

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245270	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/12/2024
NAME OF PROVIDER OR SUPPLIER Whitewater Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 525 Bluff Avenue St Charles, MN 55972	

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 after meal service and during personal cares for 3 of 3 resident (R1, R2, R4) observed for hand hygiene.</p> <p>Finding include:</p> <p>R1's quarterly minimum data set (MDS) dated [DATE], identified R1 was understood and understands both verbal and nonverbal expressions, had moderate cognitive impairment, and was dependent on staff for assistance with most to all dressing and grooming activities.</p> <p>R1's skin care plan dated 9/11/23, identified R1 had ongoing pressure ulcers and skin concerns, with goals to heal without complications. Intervention included report evidence of infections.</p> <p>R1's activities of daily living (ADL) care plan dated 7/10/23, indicated self-care deficit as evidenced by inability to complete independently related to cerebral vascular accident (CVA) and essential tremors.</p> <p>During an observation on 6/12/24 at 7:34 a.m., nursing assistant (NA)-A and NA-B assisted R1 with incontinent care before transferring with full body lift to wheelchair. NA-A applied gloves and cleaned peri-area and buttock before fully removing incontinent brief from underneath R1. Without removing gloves and performing hand hygiene NAs applied new clean brief, assisted to put lift sling in place on lift, and transferred R1 into wheelchair. After R1 was seated in the wheelchair, NA-A and NA-B removed gloves and disposed of them. Neither NA performed hand hygiene after removing the gloves and NA-A pushed R1 into the dining area in his wheelchair.</p> <p>During an observation on 6/12/24 at 8:18 a.m., NA-A had gloves donned and proceeded to clear dining room tables with gloves on. NA-A was removing soiled trays and cups from the tables after breakfast. NA-A removed her gloves and put gloves in the trash bag, with her bare hands she walked back to the dining room table and grabbed 3 cups by the rims in her left hand and wiped the table down with a towel, brought the cups to the dirty cart. NA-A then asked an unidentified resident if she wanted help walking to her room. NA-A placed the resident's walker in front of her, then NA-A placed her hand on the resident's back and escorted her to her room. No hand hygiene noted. NA-A then returned to dining room and asked residents sitting at the dining tables if they wanted coffee refills. Residents agreed to coffee refills and NA-A proceeded to grab the coffee pot and fill the mugs of the 2 residents.</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>R2's quarterly MDS dated [DATE], identified R1 was usually understood and usually could understand both verbal and nonverbal expressions, had severe cognitive impairment and was dependent on staff for all ADL's.</p> <p>R2's care plan dated 1/18/21, indicated R2 had a self care deficit related to cognitive deficits, weakness, impaired mobility as evidenced by her impaired ability to bath and groom self.</p> <p>During an observation on 6/12/24 at 10:36 a.m., NA-A and NA-B assisted R2 from wheelchair to bed. Staff both had put gloves on upon entering R2's room. NA-A and NA-B worked together to roll R2 back and forth the remove her pants and soiled brief. NA-A wiped R2 and applied barrier cream. NA-A and NA-B with same gloves on assisted R2 into bed, position her with pillows, pull blanket up and apply the call light. NA-A and NA-B removed gloves upon exiting the room however, did not perform hand hygiene.</p> <p>During an interview on 6/12/24 at 10:40 a.m., NA-A and NA-B stated hand hygiene should be done at the beginning of cares and at the end. NA-A stated hand hygiene should be completed when going from dirty to clean but she hadn't done it because she had her gloves on. NA-A stated she would have changed her gloves and done hand hygiene if the resident had a bowel movement.</p> <p>R4's quarterly MDS dated [DATE], identified R4 was understood and usually understands both verbal and nonverbal expressions, had moderate cognitive impairment, and was dependent on staff for assistance with most to all dressing and grooming activities.</p> <p>R4's activities of daily living (ADL) care plan dated 5/26/20, indicated self-care deficit related to cognitive deficits, impaired mobility as evidenced by her inability to groom and dress self.</p> <p>During an observation on 6/12/24 at 11:33 a.m., NA-A and registered nurse (RN)-A were in R4's room. Staff both had gloves donned and were assisting R4 in changing her incontinent brief. NA-A was cleaning R4's bottom when she noted a small amount of BM and removed it. NA-A proceeded to remove soiled gloves looked around the room and went over and put on a clean pair of gloves without performing hand hygiene. NA-A continued putting the mechanical lift sling in place and transferred R4 to her wheelchair.</p> <p>During an interview on 6/12/24 at 3:53 p.m., regional nurse consultant (NC), director of nursing (DON), and assistant director of nursing (ADON), stated they would expect staff to follow the hand hygiene policy, the facility was currently working on infection control and ways to improve hand hygiene in the facility.</p> <p>Facility Policy titled Hand Hygiene, revised 11/2/2022, indicated,</p> <p>All staff will perform proper hand hygiene procedures to prevent the spread of infection to other personnel, residents, and visitors. This applies to all staff working in all locations within the facility. Policy defines hand hygiene as a general term for cleaning your hands by handwashing with soap and water or the use of an antiseptic hand rub, also known as alcohol-based hand rub (ABHR).</p> <p>Policy indicates use of hand hygiene under the following conditions.</p> <p>Hands are visibly dirty</p> <p>(continued on next page)</p>		

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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>Hands are visibly soiled with blood or other body fluids</p> <p>Before and after eating</p> <p>After using a restroom</p> <p>Exposure to Bacillus anthracis is suspected or proven</p> <p>Exposure to Clostridioides difficile is suspected or likely (i.e. isolation room for C. diff)</p> <p>After caring for a person with known or suspected infectious diarrhea</p> <p>When coming on duty</p> <p>Between resident contacts*</p> <p>After handling contaminated objects*</p> <p>Before performing invasive procedures</p> <p>Before applying and after removing personal protective equipment (PPE), including gloves</p> <p>Before preparing or handling medications</p> <p>Before and after handling clean or soiled dressings, linens, etc.*</p> <p>Before performing resident care procedures</p> <p>Before and after providing care to residents in isolation*</p> <p>After handling items potentially contaminated with blood, body fluids, secretions, or excretions*</p> <p>When, during resident care, moving from a contaminated body site to a clean body site*</p> <p>After assistance with personal body functions (e.g., elimination, hair grooming, smoking)</p> <p>After sneezing, coughing, and/or blowing or wiping nose</p> <p>Before going off duty</p> <p>When in doubt</p>		