

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245319	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/06/2025
NAME OF PROVIDER OR SUPPLIER LA Crescent Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 101 South Hill Street LA Crescent, MN 55947	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51578</p> <p>Based on observation, interview, and document review, the facility failed to ensure refrigerated food items were disposed of after expiration date and were properly stored, labeled and dated. This had the potential to affect 28 of 28 residents, staff and visitors who may eat from the facility kitchen.</p> <p>Findings include:</p> <p>During an initial tour of the kitchen on [DATE] at approximately 1:51 p.m., while verifying temperatures of the refrigerators, it was identified a box of oranges dated [DATE] with what looked like some white fuzz on one of the oranges and brown liquid coming from a bag of grapes.</p> <p>During a follow up observation and interview on [DATE] at 11:30 a.m., dietary aide (DA)-B identified a half gallon of expired milk with an expiration date of [DATE] on the front of the container and a can of soda and opened bottle of water next to the milk. DA-B was unaware what the half gallon of skim milk was used for and why the soda was in the refrigerator. DA-B indicated this was one of the main refrigerators used to store the prepared foods served to the residents.</p> <p>During an interview on [DATE] at 12:00 p.m., interim dietary manager (IDM) who overlooks several facilities and dietary staff. IDM reviewed the policy for labeling foods and there should be nothing used after expired. The IDM was informed there was some personal items such as a soda and a used water bottle in the refrigerator next to some of the food that is used to prepare the food for the residents.</p> <p>During an initial phone interview on [DATE] at 2:35 p.m., registered dietician (RD) visits the facility monthly or as needed.</p> <p>During a follow up visit to the kitchen on [DATE] at 8:52 a.m., the half-gallon of skim milk remained in the refrigerator, unsure if it was used.</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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on [DATE] at 8:53 a.m., DA-A explained the date on the half gallon skim milk was received from the food vendor on [DATE] and opened on [DATE]. DA-A explained the dietary staff take turns going through the refrigerators and checking for items that were outdated or maybe expired. DA-A verified the expired date on the milk read [DATE], and DA-A was not aware of what they were using the expired milk for or who had opened the milk. DA-A took the milk out of the refrigerator and discarded the milk in the sink. DA-A said the milk should not be served to residents because there is a chance of the residents getting sick. DA-A would expect the staff to discard any items expired and notify the dietary manager. DA-A was unable to verify who the soda belonged to, which remained in the refrigerator. DA-A confirmed the orange covered in white fuzzy substance. DA-A was unsure what to do with the other oranges. DA-A explained they would take them out of the refrigerator and reach out to the IDM for further steps. All temperatures were with in normal limits for the refrigerators and DA-A was unaware of any issues with the refrigerator.</p> <p>During a follow up phone call on [DATE] at 09:17 a.m., RD said there is a monthly audit completed and is used for all of the refrigerators. RD said the sanitation audit is done anytime during the month, however it is usually completed with in the first 15 days of the month. During the audit any expired or moldy items would be pulled and a conversation would occur with the cook on replacement of the items. RD added if an item was opened and found to be expired, a notification to the DON infection preventionist would be included to protect residents from being exposed to food borne illness.</p> <p>During an interview on [DATE] at 9:34 a.m., administrator explained they have been working with the Healthcare Services Group for their dietary needs for several years. The expectation is any contracted staff would be familiar with the requirements and are informed on all current procedures and policies pertaining to the dietary needs of the residents.</p> <p>During an interview on [DATE] on 9:45 a.m., director of nursing (DON) and IDM stated when informed about the food contamination they would follow the process like any other infection control process. The facility would audit the kitchen, staff, and residents for follow up concerns, The dietary staff are trained on how to handle food items and expectations are outlined prior to hiring. All staff are required to report any type of concern to the DON, IDM, and/ or nursing staff. The staff are also suppose to store their personal food items in the breakroom and not anywhere in the kitchen.</p> <p>Facility policy titled Food Storage, dated [DATE], includes Sufficient storage facilities provided to keep foods safe, wholesome and appetizing. Food will be stored in an area that is clean, dry, and free from contaminants. Food will be stored at all temperatures and by methods designed to prevent contamination or cross contamination. All stock rotation with each new order received includes old stock rotated used first, food should be dated as it is place on to shelves, date marking will be visible on all high-risk foods to indicate when opened and discarded.</p> <p>Facility Healthcare services agreement includes: Track weekly food items, purchase, store, and handle food properly.