

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Mother of Mercy Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 230 Church Avenue, Box 676 Albany, MN 56307	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43080</p> <p>Based on observation, interview, and document review, the facility failed to ensure necessary care and services were provided to 1 of 1 resident (R1), whose severe environmental allergies were not adequately addressed to ensure she was comfortable and sufficiently protected from preventable allergy reactions. Additionally, when facility renovations were started, adequate barriers to prevent debris and chemical pollution from leaving the construction area were not maintained to protect R1.</p> <p>Findings include:</p> <p>During a facility tour on 7/18/24, at 9:39 a.m., the second-floor spa room had a sign on its closed door that indicated the room underwent a complete renovation which started on 7/8/24. The spa doorway was encased by a temporary non-zippered enclosed barrier made of plastic sheeting and wooden 2x4s. The barrier's entrance was a cut in the plastic that ran from the floor to about a foot from the ceiling and was unsecured to the floor, which caused a gap in the entrance. Observations were made through the plastic sheeting into the barrier; however, there was a fine film of white powdery substance on both the inside and outside of the plastic, along with the same powder on top of the fire extinguisher box to the left of the enclosure, when fingers were swiped across the surfaces outside of the barrier. The area was free of any strong odors; however, there was a faint smell of cut wood, directly in front of the enclosure opening.</p> <p>On 7/18/24, at 9:52 a.m., sounds heard from the spa room were indicative of something being cut.</p> <p>On 7/18/24, at 10:38 a.m., the spa room was toured with the maintenance director (MD)-A. Two tile installers worked at installing tile. A commercial tile saw was present. The two air supply vents and two air return vents were all uncovered, and a box fan circulated air. Cut tile odors were smelt.</p> <p>R1's quarterly Minimum Data Set (MDS), dated [DATE], indicated R1 was cognitively intact. Her significant change MDS, dated [DATE], indicated R1 experienced shortness of breath (SOB) with exertion and was free of oxygen use. Diagnoses included chronic systolic congestive heart failure (CHF) and allergic rhinitis (an inflammation of the nasal membranes that is characterized by sneezing, nasal congestion, nasal itching, and rhinorrhea, in any combination).</p> <p>R1's electronic medical record (EMR) allergy listing identified R1 had 11 different drug allergies, and one environmental Perfume allergy. The EMR lacked evidence to identify the perfume allergy as identified upon admission documents, which was as a severe allergy with a designation of anaphylaxis for a reaction manifestation.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's care plan, reviewed 7/18/24, identified the following:</p> <p>-A self-care deficit problem, revised 5/2/23, related to impaired mobility secondary to respiratory failure with hypoxia and left below the knee amputation (BKA).</p> <p>-An alteration in respiratory status, revised 4/19/23, related to diagnosis of Covid-19, respiratory failure with hypoxia, and CHF where R1 experienced SOB with exertion. 4/19/23 initiated interventions included oxygen (O2) as ordered, observe for respiratory signs/symptoms (s/s), labs as ordered, provide education as needed for appropriate breathing, relaxation techniques to help normalize breathing patters, and s/s of when to rest.</p> <p>The care plan lacked evidence of R1's perfume and medication allergies and any associated mitigating interventions, along with R1's preferences and her concerns with other odors and chemical uses for nursing and ancillary staff to follow. In addition, the care plan lacked s/s of respiratory and/or any additional medical impact(s) R1 experienced when she was exposed to allergens to assist staff in respiratory observations.</p> <p>R1's Electronic Medical Record (EMR) identified the following:</p> <p>-On 7/10/24 at 12:22 a.m., per a progress note, R1 requested a pain medication for right leg/foot pain and a headache.</p> <p>-On 7/10/24, a late entry at 12:00 p.m., per a progress note, the (previous) director of nursing (DON)-A (no longer employed with the facility) met with R1 and discussed R1's concerns related to possible allergic reactions to the air from construction. Her throat was scratchy, and she wanted an EpiPen readily available, in case she worsened. She denied anaphylaxis. Environmental precautions were discussed: she was offered a room change and an N95 mask, as well as standing order O2 initiation as needed (PRN) throughout the construction period. She was pleased and declined a room change. Staff were advised to call emergency medical services (EMS) if symptoms progressed.</p> <p>-On 7/10/24, 1:33 p.m., per a progress note, R1 complained of allergy sensitivities due to construction smells. She was offered another room on a different floor; however, she declined and informed the nurse it is in the ventilation system, it is just as bad on third floor. PRN Benadryl was provided and ineffective. An N95 was provided, along with O2 per her request for comfort. R2 requested an increase in the PRN Benadryl. Per the DON-A, if R1 requested, staff may call EMS for hospital transport.</p> <p>-On 7/10/24, per R1's order listing, O2 1-2 liters via nasal canula or 5-6 liters via mask was ordered.</p> <p>-On 7/10/24, per R1's order listing, Benadryl 50 mg twice a day (BID) PRN for nasal rhinitis and/or allergy was increased from 25 mg per R1's request due to sensitivities with construction smells at facility.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When interviewed on 7/18/24, at 11:52 a.m., R1 sat in her room with an N95 face mask on and was without supplemental O2. When the surveyor introduced herself, R1 exclaimed, You are my last resort! R1 identified a severe allergy to chemicals and provided a list of the top ones; however, she stated, Anything made with chemicals, hand sanitizer is a deadly one for me. The list identified the following: shampoo, hair conditioner, styling products, laundry products, fabric softener/scent beads, perfumes, chloride, hand sanitizer, bleach, air freshener, alcohol, body wash and lotions. Due to this, she bought her own toilet paper and bathing products, family washed her laundry, and housekeeping cleaned her room with only water. She explained that she had dealt with these concerns for the past [AGE] years related to an in-home chemical spill accident that burnt her nose and throat. During the interview, R1 identified that a couple months ago a newer staff entered her room after they applied hand sanitizer. This