

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/02/2025
NAME OF PROVIDER OR SUPPLIER Martin Luther Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 East 100th Street Bloomington, MN 55425	

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** 49618</p> <p>Based on observations and interviews, the facility failed to wear proper personal protective equipment for residents who were on droplet precautions for one of ten residents (R8) reviewed for personal protective equipment and precautions.</p> <p>Findings include:</p> <p>Observation on 1/2/25 at 4:11 p.m. showed R8 had a contact, droplet, and eye protection sign on the door. The sign indicated when entering R8's room, you should have clean hands, follow the droplet precautions by wearing a mask, eye protection if splashed/sprayed, gown, gloves, mask, and eye protection. Nursing assistant (NA)-A was observed walking into R8's room with a surgical mask, and reusable gown, no eye protection, or gloves. At 4:13 p.m., NA-A came out of R8's room and removed his gown but did not change his mask or wash his hands.</p> <p>R8's Face sheet printed on 1/2/25 indicated R8 was admitted to the facility on [DATE] with a primary diagnosis of moderate protein-calorie malnutrition. R8's additional diagnoses included cold autoimmune hemolytic anemia and symptoms and signs involving cognitive functions and awareness.</p> <p>R8's brief interview for mental status (BIMS) assessment dated [DATE] indicated R8 had a score of 15, which indicated R8 was cognitively intact.</p> <p>R8's progress note dated 1/2/25 indicated R8 had an episode of vomiting in the morning and had claimed that her stomach had been upset from the night before. R8 had been feeling nauseous and weak. R8's vitals had been within her baseline. R8's COVID test was negative.</p> <p>R8's special instructions in her banner printed 1/2/25 indicated R8 had droplet and contact precautions for gastrointestinal symptoms.</p> <p>During an interview on 1/2/25 at 12:35 p.m., NA-C stated the contact, droplet, and eye protection sign on a resident's door means you should wear a N95 mask, face shields, goggles, a gown, and gloves.</p> <p>During an interview on 1/2/25 at 12:56 p.m., NA-D stated for contact and droplet precautions you must wear a gown and gloves on when entering and you would take them off immediately before exiting the resident's room. NA-D stated he was not using an N95 mask when entering contact and droplet precaution rooms because the facility did not have any.</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 1/2/25 at 1:22 p.m. registered nurse (RN)-B stated she would expect any person who entered a resident's room who had contact and/or droplet precautions would wear a N95 mask, gown, and gloves.</p> <p>During an interview on 1/2/25 at 1:37 p.m., RN-C stated if a resident has droplet precautions, staff should wear a N95 mask and eye protection. For contact precautions, staff should wear a gown, gloves, and mask. RN-C stated she will sometimes wear eye protection when caring for a resident who is on contact precautions.</p> <p>During an interview on 1/2/25 at 4:15 p.m., RN-D stated R8 was vomiting in the morning and had felt weak. RN-D stated he thought it could be norovirus. RN-D stated he would expect masks to be changed and eye wear to be worn when going into R8's room.</p> <p>During an interview on 1/2/25 at 4:21 p.m., NA-A stated he did not know R8 was on any precautions. NA-A stated he did not know R8 had any precautions or why she was on those precautions.</p> <p>During an interview on 1/2/25 at 4:25 p.m. the infection preventionist (IP) stated if someone was going into a room with any precautions on it, then they would need to follow the sign. IP stated the facility's first COVID 19 positive resident was on 12/30/24. IP stated the facility has the norovirus running rampant throughout the facility.</p> <p>During an interview on 1/2/25 at 4:35 p.m., the director of nursing (DON) stated all staff and visitors should follow the PPE sign on the resident's doors. In COVID 19 rooms, N95 masks should be worn.</p> <p>During an interview on 1/2/25 at 4:40 p.m., the administrator stated all staff and visitors need to follow the precaution signs on a resident's door.</p> <p>The facility's Transmission/Isolation Precautions policy indicated the equipment necessary to carry out precautions or isolations are gowns, goggles/face shields, mask, gloves, and performing hand hygiene.</p>		