| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245340 | A. Building<br>B. Wing | 04/03/2025 |

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| The Villas at St Paul | 445 Galtier Avenue<br>Saint Paul, MN 55103 |

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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide appropriate treatment and care according to orders, resident's preferences and goals.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42586<br><br>Based on observation, interview, and document review the facility failed to ensure residents compression stockings were applied correctly for 1 of 1 resident (R20) reviewed for edema.<br><br>R20's quarterly Minimum Data Set (MDS) dated [DATE], indicated moderately impaired cognition and diagnoses of spondylosis with myelopathy (cervical region), muscle weakness, and dementia. It further indicated R20 was independent with activities of daily living (ADL) and mobility.<br><br>R20's physician's order dated 3/31/25, indicated Thrombo-Emobolic Deterrent stockings (TED) on during the day and off at night, every morning and at bedtime. Remove at hour of sleep (HS) and wash and rinse, hang to dry.<br><br>R20's nursing assistant care sheet (undated), indicated R20 preferred to put TED stocking on himself, staff to check that they are on during the day and off at night.<br><br>R20's care plan dated 3/25/25, indicated self-care deficit related to increased weakness and failure to thrive with the following interventions:<br><br>-Independent with dressing<br><br>-Independent with grooming<br><br>-Assist of 1 with bathing<br><br>-Provide assistance with oral cares morning, bedtime, and as needed<br><br>-Call bell/light within reach at all times, answer promptly.<br><br>-Hair will be washed by nursing department and cut by beauty shop as needed<br><br>-Nails will be cut by nursing department<br><br>-Explain all cares while doing them<br><br>-Assist with personal hygiene (Specify)<br><br>(continued on next page) |

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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| F 0684<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | -Dressing and personal hygiene preferences (Specify)<br><br>The care plan lacked any indication R20 wore TED stockings or preferences regarding them.<br><br>During observation and interview on 3/31/25 at 1:20 p.m., R20 was sitting in his wheelchair in his room and was wearing bilateral TED stockings. Both stockings were rolled down to his ankles and the end of the stockings (where the toes should be), had approximately 4-5 inches of the stocking hanging over. There were indentations in the skin of his ankles where the TED stockings were rolled down. He had a dime sized red area on the top of his right ankle where the stocking was rolled down. R20 stated he put on his own TED stockings.<br><br>During observation and interview on 4/1/25 at 2:42 p.m., R20 was sitting in his room in his wheelchair. He was wearing bilateral TED stockings and they were rolled down to his ankles. He removed his slippers and the TED stockings were hanging off the ends of his toes approximately 4-5 inches. He also removed his TED stockings and his ankles had indentations in the skin and a red area on the top of his right ankle where the stocking was rolled down.<br><br>During observation and interview on 4/1/25 at 2:44 p.m., licensed practical nurse (LPN)-A verified R20's TED stockings were not on correctly and nurses and nursing assistants were responsible for applying them. R20 stated he had put on his own TED stockings.<br><br>During interview on 4/2/25 at 8:39 a.m., LPN-B stated the nurses were responsible for applying residents TED stockings and if the resident prefers to put them on themselves, it was the nurses responsibility to ensure they were on correctly.<br><br>During interview on 4/2/25 at 9:00 a.m., LPN-C stated nurses were responsible for applying residents TED stockings, but if they wanted to do it themselves, the nurse was still responsible for ensuring they were on correctly, stating That's part of signing it off in the documentation.<br><br>During interview on 4/3/25 at 12:12 p.m. the director of nursing (DON) stated R20 wore TED stockings per his preference and also prefers to apply them himself. The DON further stated the nurses were responsible for ensuring he was wearing them during the day, they were on correctly, and removed at night. This was important in order to prevent skin breakdown.<br><br>A facility policy regarding edema in regards to TED stockings was requested but not received. |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44647<br><br>Based on observation, interview and record review the facility failed to ensure expired food items were removed from service, food items were labeled and dated, and food was stored in a manner to prevent cross contamination. Furthermore, the facility failed to ensure dishwasher temperatures were monitored to ensure proper sanitization. This had the potential to impact all residents who reside in the facility.