started an increase in her allergy associated s/s. She had yet to completely recoup from that episode before her health again started to go backwards after there was an odor in the air the prior week on the second and third units that reminded her of bug spray. This odor lasted all afternoon on 7/10/24 and some on 7/11/24. She thought this came from the vents. On 7/13/24 and 7/14/24, there was a completely different odor: a powdery fragrance. She pondered the 7/10/24 odor was from the wood utilized during the construction but did not know what other supplies were utilized by the workers. She stated she was not updated on the construction specifics or any associated risks to her health before it began, only that there would be construction and a new tub. R1 acknowledged she was offered a different room after her initial complaints on 7/10/24 but declined, as she felt the odors came from the vents, no matter where she went, she would smell them. Since the construction started, her speech was choppy, and she required supplemental O2 which she had not utilized since last summer. She attributed this to the construction odors, not the dust. Additionally, R1 stated, I cannot continue to live like this. I try to handle things myself but this last issue with my allergies, I just cannot take it anymore. She explained everyone knew, or should know, about her allergies, and other odor sensitivities. She was able to make her providers understand at times; however, nothing work[ed] on the nurses. Facility management talked with her the previous week, after her complaints, and informed her there was nothing in the air or coming from the vents. As staff often told her they did not smell what she smelt, she felt staff did not believe her. R1 additionally vented her frustrations related to staff, especially management, who failed to take her seriously. She questioned, Why would I ask for a mask and oxygen when I would not need it. I do not need their attention. She felt staff likely disbelieved how bad her allergies were, or they did not understand, or they did not care, adding did not fit the norm when it came to allergies.</p> <p>Immediately after R1's interview, a sign was observed on her closet door: located just inside her room door. The sign identified no chemicals, scents, and perfumes due to severe allergy. Surveyor had not noted this walking into the room, or while in the room for an extended period of time, only while exiting.</p> <p>On 7/18/24, at 12:38 p.m., a sign was observed on a unit restroom door, adjacent to R1's room, that identified No Sprays, Scents, or Perfumes in this bathroom. This is a scent sensitive hallway.</p> <p>On 7/18/24, at 12:40 p.m., the spa door was wide open, and the room was free of construction workers. A fan was positioned in the room and air was felt coming from the room. The plastic barrier sheeting doorway moved on its own. A fainter chemical/wet tile/grout like odor was smelt in the hallway. Shortly after, two construction workers entered the room and shut the door.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>When interviewed on 7/18/24, at 2:58 p.m., RN-A, who identified herself as the nurse manager, stated she was made aware of R1's construction concerns on 7/10/24; however, she did not get involved, nor performed any follow-up with R1, nor setup any respiratory monitoring for her. RN-A stated R1 was very sensitive to any smell(s): hand sanitizer will set her off sometimes. At times, R1 overexaggerated and she felt R1 experienced more of a mental reaction versus a physical reaction to odors. RN-A explained R1's allergies and sensitivities were just passed on from person to person and if there were new staff, they went a little more in-depth with training related to things such as R1. In addition, staff obtained resident information via the care plan and the Kardex. RN-A reviewed R1's Kardex and care plan and acknowledged they lacked information related to R1's allergy concerns and risk mitigation. This information was expected to be there as it was very important information, even if some of R1's concerns were preferences and not true allergies. RN-A identified she would add this information to these items on 7/19/24.</p> <p>During an interview on 7/18/24, at 3:38 p.m. nursing assistant (NA)-A stated that on 7/8/24 R1 complained of a headache and queasy feeling related to odors within the facility. R1 was super sensitive to smells: just about to anything. She however was unaware of R1's hand sanitizer sensitivity. She was expected to not wear fragrances, which she attempted to do. She identified the facility hired agency staff at times and explained information about residents was obtained from the Kardex, or care plan, and they were expected to review this information to ensure appropriate care.</p> <p>When interviewed on 7/18/24, at 3:45 p.m., NA-B stated R1 had allergies to fragrances and strong smells, especially hand sanitizer, and that R1 kicked staff out of her room if she smelt them in any way. On 7/8/24, R1 complained of chemical smells in the air. Since then, R1 reported someone told her there were chemicals in the vents. R1 currently utilized an N95 mask, kept her door open, windows open at times, and fans on to help mitigate odors being smelt. She identified R1 provided staff a list of specific information related to things that upset her allergies; however, it was some time since she saw that and could not remember specific details. NA-B felt this information was on R1's Kardex but was not 100 percent sure. She expected any specific [resident] information to be on the Kardex for staff awareness. If not present, there was potential for R1's allergies to flare up, cause mental stress to R1, and/or cause R1 frustration and agitation.</p> <p>During an interview on 7/19/24, at 9:31 a.m., housekeeper (HSK)-A stated she entered R1's room to clean on 7/16/24 and R1 brought up perfume concerns. She reminded HSK-A to keep smells away from her. After she reiterated her knowledge of this to R1, R1 informed her someone that day entered her room with perfume on. HSK-A did not ask her for any additional details.</p> <p>When interviewed on 7/19/24, at 10:35 a.m., the ICP stated she followed up with R1 on 7/10/24, 7/11/24, and 7/12/24 after R1 was observed with an N95. R1 was very sensitive to fragrances and smells and could not handle them, and thus staff were highly encouraged to not wear fragrances. She explained R1 reported potential anaphylaxis concerns related to this; however, RN-B was not aware of such a reaction since her admission. She identified, a lot of staff education on wearing perfumes was provided as this [was] healthcare. If staff failed to follow risk mitigation for R1, risks to R1 would potentially be anxiety and panic. Staff needed to be proactive related to the potential anaphylaxis and resident safety was above everything else. Due to this, she expected this was on R1's care plan/Kardex to ensure all staff who worked with R1 were knowledgeable. If not there, she expected this to be immediately added.