STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245218	A. Building B. Wing	07/31/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Mayo Clinic Health System - Lake City	500 West Grant Street Lake City, MN 55041

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 document review the facility failed to ensure enhanced barrier precautions (EBP) were implemented with the use of personal protective equipment (PPE) during high-contact resident care activities for 1 of 1 residents (R5) who had a foley catheter, and failed to ensure shared resident equipment was disinfected between uses. Findings include: R5's annual Minimum Data Set (MDS) assessment dated [DATE], identified intact cognition, and substantial/maximal assist was required for bathing and dressing. R5 had an indwelling catheter and diagnoses of severe obesity, heart failure and renal insufficiency. R5's Incontinence/Indwelling Catheter Care Area Assessment (CAA) dated 6/12/25, was triggered due to assistance needed with toileting and an indwelling catheter was required. R5's care plan dated 2/10/25, identified EBP indefinitely due to foley catheter use. Required PPE included gloves and gown prior to the high-contact care activity; Face protection may also be needed if performing activity with risk of splash or spray. High-contact resident care activities such as but not limited to:* Dressing* Bathing/showering* Transferring* Providing hygiene* Changing linens* Changing briefs or assisting with toileting* Device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator* Wound care: any skin opening requiring a dressing. Examples of activities not requiring use of Enhanced Barrier Precautions:A. During interviewsB. Hygienic medication administrationC. Meal tray deliveryD. Not physically coming in contact with patient During an observation and interview on 7/28/24 at 6:24 p.m., R5's room entrance had EBP signage directing staff to wear gown and gloves for bathing and high contact care. In the room, NA-A had a basin of soapy water and a washcloth and provided R5 with a bed bath. NA-A had gloves on, lacked a gown on while providing the bed bath. NA-A washed R5's torso, leaning over the bed with scrubs touching R5's bed. When asked about PPE, NA-A stated there was a central bin of PPE in the hallway, however, PPE was only required for care of R5's catheter. R5 then stated staff only wear gowns when they take care of his catheter. During an interview on 7/28/25 at 6:34 p.m., registered nurse (RN)-A stated EBP PPE was only required during the care of R5's device. R5's EBP signage was reviewed with RN-A, who then stated NA-A should probably have a gown on while providing the bed bath and not just for catheter care. During an interview with the infection preventionist (IP) and director of nursing (DON) together on 7/30/25 at 2:33 p.m., the infection preventionist stated shared equipment cleaning and EBP skills were reviewed at orientation and ongoing training. After leaving a resident room with shared (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	equipment, the equipment should be cleaned and disinfected with the appropriate wipes. The purpose of EBP and disinfecting shared equipment was to prevent spread of multidrug-resistant organisms (MDROs) to residents and staff. The facility's EBP policy dated 1/22/25, identified MDRO EBP expands the use of PPE beyond situations in which exposure to blood and body fluids was anticipated, and referred to the use of gown and gloves during high-contact resident care activities which provide opportunities for transfer of MDROs to staff hands and clothing. EBP were indicated for residents with any of the following: infection or colonization with a MDRO when contact precautions do not otherwise apply; or wounds and or/indwelling medical devices even if the resident is not known to be infected or colonized with an MDRO. During observation on 7/29/2025 at 2:16 p.m., nursing assistant (NA)-A and NA-B entered room [ROOM NUMBER] with a facility lift to assist resident. Upon exiting, NA-A immediately took garbage to soiled utility room. NA-B exited room without disinfecting lift, placed lift against opposite wall and went into soiled utility room. NA-A exited soiled utility room and entered room [ROOM NUMBER] to answer the call light. NA-B exited soiled utility room and entered room [ROOM NUMBER] to assist NA-A. RN-A grabbed the lift against the wall that had not been disinfected, RN-A took that lift into room [ROOM NUMBER] without disinfecting the lift. During interview on 7/29/2025 at 2:37 p.m., NA-A and NA-B stated the process for disinfecting lifts was to disinfect the lift in the hall immediately after you were done using it. NA-A and NA-B both confirmed neither of them had disinfected the lift before placing it against the wall. NA-A and NA-B stated the lift should have been disinfected immediately after use to prevent the spread of infection from one resident to another. During interview on 7/29/2025 at 2:43 p.m., registered nurse (RN)-A stated the process was to disinfect lifts immediately after every use. RN-A stated the lifts should be disinfected after every use to prevent the spread of infection. Per facility policy titled Disinfecting of Reusable Equipment and Environmental Surfaces dated 11/8/24, reusable equipment and environmental surfaces will be properly disinfected.