<br><br>Findings include:<br><br>Food storage<br><br>An observation on [DATE] at 11:43 a.m., the main kitchen was reviewed. A stand-up freezer contained a silver pan with plastic wrap covering it. The plastic wrap was not secured and was loose and lifted off three sides. The plastic wrap had ,d+[DATE] beef roast written on it in black marker. Inside was frozen meat with ice crystals and patches of white frost on it. A stand-up refrigerator was reviewed. Inside contained the following:<br><br>-a covered, plastic container of cut pineapple with no date.<br><br>-an opened pack of turkey lunch meat with no date.<br><br>-two containers of [NAME] cultured sour cream, one opened and one unopened. Both containers had a best by date of [DATE].<br><br>On the floor of the dry storage area contained three empty 5 gallon buckets labeled Ecolab liquid laundry chlorine. The buckets had lids, however there were holes in the tops of the lids and small amounts of the contents remained inside.<br><br>When interviewed on [DATE] at 12:06 p.m., cook (C)-A and C-B verified the above findings. C-B stated any food item that is open should be dated and when new stock is delivered, whoever was putting it away should be looking at the dates and throwing out anything expired. C-A stated the 5-gallon buckets were stored there so they could be cleaned out. C-A acknowledged the buckets still having chemicals inside, and verified should not be stored around the food.<br><br>On [DATE] at 12:52 p.m., the 4th floor patient refrigeration was reviewed and the following identified:<br><br>-an unlabeled opened individual bottle of [NAME] 2% milk with approximately ,d+[DATE] of the milk left with a use by date of [DATE].<br><br>-a sandwich wrapped in a plastic bag taped to a plastic closed storage container. There was green/gray growth on the sandwich seen through the bag. The tape was dated [DATE].<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | -three unlabeled and thawed frozen entree meals stored on the top shelf of the refrigerator and not in the freezer.<br><br>-a loaf of cub foods white sandwich bread with a best by date of [DATE].<br><br>-two unlabeled or dated Styrofoam take out containers.<br><br>-two take-out containers labeled [NAME] ,d+[DATE].<br><br>-an unlabeled or dated Wendy's fast-food bag.<br><br>The freezer had five Ice Brick ice packs piled next to two unlabeled and dated plastic bags tied with unidentified food items inside.<br><br>When interviewed on /,d+[DATE] at 1:16 p.m., nursing assistant (NA)-A verified the above items in the refrigerator and freezer. NA-A stated families often brought in meals for the residents on this floor and should have the residents name and when it was brought in. NA-A verified ice packs should not be in the freezer with food and there was another freezer in the medication room for those. NA-A further stated kitchen staff were responsible for cleaning of the fridge and to ensure items were thrown out but wasn't sure when the last time that happened was.<br><br>On [DATE] at 1:55 p.m., the second floor resident refrigerator was reviewed and the following found:<br><br>-un unlabeled and undated plastic container with clear lid containing what appeared to be a chicken breast with green and gray growths on the chicken.<br><br>-an unlabeled take-out container from Kitchen Food Correlation dated [DATE].<br><br>-5 unlabeled and undated several take out plastic bags with food containers inside.<br><br>When interviewed on [DATE] at 2:08 p.m., NA-B verified the above findings and further sated when residents want food placed in the refrigerator, the items needed to be labeled and dated. NA-B further stated the kitchen staff monitored for expired items.<br><br>When interviewed on [DATE] at 2:30 p.m., registered nurse (RN)-A was not sure who reviewed the unit refrigerators and felt it may be activities or housekeeping. RN-A verified resident food items should be labeled with the resident name and date it was brought in. Furthermore, RN-A stated ice packs should not be stored with resident food items as it could cause contamination.<br><br>When interviewed on [DATE] at 1:36 p.m., the Director of Nursing (DON) expected staff to ensure all food was labeled with the resident name and date it was received. Anything that was open would be thrown out after three days. DON stated it was a group effort between dietary and nursing to remove expired or outdated items from resident refrigerators. DON verified there should be no ice packs stored in freezers as only disposable ones were utilized.<br><br>Dishwasher<br><br>(continued on next page) |