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/19/24, at 11:06 a.m., the interim director of nursing (DON) stated in situations such as R1's, she expected to see a notice on the resident's door and staff education. She also hoped this information was on the care plan for it to trigger the Kardex. However, she did not feel there were any real risks to R1 if this information was not on the care plan as there was a sign on her room door, and this was enough, as staff saw this when they entered R1's room. The DON stated she was not overall familiar with the current spa construction and was unsure if there was any resident harm, or concerns, other than one lady who complained of odors and dust. She followed up with the statement, Maybe mental harm, I do not know. When asked to clarify her statement, she identified R1 filed a police report; however, she was unsure as to what the report stated. She was informed R1 called the police often and staff were not surprised when the police walked in. She denied she spoke with R1 after, or since, the police exited.</p> <p>On 7/19/24, at 11:21 a.m., an observation of R1's room door identified a lack of any precaution identification(s).</p> <p>During a follow-up interview with R1 on 7/19/24, at 11:22 a.m., R1 stated she experienced another episode when staff came into her room the prior evening. She did not initially react; however, right after the staff exited, she smelt an odor that caused her mouth to burn and needed the oxygen to clear her lungs. This delayed reaction occasionally occurred. R1 identified she often experienced a flight or fight response when she smelt odors that may cause breathing concerns because of how staff react to her and their unwillingness to protect her life. She does not feel safe here as there was nowhere for her to go to get away from the odors and she did not have enough strength to go outside when her symptoms occurred, and even if she did, she was required to pass by the essential oil staff. In addition, when she experienced increased breathing concerns, staff just told her to call 911. Overall, she expressed concerns if staff entered her room and had something on that triggered her anaphylaxis, she would die, as staff did not understand how significant her allergies to odors were.</p> <p>When interviewed on 7/19/24, at 11:49 a.m., for follow-up, RN-A stated, since 7/18/24, there were no conversations with other staff related to R1 and she had yet to update R1's care plan related to allergies and preferences.</p> <p>When interviewed on 7/19/24, at 12:08 p.m., NA-C stated awareness of R1's allergies to perfumes and such. She identified that at one point in time the facility painted R1's unit and she moved to another. After R1 returned to her current unit, she stopped coming out of her room as she had previously. She felt R1 currently came out even less now compared to before the construction. R1's Kardex identified allergies; however, she was unaware of any details. Due to R1 allergies, she did not wear perfumes or other similar items at work. She identified, when she switched hair shampoo, R1 questioned her about it. Recently, R1 appeared more sniffly, was more upset, had headaches, watery eyes, and stated she was itchy when she had reactions: You can tell she is going through it.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a telephone interview on 7/19/24, at 1:44 p.m., R1's family member (FM)-A stated R1's concerns increased when [management] stopped listening to [R1] in November . after there was a management change. She explained R1 felt her life was in danger as no one took R1's allergies seriously as they had prior to November. She explained R1's allergy history, history of medical neglect, and how she struggled with her many allergies and sensitivity fluctuations. She and R1 spoke daily. R1 updated her today of an incident that occurred later in the day prior (last evening). The encounter did not burn her mouth right away, but she was impacted shortly after. On 7/9/24, R1 contacted her and continued to call about every 10 minutes until she finally calmed down. She cried and was hysterical as she stated staff were going to kill her, nobody cared about the odors she smelt, and staff made her feel stupid when they stated they smelt nothing and how they communicated with her at the time. FM-A thought R1's allergies and mitigations were on her care plan; however, had never fully verified this. She wanted this information added, especially since they all know about R1's condition.</p> <p>During a telephone interview on 7/22/24, at 9:48 a.m., the director of social services (DSS) stated R1 could not be around perfumes and currently pursued a different living situation in relation to her concerns. Staff attempted very hard to keep other staff out of R1's room who wore body sprays, but despite staff reminders, that does not always connect with staff. She stated R1 now ate in her room as her throat closed-up when she went to the dining room. During recent conversations with R1, R1 was very fearful, she did not like the N95 but continued to wear it, and she did not trust anyone anymore. She was concerned none of her concerns were being addressed. Due to this, R1 called the ombudsman and the police. Her mood then was defensive and angry, but she calmed by the end of the conversation. DSS was unaware if R1's allergy concerns, and risk mitigation, were on the care plan; however, even if on the care plan, she felt nothing would change as staff failed to listen.</p> <p>During a telephone interview on 7/22/24, at 3:01 p.m., R1's medical provider (MD) identified R1's clinic record contained an extensive list of adverse reactions/allergies, which included a perfume allergy initially documented in 2012. He lacked remembrance of any recent conversations with R1, or staff, related to odors and reactions, nor any conversations about the construction and any potential impacts on R1, but recently she requested Benadryl increases due to smells. With R1's provider visit on 7/18/24, R1 did not mention construction concerns and her respiratory exam was negative. MD explained, based on R1's perfume allergy, anyone who went into her room with perfume on was a concern due to her anaphylaxis risks. He expected staff with perfume to remain out of R1's room and commented the facility should be fragrance free. In addition, if he were in R1's shoes, and sincerely afraid of something happening when someone came into her room with perfume on, he would have a placard placed on her door to visible warn and/or remind others. Care plans were great, but realistically everyone who went into her room may not have access to her care plan.