

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/16/2024
NAME OF PROVIDER OR SUPPLIER  Charter House Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 211 Northwest Second Street Rochester, MN 55901	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49893</p> <p>Based on observation, interview, and record review the facility failed to ensure transmission-based precautions (TBP) were initiated for 1 of 1 resident (R64) suspected of having clostridioides difficile (c-diff-a highly contagious bacteria that causes significant diarrhea, often attributed to antibiotic use).</p> <p>Findings include:</p> <p>R64's admission Minimum Data Set (MDS) dated [DATE], indicated mild cognitive impairment, no behaviors, substantial assist with activities of daily living (ADL's), transferring, and bed mobility. It also indicated incontinence.</p> <p>R64's diagnosis list includes incontinence and urinary tract infection's.</p> <p>R64's care plans included R64 required an assist of 1 for transfers, bed mobility, toileting, toilet hygiene, and ADLs.</p> <p>During interview and observation on 10/14/24 at 3:41 p.m., R64 stated diarrhea episodes started a couple days ago. No indication of transmission-based precaution noted on door. No personal protective equipment (PPE) noted outside room.</p> <p>During interview on 10/15/24 at 2:09 p.m., nursing assistant (NA)-A stated occupational therapy assists R64 with getting ready for the day and nursing staff assist R64 with cares and toileting the rest of the day. Nursing assistants also assist the nurses with positioning during dressing changes. NA-A stated R64 had loose stools for at least the past two days and received antibiotics for a urinary tract infection. NA-A stated loose stools are immediately reported to the nurse.</p> <p>During interview and observation on 10/15/24 at 2:12 p.m., R64 reported having loose stools for the past couple days that were loose enough to have occasional bowel incontinence. R64 was told by the facility medical provider the morning of 10/15/24 a stool sample was going to be collected. No indication of transmission-based precautions noted on resident's door. No PPE noted outside room.</p> <p>Progress notes indicated R64 was started on cefdinir (antibiotic) for UTI on 10/9/24. On 10/10/24, R64's antibiotics were changed from cefdinir to Augmentin. A large loose stool was noted on 10/11/24. R64 refused antibiotics due to having loose stools on 10/13/24. Two medium loose stools were documented on 10/14/24.</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>October medication administration record (MAR) confirmed R64 received cefdinir on 10/9-10/11 and Augmentin 10/10/24-10/15/24.</p> <p>A provider order dated 10/14/24 indicated:</p> <ul style="list-style-type: none"> <li>-stool sample to rule out C-diff</li> <li>-hold Miralax, senna [stool softeners] if [R64] is having loose stools</li> <li>-given antimicrobial resistance on recent urine culture, would prefer to not change antibiotic at this time and would encourage [R64] to take Augmentin if [R64] is willing.</li> </ul> <p>Provider progress notes dated 10/15/24 indicated R64 had loose stools and C-diff/stool assessment was ordered 10/14/24 but not yet obtained. It also indicated R64 refusal to take prescribed antibiotic.</p> <p>During interview 10/15/24 at 2:48 p.m., registered nurse (RN)-A stated R64 has had several loose stools and was recently placed on Augmentin. RN-A stated the interdisciplinary team (IDT) met and discussed R64's loose stools, orders for stool sample, and placing R64 on C-Diff precautions.</p> <p>During interview on 10/15/24 at 4:41 p.m., the infection preventionist (IP) stated there is an IDT meeting every day however did not attend that morning due to a quality improvement meeting. The IP stated progress notes are reviewed every morning for documentation of any infection related issue. Residents are placed on TBP when suspected of having symptoms outside of their baseline and prior to when ordered labs are obtained. IP stated the provider did not want to adjust R64's antibiotics due to history of antibiotic resistance and wanted to rule out C-Diff.</p> <p>During observation on 10/15/24 at 4:29 p.m., no TBP or PPE were noted outside R64's room.</p> <p>During interview and observation on 10/15/24 at 4:49 p.m., the IP confirmed the facility received an order for C-diff testing on 10/14/24, was processed the afternoon on 10/14/24. IP confirmed R64 should be on TBP pending lab results. IP stated an email was sent to the care coordinator and nurse manager the morning of 10/15/24 indicated R64 is to be on precautions. IP confirmed there was no TBP or PPE located outside of R64's room. IP stated a clarification email was sent the morning of 10/15/24 confirming R64 should be on TBP while waiting for lab sample to be obtained.</p> <p>During interview on 10/16/24 at 12:25 p.m., the director of nursing (DON) stated if staff request orders from providers for testing for gastrointestinal illness, the expectation would be for resident's to immediately be placed on transmission-based precautions. This is necessary to prevent the spread of potential infections to other residents and staff.</p> <p>A policy titled Isolation Precautions: Modified Contact Procedure- Mayo clinic Health System, Rochester dated 7/8/24, indicated a purpose of provide personnel with the direction to safely care for a patient requiring Modified Contact Precautions to prevent the transmission of diseases spread by contact, specifically Clostridiodes difficile (C. Difficile), C. auris, or norovirus infections. Section titled Procedure indicated use Modified contact Precautions for suspected or confirmed Clostridiodes difficile (C. difficile), C. auris, or norovirus infections because these organisms require cleaning with bleach.</p> <p>(continued on next page)</p>		