</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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49893</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper use of personal protective equipment (PPE) during cares for 1 of 3 residents (R14) reviewed for enhanced barrier precautions (EBP).</p> <p>Findings include:</p> <p>R14's quarterly Minimum Data Set (MDS) dated [DATE], indicated R14 was cognitively intact and had surgical repair of deep ulcers.</p> <p>R14's provider orders included enhanced barrier precautions d/t surgical wound to left ankle.</p> <p>R14's diagnoses list included osteomyelitis (bone infection) to ankle and foot.</p> <p>R14's care plan indicated history of streptococcal arthritis (type of infection) to left ankle and foot, surgical incision and deep tissue injury to left foot, and EBP related to surgical wound to left ankle.</p> <p>During an observation and interview on 2/3/25 at 2:57 p.m., an orange sign indicating EBP was posted on the door outside R14's room. A shelving unit containing gowns and gloves was located across the hall outside another resident's room. A second cart containing PPE was located further down the hall near the hand washing station. A second sign was posted inside R14's room next to an over-the-door shelving unit containing gloves. During the interview, R14 stated staff wear the gowns when changing her bandages on her foot however no other time. R14 stated staff wore the gowns for safety.</p> <p>During an observation on 2/5/24 at 3:23 p.m., nursing assistant (NA)-A and NA-B entered R14's room with the mechanically stand (machine used to assist with transferring residents) to ready R14 for a shower. NA-A and NA-B were not wearing a gown or gloves. NA-A assisted R14 with putting on gripper socks and placed stand sling under R14's arms. NA-A applied gloves from the shelving unit on R14's door. NA-B operated stand assisting R14 to standing position. NA-A pulled down R14's incontinence brief and placed the shower chair behind R14. NA-B then lowered R14 to the shower chair and left the room with the stand. While still wearing gloves, NA-A removed R14's incontinence brief, threw it away, removed gloves and washed her hands. R14 grabbed the items needed for the shower while NA-A draped a sheet around R14's shoulders and lap for privacy. NA-A brought R14 to the shower room located down the hall. In the shower room, NA-A washed hands and applied gloves however, did not don (put on) a gown. R14 removed own night gown while NA-A removed R14's socks. NA-A removed the wrap around R14's left foot and wheeled resident into shower area. R14 was able to wash chest, arms, abdomen, and legs independently. NA-A washed R14's hair and back while wearing gloves but no gown. After the shower, R14 was able to dry her head, chest, arms, abdomen, and upper legs independently. NA-A dried R14's back and lower legs. R14 put on night gown independently. NA-A put gripper socks on R14's feet and draped her with a sheet for privacy and exited shower room. Outside R14's room the director of nursing (DON) and registered nurse (RN)-A were donning gloves and isolation gown in preparation to assess and apply dressing to R14's surgical wound. After wheeling R14 into the room, NA-A put on gloves and isolation gown. NA-A and RN-A assisted R14 into bed. NA-A removed PPE and left the room.</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>During an interview on 2/5/25 at 4:18 p.m., NA-A stated she was employed with a staffing agency and it was her 3rd day at the facility. NA-A stated PPE should be worn upon entering a resident's room who was on precautions. The type of PPE used was dependent on the type of precaution. If a resident has a wound, PPE should be worn for all cares. NA-A stated she did not know R14 had a wound but did confirm PPE should have been worn during R14's shower.</p> <p>During an interview on 2/5/25 at 4:22 p.m., NA-B stated staff are informed verbally when residents are placed on precautions and have had training's regarding why resident's are placed on precautions. NA-B stated when residents are on precautions, staff should wear a gown and gloves for all cares. NA-B reported seeing the EBP sign outside R14's room however the cart with PPE was down the hall outside another resident's room. NA-B stated the cart should have been outside R14's room.</p> <p>During an interview on 2/6/25 at 8:35 a.m., the DON stated a sign is placed on the door of a resident's room indicating a resident is placed on precautions. Staff are instructed to follow a resident's care plan and the signs outside a resident's door. The sign on the doors indicate what activities require the use of PPE and what PPE to be used. Further, the DON indicated PPE should be worn for bathing, hygiene, transfers, and changing linens for residents on EBP.</p> <p>A policy revised 8/8/24 titled Enhanced Barrier Precautions indicated the policy is in place to prevent the transmission of multidrug-resistant organisms (MDROs). Enhanced barrier precautions is defined as an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and gloves use during high contact resident care activities.gowns and gloves should be made available immediately near or outside the resident's room . high-contact resident care activities as dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use, and wound care of any chronic skin opening requiring a dressing . enhanced barrier precautions should be followed outside the resident's room when performing transfers and assisting during bathing in a shared/common shower room.</p>		