</p> <p>A Care Plans, Comprehensive Person-Centered policy, dated March 2022, identified a comprehensive, person-centered care plan, that included measurable, objectives and timetables, to meet the resident's physical, psychosocial and functional needs, was developed and implemented for each resident. The care plan was expected to be reviewed at routine intervals and when desired outcomes are not met and then revised as information about the resident and their condition(s) changed.</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 - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43080</p> <p>Based on observation, interview, and document review, the facility failed to ensure infection control mitigation processes were timely and effectively implemented prior to, and during, facility demolition and renovations. In addition, the facility failed to hire a licensed, and certified contractor, to oversee the construction. This had the potential to impact all 51 residents within the facility.</p> <p>Findings include:</p> <p>Between 7/12/24 and 7/15/24, five Common Entry Point (CEP) complaints were submitted to the State Agency (SA) from multiple residents. Concerns centered mainly around a construction project not being properly overseen by a licensed contractor and failure to adhere to Centers for Disease Control and Prevention (CDC) Long Term Care (LTC) construction guidelines for infection control (IC) and resident respiratory and safety protections. As a result, construction odors and dust traveled into resident areas and a potential black mold discovery was not properly remediated and removed.</p> <p>A CDC website, Part II. Recommendations for Environmental Infection Control in Health-Care Facilities, dated 1/11/24, identified the recommendations were part of the Guidelines for Environmental Infection Control in Health-Care Facilities (2003), which reflected a consensus of expert opinions and extensive consultation with agencies of the U.S. Department of Health and Human Services, and derived from empiric IC or engineering principles, theoretic rationale, scientific data, applicability, experience and/or evidence based practice. A section, C. II. Construction, Renovation, Remediation, Repair, and Demolition, identified the following recommendations:</p> <p>It is strongly recommended, and/or required by state or federal regulation(s), the facility initially establishes a multidisciplinary team that includes IC staff to coordinate demolition and construction and to consider proactive preventive measures.</p> <p>It is strongly recommended education be provided to the construction team and staff in immunocompromised resident areas regarding airborne infection risks associated with the project, fungal spores' dispersal during such activities, and methods to control it.</p> <p>It is required by state or federal regulation(s) the facility incorporates mandatory adherence agreements for IC into construction contracts.</p> <p>It is strongly recommended the facility establishes and maintains airborne environmental disease surveillance (e.g., fungus) as appropriate during project activities to ensure the health and safety of immunocompromised residents.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER Mother of Mercy Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 230 Church Avenue, Box 676 Albany, MN 56307	
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>It is strongly recommended, and/or required by state or federal regulation(s), the facility implement IC measures relevant to the project. Before project implementation, perform an ICRA (Infection Control Risk Assessment) to define the scope of the project and the need for barrier measures. Determine if immunocompromised residents may be at risk of fungal spore exposure due to dust generation and develop an exposure contingency plan. For internal construction activities construct barrier(s) for resident area dust prevention which are impermeable to fungal spores and compliant with local fire codes. Block and seal off return air vents if rigid barriers are used for containment. Implement dust control measures on surfaces and divert pedestrian traffic away from work zones. Relocate residents who are adjacent to work zones, depending on immune status.</p> <p>It is strongly recommended, and/or required by state or federal regulation(s) to perform engineering and work-site related IC measures as needed for internal projects. Ensure proper operation of air-handling system after erection of barriers and before the room or area is set to negative pressure. Create and maintain negative air pressure in work zones adjacent to resident areas. Monitor negative air flow inside rigid barriers and to ensure barrier integrity; repair gaps or breaks in barrier joints. Wet-wiping tools and tool carts before their removal from the work zone. Placing mats with tacky surfaces inside the entrance; and covering debris and securing this covering before removing debris from the work zone. For ceiling tile removal, in resident care areas, use plastic sheets or prefabricated plastic units to contain dust; use negative pressure system within the enclosure to remove dust; and either pass air through an industrial grade, portable HEPA filter, or exhaust air directly to the outside.</p> <p>A facility provided list of immunocompromised residents, identified 41 residents were mildly to severely immunocompromised.</p> <p>A picture (screenshot) was anonymously provided. The picture was time stamped [NAME] July 8 3:23 PM and identified the spa room hallway. The picture lacked a barrier outside of the spa room door and the hallway floor showed a light dusting of a whiter colored substance. The substance was visualized about half-way down the hallway; however, was heavier by the spa area. Footprints were present throughout the substance.</p> <p>Facility provided email strings identified the following:</p> <p>-7/8/24, 12:12 p.m., the previous director of nursing (DON)-A (no longer employed at facility) updated the foundation director (FD) and the nurse manager (RN)-A with the CDC information website link to Part II. Recommendations for Environmental Infection Control in Health-Care Facilities. This email asked if the contractors would ensure plastic barriers was put up to reduce dust to protect residents from dust and respiratory irritants.</p> <p>-7/8/24, at 4:06 p.m., the DON-A updated the maintenance director (MD)-A and the housekeeping supervisor (HS) with the CDC information website link and asked for assist to facilitate increased air exchange, increased air filter changes, and other environmental measures to prevent airborne fungal particles from affecting residents.