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F 0880  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	A policy titled Clostridioides Difficile (C-diff) guideline-Rochester dated 7/3/23 indicated Suspected infections of clostridium difficile will be verified by culture or by evidence of positive cytotoxin assay. Nursing should be alert to isolate residents with any symptoms when suspected and prior to obtaining confirmatory lab results.		

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<p>F 0883</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement policies and procedures for flu and pneumonia vaccinations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49893</p> <p>Based on interview and document review, the facility failed to ensure 3 of 5 (R5, R114, R9) residents were appropriately vaccinated against pneumococcal disease upon admission and/or offered updated vaccination per Centers for Disease Control (CDC) vaccination recommendations.</p> <p>Findings include:</p> <p>R5 was [AGE] years old, admitted [DATE]. R5 received PCV-13 on 6/8/15 and PPSV-23 on 9/19/17. There was no documentation to support R5 had a discussion with a medical provider regarding the PCV-20 vaccine, according to current CDC guidance for vaccines.</p> <p>R9 was [AGE] years old, admitted on [DATE]. R9 received PCV-13 on 4/26/17 and PCV-23 on 12/3/18. There was no documentation to support R9 had a discussion with a medical provider regarding the PCV-20 vaccine, according to current CDC guidance for vaccines.</p> <p>R114 was [AGE] years old, admitted on [DATE]. R114 received PCV-13 on 1/29/16 and PPSV-23 on 10/1/99. There was no documentation to support R114 had a discussion with a medical provider regarding the PCV-20 vaccine, according to current CDC guidance for vaccines.</p> <p>During interview on 10/15/24 at 2:26 p.m., the IP stated immunizations are reviewed upon admission for COVID, pneumococcal, respiratory syncytial virus (RSV) and influenza. If residents have had PCV-13 and PPSV-23, they are deemed fully vaccinated and not triggered to receive PCV-20. IP stated she would ask facility providers if resident's were evaluated for eligibility of PCV-20.</p> <p>During interview on 10/16/24 at 9:30 a.m., the IP stated facility providers reported immunizations were generally deferred to the residents' outside primary care provider due to residents' stay being short term. IP reviewed medical records and confirmed R9, R114, and R5 were eligible to receive PCV-20 however, the records lack any documentation the vaccines were offered or evaluated for appropriateness.</p> <p>During interview on 10/16/24 at 12:25 p.m., the DON stated she would expect vaccines to be offered to residents who are eligible.</p> <p>A policy titled Vaccination of Resident's Policy-Rochester dated 7/2/24 indicated All residents will be assessed for current vaccination status prior to admission. Vaccinations will be offered annually or as indicated, unless medically contraindicated. Policy notes section of the policy states Vaccinations are offered to short Term Rehabilitation Center residents on admission, annually, and as needed.</p> <p>CDC pneumococcal guidelines located at <a href="https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumo-vaccine-timing.html">https://www.cdc.gov/vaccines/vpd/pneumo/hcp/pneumo-vaccine-timing.html</a>, identified for adults [AGE] years of age or older, staff were to offer and/or provide based off previous vaccination status as shown below:</p> <p>Received PCV-13 at Any Age AND PPSV-23 AFTER Age [AGE] years:</p> <p>(continued on next page)</p>		

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F 0883  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	aa) Use shared clinical decision-making to decide whether to administer PCV-20. If so, the dose of PCV-20 should be administered at least 5 years after the last pneumococcal vaccine.		