

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/04/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Fridley LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 5700 East River Road Fridley, MN 55432	

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** Based on observation, interview, and document review, the facility failed to ensure proper hand hygiene was performed when providing wound care for 1 of 3 residents (R2) reviewed for pressure ulcer care.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) dated [DATE], indicated R2 had moderate cognitive impairment and moisture associated skin wounds.</p> <p>R2's care plan dated 4/6/25 indicated enhanced barrier precautions (EBP, measures intended to prevent the spread of multi-drug-resistant organisms) related to a catheter and wounds. The care plan further directed staff should don/doff personal protective equipment (PPE) per EBP when providing high contact care. The care plan was revised on 5/29/25, and indicated R2 had a pressure ulcer on the left lateral foot, and staff would monitor for signs and symptoms of infection.</p> <p>R2's wound care orders dated 5/27/25, indicated apply Santyl (prescription ointment to treat wounds) to the left lateral foot wound topically every evening shift every Tuesday, Thursday, and Saturday.</p> <p>On 6/3/25 at 4:14 p.m., during an observation, licensed practical nurse (LPN)-A performed wound care for R2. LPN-A sanitized her hands and donned gloves prior to entering the room. LPN-A moved R2's right foot away from the left foot, doffed gloves and donned clean gloves without sanitizing hands. LPN-A opened a pack of gauze, doffed gloves and donned clean gloves without sanitizing hands. LPN-A removed the dressing from the wound on the left foot, doffed gloves, and donned clean gloves without sanitizing hands. LPN-A then cleaned R2's foot wound, doffed gloves, and donned clean gloves without sanitizing hands. The director of nursing (DON) entered the room at 4:30 p.m. to assess R2's left foot wound. LPN-A stated she was going to clean the wound again because R2 put his foot in a protective boot before she dressed the wound. LPN-A donned gloves, cleaned the wound, doffed gloves, and donned clean gloves without performing hand hygiene. LPN-A applied Santyl to the wound, doffed gloves, and then donned clean gloves without performing hand hygiene. The DON asked LPN-A if she sanitized her hands before donning clean gloves, and LPN-A acknowledged she had not and stated, You have to do that? The DON instructed LPN-A to perform hand hygiene after doffing gloves and before donning clean gloves. LPN-A continued towards R2 to provide care with the same gloves, and the DON stopped LPN-A and stated, You can stop and do it now [doff gloves and sanitize hands before continuing wound care]. LPN-A doffed gloves, sanitized hands, donned gloves, applied the dressing, and started to don clean gloves without sanitizing hands. The DON instructed LPN-A to sanitize 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>On 6/3/25 at 4:42 p.m., LPN-A stated, Oh wow. We need to sanitize between each glove change. I will have to put my bottle [of hand sanitizer] next to me when I do wound care. She acknowledged she had not performed hand hygiene between gloves changes, and stated she did not know she was required to. She should perform hand hygiene between gloves changes to prevent infection in the wound.</p> <p>On 6/3/25 at 4:49 p.m., the DON acknowledged LPN-A had not performed hand hygiene between gloves changes, but the expectation was to sanitize hands between gloves changes, and change gloves between clean and dirty cares.</p> <p>The Wound Care Treatment Procedure dated 2/2024, directed complete hand hygiene after removing gloves, and prior to donning another pair of gloves.</p>		