</p> <p>DON-A provided email strings identified the following:</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 - Many</p>	<p>-7/9/24, 8:54 a.m., the DON updated the administrator, the FD, and MD-A the contractor spoke to her that morning and confirmed that there was quite a bit of exposed mold in that bathroom. She explained during construction projects, mold spores became airborne and thus they needed to protect their community from respiratory infections and any exacerbations of respiratory conditions. Given that risk, she again asked to purchase an approved air filtration system to clean mold spores from the air. She identified the construction workers wore N-95 masks during the renovation; however, she was concerned staff and residents were already affected and potentially needed additional assessments to recognize early signs of respiratory failure. Today, the Construction team is building a barrier of wood and plastic to help contain the air to the workspace. As we noticed yesterday, the air travels throughout that wing of the facility.</p> <p>-7/9/24, at 9:04 a.m., the DON-A asked the Infection Control preventionist (ICP) to provide her with guidance on protections to be taken during construction given there is exposed mold.</p> <p>-7/9/24, at 7:33 p.m., the ICP responded and identified the DON-A could find this information in the policy book. If the DON-A was unable to locate, she would find it in the morning. The email identified no other information.</p> <p>A mold removal statement, dated 7/16/24, identified the maintenance director (MD)-A discovered some mold in the spa room, by the tub and shower, on 7/8/24. They cut out a section behind the tub about two-feet up and about four-feet wide, and two-feet all the way around the shower. The removed sheetrock was bagged up and brought to the dumpster.</p> <p>During a facility tour on 7/18/24, at 9:39 a.m., the second-floor spa room had a sign on its closed door that indicated the room underwent a complete renovation which started on 7/8/24, and thus was unavailable for use for three to four weeks. The following additional information was observed:</p> <p>-The spa doorway was encased by a temporary non-zippered barrier made of plastic sheeting and wooden 2x4s. The barrier's entrance was a cut in the plastic that ran from the floor to about a foot from the ceiling and was unsecured and opened approximately an inch. The edges of the barrier were attached to the hallway wall by green colored tape. The sides were secured to the ceiling and floor via wood boards. The entire front of the barrier was unsecured to the floor. The barrier failed to maintain a negative pressure status.</p> <p>-Visualization through the plastic sheeting was able to be conducted; however, there was a fine film of white powdery substance on both the inside and outside of the plastic, along with the same powder on top of the fire extinguisher box to the left of the enclosure, when fingers were swiped across the surfaces outside of the barrier.</p> <p>-The area was free of any strong odors; however, there was a faint smell, possibly of cut wood, when directly in front of the enclosure opening.</p> <p>-The barrier lacked a sticky mat to collect dust/debris when exiting the spa/enclosure and the barrier lacked any sort of air-filtration system and/or process.</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 - Many</p>	<p>-Inside the barrier were three five-gallon buckets. One, located just to the left of the spa door, up against the wall, contained an unknown murky liquid. Another bucket, closer to the unsecured barrier entrance, in front of the first bucket, contained an opened bag of powdered floor leveler. The third bucket, located just to the right of the spa door, contained unknown cloudy liquid.</p> <p>-A white piece of towel/blanket was haphazardly folded up and located between the barrier entrance and the spa door.</p> <p>-One resident room, who's door was wide open, was adjacent on the right side of the spa room and another resident room was across the hall from the adjacent room.</p> <p>On 7/18/24, at 9:52 a.m., sounds heard from the spa room were indicative of something being cut.</p> <p>On 7/18/24, at 10:34 a.m., a box fan circulated air from the direction of a centrally located unit nurse's station toward the unit that was adjacent to the spa housed unit.</p> <p>On 7/18/24, at 10:38 a.m., the spa room was toured with MA-D. Two tile installers worked at installing tile. A commercial tile saw was present. The two air supply vents and two air return vents were all uncovered, and a box fan circulated air. The ceiling lacked tiles. An odor of cut tile was smelt. The room entryway lacked a sticky mat to collect dust/debris when exiting the room and the room lacked any sort of air-filtration system and/or process in addition to the air supply/return vents. The room was windowless. Upon exit of the spa room, MD-A confirmed one bucket contained floor leveler; however, was unsure about the contents of the other two buckets.</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 - Many</p>	<p>During an interview on 7/18/24, at 10:44 a.m. MD-A stated the spa remodel project was planned by the administrator and the FD, and overseen by volunteers, despite a previous lobby renovation project completed by hired contractors approximately a years ago. He was unaware of the volunteers (VOL)-A and VOL-B's qualifications, credentials, and/or licensure and he identified VOL-A oversaw the project. Prior to initiation, he knew the project was needed and when it started; however, he was not involved in any decision making, IC risk mitigation conversations, or in the volunteer recruitment process(es). He recommended, on multiple occasions, to hire a qualified contractor to ensure project steps were completed, and completed correctly, especially as there were risks volunteers were not knowledgeable and thus performed steps incorrectly. In addition, the volunteers may not know how to manage concerns that arose during the project. He participated in the initial demolition process but was unsure if there were any steps taken to identify possible mold, lead, and/or asbestos risks associated with the project. If found, a qualified company was required to assist with removal and remediation. On 7/8/24 during demolition, potential mold was discovered on an approximate two foot by four-foot front section of sheetrock behind the free-standing tub. This section of sheetrock looked wet; however, he did not verify. There were non-odorous black spots that resembled wet dust bunnies. Additional sheetrock was removed from behind the shower due to similar findings, but he did not visualize that area. After, the only actions taken were removal of the potential moldy sheetrock from these two areas, the sheetrock was placed in standard plastic bags, and the bags were transported through the