

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245233	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/15/2024
NAME OF PROVIDER OR SUPPLIER Saint Anne Extended Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE 1347 West Broadway Street Winona, MN 55987	

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** 45843</p> <p>Based on observation, interview, and document review the facility failed to ensure proper hand hygiene during personal cares and wound care for 1 of 1 resident (R3) observed for infection control practices.</p> <p>Finding include:</p> <p>R3's face sheet identified diagnoses that included chronic heart failure, dementia with behavioral disturbances, and difficulty walking,</p> <p>R3's quarterly minimum data set (MDS) dated [DATE], identified R3 was usually understood and sometimes understands with verbal and nonverbal expressions, had severe cognitive impairment, and was dependent on staff for assistance with most to all dressing and grooming activities.</p> <p>R3's infection care plan dated 5/6/24, identified R3 required enhanced barrier precautions and staff are to apply gloves and gowns prior to facility-identified high-contact care activities, discard personal protective equipment (PPE) is designated location following activities and sanitize hands after PPE removal.</p> <p>R3's skin care plan dated 1/11/24, identified pressure area to left heel to be documented on and measured weekly to follow treatment orders. Skin care plan dated 3/18/24 identified pressure area to right buttocks to be documented and measured weekly and to follow treatment orders.</p> <p>During an observation on 5/14/24 at 1:42 p.m., licensed practical nurse (LPN)-A and LPN-B assisted R3 with incontinent care before providing wound care on heel and coccyx wound. LPN-A applied gloves and removed old dressing on heel, noted that LPN-A's gown was not tied behind her neck which caused the gown to fall down her arms which required LPN-A to adjust the gown numerous times while providing cares. With gloved hands, LPN-A removed removed the old wound dressing, cleansed R3's wound, and then applied barrier cream. LPN-A then removed gloves, cleansed hands in the residents bathroom with soap and water, and proceeded to put on new dressing with no gloves on. LPN-A stated, I don't use gloves to apply new bandages as it will stick to my gloves when I try to apply it to the wound. LPN-A and LPN-B proceed to the bathroom to wash hands and apply gloves. LPN-A and LPN-B positioned R3 on her side. R3 was incontinent of stool, LPN-A used a wipe to remove stool from R3's bottom and LPN-B removed the soiled brief. LPN-A and LPN-B put the clean brief on. Neither LPN-A nor LPN-A changed their gloves and performed hand hygiene prior to putting on the new brief.</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 5/14/24 at 2:07 p.m., LPN-A stated she knew she was supposed to change gloves and sanitize or wash hands after removing old dressing and putting on new dressing. LPN-A explained she should have tied her gown but when she ties the gown it pulls her hair. Further, LPN-A stated she did not put on new gloves or sanitize her hands properly because the dressings stick to her gloves.</p> <p>During an interview on 5/14/24 at 2:08 p.m., LPN-B stated she had not removed her old gloves before putting new brief in place and touching other items, but knew that she was supposed to. LPN-B was unable to articulate why she had not completed proper hand hygiene during R3's cares.</p> <p>During an interview on 5/15/24 at 2:35 p.m., with the executive director (ED) and regional director of clinical services-South region expected staff to perform hand hygiene according to the facility policy and procedure.</p> <p>Facility Policy titled Hand Hygiene, revised 9/2023, indicated,</p> <p>Hand hygiene simply means cleaning hands using either handwashing (washing hands with soap and water), or antiseptic hand rub (i.e. alcohol-based hand sanitizer, including foam or gel).</p> <p>Times to Perform Hand Hygiene are, but not limited to:</p> <p>When arriving for work, When hands are visibly soiled wash hands with soap and water, Before and after direct resident contact</p> <p>Before and after performing any invasive procedure (e.g. fingerstick blood sample), Before and after entering isolation precaution setting, Before and after eating or handling food - wash hands with soap and water, Before and after assisting a resident with meals - wash hands with soap and water, Before and after assisting a resident with personal cares, Before and after handling peripheral vascular catheters and other invasive devices, Before and after inserting indwelling catheters, Before and after changing a dressing, Upon and after coming in contact with a resident's intact skin, such as when taking vitals or after assisting with lifting, After personal use of the restroom - wash hands with soap and water</p> <p>Before and after assisting a resident with toileting - wash hands with soap and water, After blowing or wiping nose</p> <p>After contact with a resident's mucous membranes and body fluids or excretions, After handling soiled or used linens, dressing, bedpans, catheters and urinals, After handling soiled equipment or utensils, After performing your personal hygiene - wash hands with soap and water, After removing gloves or aprons</p> <p>When work day is completed.</p>		