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| F 0812<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | An observation on [DATE] at 9:33 a.m., the dishwasher in the main kitchen was observed. On the side of the dishwasher was a sign that directed wash temps to reach 150 degrees Fahrenheit (F) and rinse temps to reach 180 degrees F. Hanging on a clipboard on the wall above the dirty side was a temperature log Dated April, 2025. The log was blank. Dietary Aide (DA)-A was washing pans from breakfast. DA-A was asked to identify wash and rinse temperatures for the next two cycles. DA-A wasn't sure where to look for temperatures for the cycles until shown. Observation of 2 wash/rinse cycles was completed and the first had a wash temp of 150 and a rinse temperature of 173. The second cycle observed had a wash temperature of 153 and a rinse of 175. DA-A verified the temperatures. DA-A was not aware of monitoring temperatures and was not sure what they should be at. DA-A further stated they were not trained about dishwashing temperatures.<br><br>When interviewed on [DATE] at 9:50 a.m., DA-B stated the dishwasher wash temperature was usually around ,d+[DATE] degrees F, while the rinse temperature generally ran around 184 F. DA-B stated there was no official training for the dishwasher and monitoring temperatures and was just told to the new staff during training. DA-B verified temperatures of a cycle that read 153 F for the wash and 178 for the rinse. DA-B further stated maintenance was completed not long ago to help bring up the temperatures as they had been off. DA-B verified the ,d+[DATE] temperature log was blank and stated the cooks generally did the checks. DA0B was not sure where the ,d+[DATE] log was.<br><br>When interviewed on [DATE] at 1:57 p.m., the Corporate Dietary Director (CDD) stated when orders arrive, staff were expected to rotate on a first in, first used method and ensure all items checked for expiration and expected any expired items to be tossed at that time. CDD further stated anything stored in the freezer should be in a sealed container or bag. If the item was not, staff should switch it out to ensure that. The CDD acknowledged there had been a breakdown on who was monitoring resident food storage and that was in the process of being worked out. CDD verified the dishwasher utilized high temperatures to sanitize dishes. The dishwasher had not been getting to temperatures a few weeks ago and had received maintenance. CDD further stated DA-B had received education for monitoring temperatures at that time, however education to other staff had not been completed. CDD further stated while ideally temperatures would be taken at each mealtime use, an initial one at the start of the day was expected to be done. During that time, CDD had the temperature log for ,d+[DATE], however it had been misplaced and had not yet been found.<br><br>A facility policy titled Food Brought into Facility revised ,d+[DATE], directed staff to label resident food with the resident's name and date the item was received. Food must be disposed of properly after 3 days. Furthermore, resident refrigerators may not be used for any other purposes other thatn the storage of resident food and beverage.<br><br>A facility policy for food storage was requested however was not received. |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44647<br><br>Based on observation, interview and record review the facility failed to identify and track a potential infection for 1 of 1 residents (R73) who required treatment for latent tuberculosis (a highly contagious lung disease). Furthermore, the facility failed to ensure transmission-based precautions (TBP) were utilized for 2 of 2 residents (R3, R13) who were on contact isolation precautions.<br><br>Findings include:<br><br>R73's quarterly Minimum Data Set (MDS) dated [DATE], indicated R73 had cognitve impairment and diagnoses of chronic lymphocytic leukemia (blood cancer) and high blood pressure.<br><br>R73's infectious disease after visit summary dated 1/14/25, indicated R73 had been diagnosed with latent TB. While R73 had no symptoms, if left untreated R79 may develop active TB in the future.<br><br>R73's provider order dated 1/14/25, indicated R73 required rifampin (antibiotic) 600 milligrams (mg) each evening for 4 months for latent TB.<br><br>A facility document titled Monthly Line Listing InfectionReport for 1/2025- 3/2025 lacked documentation of R73's latent TB infection or antibiotic use.<br><br>When interviewed on 4/2/25 at 1:09 p.m., the infection preventionist (IP) stated R and R were both on contact precautions for MRSA. Furthermore, IP expected staff to follow the directions on the contact isolation sign posted on R and R 's door. IP stated the interdisciplinary team (IDT) would meet daily and determine if any residents had been started on antibiotics or were admitted with antibiotics. The residents and information were then included on the line listing document and were monitored until the infection cleared and antibiotic was no longer needed. We track when the symptoms, testing, site, and location in the building. The IP verified R73 was not on the Monthly Line Listing report and had not realized R73 and would need to look further into the situation.