facility to the dumpster. MD-A indicated VOL-A updated DON-A and the FD. The project was not stopped and there were no remediation's completed, despite thoughts they should have sprayed the room to deter the spores from going all over. He was unaware of any facility construction related policies. Nor was he aware of requirements for IC risk mitigation, as the nurses and nurse managers were responsible for that. He identified the spa room vents were shut when they removed the blackened and wet sheetrock, and the workers wore N95 masks. A barrier was constructed after the demolition started which was free of any modifications. The barrier and/or the spa room lacked a negative pressure status and the HVAC system sucked up any air in the spa room and carried it outside. He denied the use of any additional air filtration processes. He last changed the air filters at the end of June and had not checked them since. He denied knowledge of any monitoring or surveillance to ensure air, odors, and/or particles remained in the spa room and did not migrate to resident areas.</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 - Many</p>	<p>During a telephone interview on 7/18/24, at 1:52 p.m., the previous DON-A stated she initially was informed the construction would occur and its timelines to assist with resident, family, and staff notifications, and to prepare for adjustment in bathing locations, along with staff were expected to help clean up and haul debris to the dumpster. No conversations occurred for assist with decision making and/or IC risk mitigation prior to construction. She was unfamiliar with VOL-A or VOL-B's names and/or their qualifications. On 7/8/24, the demolition process started around 9:00 a.m. Around noon, staff reported dust was everywhere. After, no construction workers were present in the spa room, and thus staff cleaned up the area. She updated FD and requested a barrier to protect everyone from the dust. On 7/9/24, in the morning, either VOL-A or VOL-B approached her to discuss her dust concerns. He identified there was a lot of mold and they needed help to clean it up. She explained to him there was a professional process required for mold remediation. He responded, 'We are a low budge project.' After she brought this to the attention of FD, MD-A, and the administrator, and provided them with information related to the above CDC guidelines and mold management, she was instructed to perform resident assessments but to leave the construction processes to the administrator, VOL-A, and VOL-B. She did not enter the spa room after she was updated on the mold. She instructed the workers to keep the door shut and reiterated the need for the barrier. She brought N95 masks to the unit and encouraged staff and residents to wear them, especially as no interventions for air purification were put into place. She emailed the IC preventionist (ICP) to inquire about construction policies as she was unable to find any. She denied resident respiratory monitoring/assessments were initiated.</p> <p>When interviewed on 7/18/24, at 2:58 p.m., RN-A stated she was only updated about the spa renovation date and the need to adjust bath locations for the unit two residents for about three to four weeks. She was not involved in any renovation details or conversations related to IC risk mitigation. The demolition started the morning of 7/8/24, by non-professional volunteers, and continued through Tuesday. On 7/8/24, she brought dust concerns to the DON-A as there was dust being drug throughout the unit. No dust mitigation was done that day. After a morning meeting on 7/9/24, the DON-A brought up black mold concerns and a plastic barrier started to be erected around midday. She heard only a little bit of mold was found and it was bagged as required; however, she did not witness any garbage bags hauled to the dumpster; only witnessed uncovered debris being hauled through the unit in wheelbarrows. Prior to the barrier completion, demolition again restarted, and was not completed until staff questioned them on its completion timeframe. The barrier remained unchanged since. No dust and/or odor mitigation was evident prior to the barrier's placement, and/or since. She visualized the spa room after demolition and observed all the sheetrock from about half the wall down was removed. She acknowledged immunocompromised residents on that unit; however, did not initiate any respiratory monitoring /assessments. Due to lack of respiratory monitoring, residents were susceptible to anaphylactic reasons, decreased respiratory status, and respiratory condition exacerbations, especially those already on oxygen.</p> <p>During an interview on 7/18/24, at 3:38 p.m., nursing assistant (NA)-A stated she was not involved in any resident discussions related to the construction. She was just informed it would occur and when. She worked on 7/8/24, during the evening shift, and noted dust on the unit, especially by the spa room, as a bunch of guys were going in and out of the room. Due to the dust and the noise, staff attempted to keep resident doors shut as much as possible. NA-A was unsure when the barrier went up but indicated it was not installed on 7/8/24. She was unaware of any potential concerns discovered during demolition.</p> <p>When interviewed on 7/18/24, at 3:45 p.m. NA-B stated she worked the evening shift on 7/8/24 and visualized dust tracked all down the unit. She assisted DON-A to mop up the dust.</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 - Many</p>	<p>During an interview on 7/19/24, at 9:15 a.m., maintenance assistance (MA)-B stated he assisted the construction volunteers with demolition. He was unsure who the general contractor of the project was and/or the volunteers' qualifications; however, VOL-B appeared to know what he was doing. During demolition a little tiny bit of mold was discovered by the shower and tub areas. This little black area was removed by VOL-A and VOL-B. He was unable to provide further details as there were so many of us in there doing [demolition], and mold scared him so he did not dig into it. The black areas were just cut out and disposed of. MA-B explained there were initially no mitigation interventions put into place for dust and/or mold control, but after a little bit of dust escaped the room, in which footprints could be seen in the film on the floor, a barrier was placed. He was unsure if this occurred the first or second day of the demolition. He thought when he opened the spa door, air pushed into the room and was sucked out of the vents.</p> <p>When interviewed on 7/19/24, at 9:31 a.m., the HS stated staff attempted their best to clean up after the dusty footprints which came from the spa room. This required mopping versus sweeping at least twice on 7/8/24. She denied involvement in conversations related to construction housekeeping processes. She just paid more attention to the details such as the extra dust. She stated MD-A updated her about the mold finding; however, no further conversations were had, and no precautions were taken for cleaning since.