. Staff should remove all PPE prior to leaving the residents room and sanitize their hands.</p> <p>On 3/27/25 at 10:09 a.m., the director of nursing (DON) stated when staff entered a room with a resident on EBP they were expected to do hand hygiene, apply gown, and gloves before providing personal cares. They were expected to follow the policy on hand hygiene.</p> <p>Handwashing/ Hand hygiene policy reviewed 8/25/21, indicated staff would complete hand hygiene before and after direct contact with residents, before moving from a contaminated body site to a clean body site during resident care, after contact with bodily fluids, and after removing gloves.</p> <p>Enhanced Barrier precautions (EBPs) policy reviewed 10/18/22, indicated gown and gloves would be used during high contact resident care activities such as providing hygiene, changing linens, and changing briefs.</p>		