

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245259	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/19/2025
NAME OF PROVIDER OR SUPPLIER Luther Haven		STREET ADDRESS, CITY, STATE, ZIP CODE 1109 East Highway 7 Montevideo, MN 56265	

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** 42355</p> <p>Based on observation, interview, and document review, the facility failed to ensure appropriate transmission based precautions used for 1 of 1 resident (R4) with diagnosis of Respiratory Syncytial Virus (RSV).</p> <p>Findings include:</p> <p>R4's quarterly Minimum Data Set (MDS) dated [DATE], indicated severe impaired cognition with diagnosis of dementia.</p> <p>R4's progress note dated 3/14/25 at 9:39 a.m., indicated R4 continued to have a runny nose and wet cough and complained of not feeling well. 4-plex (nasal swab allowing staff to quickly identify whether a person is infected with Influenza A, Influenza B, Respiratory syncytial virus (RSV), or COVID-19) and placed on precautions.</p> <p>R4's progress notes dated 3/14/25 at 11:12 a.m., indicated call from physician that R4 had RSV, and R4 was placed on droplet precautions.</p> <p>During an observation on 3/18/25 at 12:36 p.m., R4's room door was open, and there was a droplet precaution sign outside door with a 3-drawer isolation bin with gloves, goggles, and face shields.</p> <p>During an observation on 3/18/25 at 1:16 p.m., R4 wheeled himself in wheelchair out into the hall without a mask on and moved towards the nurse's station. Nursing assistant (NA)-D returned R4 to room at 1:20 p.m.</p> <p>During an observation on 3/18/25 at 1:33 p.m., NA-D and NA-A entered R4's room with gloves, mask and goggles on. No gown was applied.</p> <p>During an observation and interview on 3/18/25 at 1:54 p.m., NA-D indicated R4 had RSV and staff were supposed to apply gloves, goggles and masks, but no gown. R4 continued to have a cough as well.</p> <p>During an interview on 3/18/25 at 1:59 p.m., licensed practical nurse (LPN)-H indicated for RSV staff should be wearing mask, goggles or face shield, gloves, and gown. LPN-H confirmed there were no gowns in the isolation cart outside of R4's room.</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 3/18/25 at 2:01 p.m., infection control preventionist (ICP), indicated R4 had RSV and was to be on contact and droplet precautions. ICP further stated the center for disease control (CDC) sign posted outside R4's room was for only droplet precautions. ICP walked to R4's room and placed the contact precautions sign and gowns in the cart outside of R4's room.</p> <p>During an interview on 3/19/25 at 2:01 p.m., interim director of nursing (DON) stated it was her expectation staff follow the CDC guideline for all infection control measures.</p> <p>Review of undated facility policy titled, Isolation Precautions, indicated strict isolation may be utilized:</p> <p>A.a. when a resident is identified to have an active infection with a highly transmissible or epidemiologically significant pathogen.</p> <p>A.d. Transmission based precautions (TBP) may be utilized with or without strict isolation. When the resident requires TBPs, over and above standard precautions, one or more of the following may be put into place:</p> <ul style="list-style-type: none"> i: Contact precautions ii: Airborne precautions iii: Droplet precautions iv: Enhanced barrier precautions 		