</p> <p>During an interview on 7/19/24, at 10:35 a.m., the ICP stated her role related to construction ensured residents and staffs' safety was monitored, they were not exposed to any contaminants, PPE (personal protective equipment) was available and utilized, and construction was performed in a safe manner. She denied the facility discussed IC risk mitigations, or performed an ICRA, prior to initiation. She was unaware of VOL-A or VOL-B's qualifications and/or IC knowledge. She was not within the facility when the demotion started but she discussed construction expectations in a morning standup which included PPE use and demolition safety such as no supplies or equipment in the hallways. She also updated staff there was a binder in her office related to construction policies and encouraged staff to contact her if concerns arose. She denied she setup resident respiratory/IC monitoring documentation; however, she spoke to DON-A and floor staff to remind them of the need for such monitoring. Initially the ICP denied there were concerns discovered during the demolition process and identified it was monitored very well. When she returned to work, she made sure nothing was missed. She stated maintenance monitored the air filters and they did not need to be switched out. When the ICP was questioned on potential mold during the demolition, she identified staff told her there was a dime/quarter size amount of a black colored mold found on the sheetrock on Monday (7/8/24). This was immediately removed, and the lower parts of the walls were also removed and inspected. There was no further mold found. She denied she spoke to VOL-A or VOL-B after she was updated on this. If mold was found, she expected this to be taken care of immediately; however, was not 100 percent sure of the process. Despite this, she stated the mold concern was properly taken care of. She denied the spa room or barrier maintained a negative pressure; however, she deferred these types of questions to MD-A. She denied she set up resident respiratory monitoring despite an explanation that mold could potentially be very harmful to residents' respiratory systems, especially those already with respiratory concerns as this could cause a flare-up or respiratory illness.</p> <p>When interviewed on 7/19/24, at 11:06 a.m., the interim director of nursing (DON)-B stated most of the heavy spa construction was completed prior to her start date. She stated an overall lack of knowledge related to the construction but was updated there was a small area of mold which was safely removed. She denied involvement in any ongoing construction discussions to mitigate IC risk.</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 - Many</p>	<p>During an interview on 7/19/24, at 12:42 p.m., the FD stated VOL-A and VOL-B were brought onto the project to try to save as much money as possible, to be frugal, and to get the project done as quick as possible for decreased disruptions. She was unsure how construction processes occurred without shutting the whole facility down. VOL-A was affiliated with the facility and VOL-B was recommended by VOL-A due to VOL-B's construction background. No contracts were signed with VOL-A or VOL-B. She was unaware of either VOL-A or VOL-B's qualifications and/or IC knowledge. Before demolition, the administrator reached out to Leading Age (long term care (LTC) member-led association) to inquire about construction requirements. The administrator was informed they did not need to worry about anything as they only replaced tile, flooring, and the tub; however, VOL-A and VOL-B were responsible to ensure construction requirements were completed. Despite this, neither provided any guidance other than the need to keep the spa door closed. FD explained she conversed with DON-A related to the construction and assumed she would have taken care of any IC risk mitigation. By the end of 7/8/24, the tiles were torn out and a very concerning problem was discovered. They cleaned it up and put up a barrier. She explained a little bit of mold was found; however, no one knows if it was truly mold. She was told the insulation behind the tub was a darker discoloration. They got it out within five minutes and disposed of it. Once the DON-A was informed, she sent out emails that identified CDC guidelines as you do not want it traveling through the air. But it already did not seem like it was any different from the mold we would find in the kitchen sink if you pulled the sink out. VOL-B was not concerned about the mold as it was such a very little amount and thus neither was she. The mold was already removed before she was updated on its finding. The FD was unsure of the ICP role and/or actions related to the project and/or the mold but they took the input the DON-A provided to make sure there were no concerns after the mold was discovered.</p> <p>When interviewed via telephone on 7/19/24, at 1:53 p.m., VOL-A identified he knew construction based on his experience and building his own homes; however, he was not a licensed contractor. He assisted with the demolition and followed the directions of VOL-B, who was a licensed contractor. He reported he was unaware of LTC construction and/or IC regulations, or requirements for mold remediation and removal. VOL-A denied previous management of black mold but he has seen lots of mold which had always grown on things, was soft, and was furry-like. What he saw in the spa room was not mold-like. It was darker in color just black, but not real dark, and nothing grew on it. It was noted on the back of the sheetrock, within the walls, when wet, soft, sheetrock was found by the tub and shower. These areas were removed, along with some additional areas where the sheetrock was also wet and darker in color. When this was discovered, they just removed it. He was unsure what was done for IC mitigation before, during, or after the mold was found, other than they wore N95 masks, kept the door closed, placed towels on the floor to decrease dust on their feet when they exited the spa room, and put up a barrier. In addition, he updated DON-A. When he updated her, he identified he mentioned the word mold; however, he should not have used that word.