STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245244	A. Building B. Wing	05/01/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Long Prairie Health Care Center	20 9th Street SE Long Prairie, MN 56347

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** 49035 Based on observation, interview and document review, the facility failed to ensure proper personal protective equipment (PPE) was used when providing cares for 1 of 1 residents (R24) reviewed for enhanced barrier precautions (EBP). Findings Include: R24's quarterly Minimum Data Set (MDS) dated [DATE], indicated moderate cognitive impairment and one unhealed stage two pressure ulcer and a skin tear. R24's undated care plan included R24 was on EBP to prevent the spread of multi drug resistant organisms (MDRO). The care plan instructed to use gown and gloves with high-contact resident care activities. During medication pass observation on 4/28/25 at 7:17 p.m., nursing assistant (NA)-A, NA-B, and trained medication assistant (TMA)-A were observed repositioning R24 in her bed and assisting with drinking water. All three staff made contact with bedsheets, pillows and the resident during repositioning multiple times while not wearing PPE. During interview on 4/28/25 at 7:24 p.m., NA-A and NA-B confirmed R28 was on EBP and that they were not wearing gowns during repositioning. They both stated they would only wear a gown if they were changing R28's brief or doing other personal cares. During interview on 4/28/25 at 7:36 p.m., TMA-A confirmed R28 was on EBP for wounds to her buttocks. TMA-A stated PPE would be worn any time someone was providing wound care or changing her brief. During interview on 4/29/25 at 3:00 p.m., infection prevention registered nurse (RN)-A stated staff should wear PPE when providing personal cares. RN-A stated a sign was hung outside the door which indicated when PPE should be worn. During interview on 4/29/25 at 3:20 p.m., director of nursing (DON) confirmed staff should be wearing PPE when adjusting bedding and repositioning. DON stated immediate reeducation would be provided with staff to ensure all staff understood the expectations. (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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(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	Facility Enhanced Barrier Precautions dated March 2025, included the facility would follow Center for Disease Control (CDC) to reduce the transmission of MDROs through the use of gown and gloves during high contact resident care activities.