</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 - Many</p>	<p>During a telephone interview on 7/22/24, at 12:15 p.m. VOL-B stated he was only a volunteer in the project where he just did the demo work and got it ready. He denied he was a licensed contractor; however, he owned a construction company which mainly did residential trimming and framing. He identified his knowledge for LTC/IC construction came from past employment and four pages of printed information that the FD provided to him. He read about a page and a half of this information but not all of it. He did not remember what the information he read pertained to other than keeping the dust and noise down. During demolition they plugged the vents with a bath towel to mitigate dust from escaping the spa room and put up a barrier outside the spa; however, no additional interventions were utilized to mitigate the spread of dust and/or odors. VOL-B denied any construction concerns. This interview was the first he heard of potential mold. He denied any conversations with DON-A during demolition and/or anyone else about mold. He stated the sheetrock by the shower and tub was discolored a little bit, probably due to getting wet at one point and drying out. In addition, it was full of holes, thus the reason why it was cut out and replaced.</p> <p>When interviewed via telephone on 7/22/24, at 3:01 p.m., a medical provider (MD), who saw numerous facility residents, denied any IC risk mitigation discussions related to his patients prior to, or after the construction started.</p> <p>During an interview on 7/19/24, at 4:16 p.m., the administrator stated she contacted Leading Age and inquired into construction requirements. She was instructed, as they were not changing the footprint of the spa room, and just doing a face lift, they were not required to contact the State of MN or obtain any permits - just to make sure they installed slip resistant tiles, all the vents were closed, and a barrier was installed to prevent dust entering resident areas. In addition, she was informed they did not need specific, additional, air purification as they had a fresh air exchange. She was unfamiliar with VOL-A and VOL-B and/or their qualifications. She thought VOL-A owned his own construction company, but she stated they probably should have checked into their credentials to ensure they were legitimate and that they were knowledgeable about construction and IC requirements. In addition, she lacked knowledge of LTC/IC construction requirements. She indicated the ICP did not provide any policies on construction IC. In addition, she was unaware of any overall facility construction policies. On 7/8/24, after the demolition started, the construction workers told her a small amount of black mold was found, which was something that was common to see. They told her it was nothing to worry about and as they were construction workers, she did not question this. They cut it out, wrapped it up in plastic, and took it to the dumpster per compliance requirements. It sounds as if they handled it perfectly. This was removed before she visualized it. DON-A sent out communications that identified requirements; however, she told the DON-A there was a fresh air exchange, the vents were tapped off, and there was no risk to anyone when they removed things. She indicated this was confirmed by the construction workers. She explained the information provided by DON-A only applied to hospitals, and not them. A barrier went up on 7/8/24; however, this was after the demolition started. There was minimal dust in the hallways which only required a sweeping, and which did not even fill up a dustpan. She denied there were meetings prior to the demolition to discuss IC risk mitigation or to perform any sort of risk assessments, or that she conducted, or instructed others to conduct, any construction risk audits. She was unfamiliar with ICRA. She denied the demolition was placed on hold after the finding of mold for remediation, as the amount found was so small. On 7/10/24, she and the ICP rounded in the facility to identify any concerns with residents and their respiratory statuses; however, there was no documentation of this. She identified, We should have done better with the construction process.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245339	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/19/2024
NAME OF PROVIDER OR SUPPLIER Mother of Mercy Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 230 Church Avenue, Box 676 Albany, MN 56307	
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 - Many</p>	<p>A Construction and Renovation - Role of the Administrator or Designee(s) policy, dated 12/2006, the administrator or designee was to plan, implement, and supervise IC practices during construction, renovation, remediation, repair, and/or demolition of the facility in accordance with recommendations of the CDC, the Healthcare Infection Control Practices Advisory Committee (HICPAC), and state or local requirements to reduce resident and employee exposure of potentially infectious agents released into the environment due to such activities. The policy outlined the following administrative or designee responsibilities: review all plans prior to initiation and perform an ICRA for dust control and barrier measures, monitor such measures and other IC measures in accordance to recommendations, establish a multidisciplinary team that included IC staff and maintain a log of their activity, provide construction workers and staff educational information related to airborne infection risk to immunocompromised residents, dispersal of fungal spores and other dust-borne or airborne infection agents with methods to control such agents, review construction contracts and incorporate mandatory adherence agreements for IC, establish and maintain surveillance for airborne and waterborne environmental disease to protect immunocompromised residents, and monitor projects until completion to ensure adherence to CDC/HICPAC guidelines and state or local requirements.</p> <p>A Construction & Renovation policy, dated 2023, identified the ICP, or designee, was to be involved in all aspects of construction or renovation to reduce potential infection or contamination risks and will perform a review and risk assessment to determine measures necessary for safety and to prevent the spread of infectious spores, bacteria, viruses, fungi, or contaminants. The ICP, administrator, maintenance, and the contractor(s) were to work together in all phases of demolition, construction, and renovation to achieve air contamination control during construction as this control was critical in all healthcare areas. The policy directed contractors were to limit the dissemination of airborne contaminants produced by construction-related activities using barriers, traffic control, ventilation, and timely removal of debris as dust in ceilings and construction debris contained fungal spores that could potentially cause infections in immunocompromised residents, visitors, and staff. In addition, the Construction and Renovation Guidelines and Checklist were to be provided to all contracts before construction initiation or r[TRUNCATED]</p>		