<br><br>A follow up interview on 4/3/25 at 11:04 a.m., the IP stated R73 was added to the Monthly Line Listing Infection Report and would be monitored.<br><br>49617<br><br>R3<br><br>R3's prospective payment system (PPS) 5-day assessment Minimum Data Set (MDS) dated [DATE], indicated intact cognition and reported an open lesion on her foot and indicated she was taking an antibiotic during the lookback period.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | According to the Center for Disease Control (CDC), enhanced barrier precautions (EBP) are an infection control intervention aimed at reducing the transmission of multidrug resistant organisms (MDRO) used during high contact resident care activities. The CDC states contact precautions are put into place to prevent the spread of infectious agents that are spread by direct or indirect contact with the resident or the resident's environment. The CDC recommends using personal protective equipment (PPE), including gown and gloves, for all interactions that may involve contact with the resident or the resident's environment. The CDC indicates donning PPE when entering the room and discarding before exiting the room is done to contain pathogens, or contagious/infectious organisms.<br><br>R3's care plan dated 1/27/25, indicated she was on EBP related to her incision. The care plan directed staff to follow EBP precautions and don and doff PPE per EBP precautions when providing high contact cares.<br><br>A provider progress note dated 3/31/25, indicated under the assessment and plan header, MRSA (methicillin resistant Staphylococcus aureus) infection wound culture positive for MRSA and SA (staphylococcus aureus).<br><br>According to the CDC, MRSA is a type of SA germ that can be resistant to several types of antibiotic treatments and is spread through contact with infected people, wounds, or items that have touched infected skin and are carrying the bacteria. The CDC recommends healthcare providers follow contact precautions when caring for residents with MRSA.<br><br>R13<br><br>R13's quarterly Minimum Data Set (MDS) dated [DATE], indicated she had intact cognition and reported her diabetic foot ulcer.<br><br>R13's care plan indicated she was on contact precautions for wound care related to active MRSA in her right foot and abdominal wound. The care plan directed staff to follow indicated infection control precautions per protocol and sign on resident's door.<br><br>During observation on 4/2/25 at 8:58 a.m., a contact precaution sign was posted on R3 and R13's door. Nursing assistant (NA)-E entered R3 and R13's shared room without donning PPE and asked if they were done with the breakfast tray. R13 pulled her privacy around her wheelchair and NA-E exited the room.<br><br>Per interview on 4/2/25 at 9:00 a.m., NA-E stated, I would assume they are both on contact precautions. NA-E stated staff should wear PPE for contact cares, or for instances where staff would come into contact with the resident, however, if I was just feeding them or something, I wouldn't need to wear PPE.<br><br>During observation on 4/2/25 at 11:35 a.m., licensed practical nurse (LPN)-D knocked on R3's door and entered the room without donning PPE. LPN-D approached R3 and touched her shoulder and asked if she was coming to lunch. LPN-D then rubbed her back before exiting the room and performing hand hygiene back.<br><br>During observation on 4/2/25 at 11:43 a.m., NA-F and social services (SS)-A entered R3's room without donning PPE and approached R3's bedside before exiting the room.<br><br>(continued on next page) |

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| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | During interview on 4/2/25 at 11:43 a.m., LPN-D stated both R3 and R13 were on contact precautions for their wounds. LPN-D expected staff to follow the instructions on the sign posted on their door, which stated gown and gloves at the door, however, if staff were only dropping off a meal tray or asking a question, they would not need to wear PPE. When asked how staff would know when to follow the signage on posted on the door and when it did not apply, LPN-D deferred to RN-A.<br><br>During interview on 4/2/25 at 11:43 a.m., registered nurse (RN)-A stated staff were expected to follow the contact precautions signage posted on the door, which stated staff should don gown and gloves at the door, but if staff were dropping off a room tray, it would be okay to go without PPE. RN-A stated staff would only need to wear PPE if they were providing direct cares with the resident. When asked to clarify if staff should follow the signage posted on the door, which read, hand hygiene before entry and all staff should d on gown and gloves at the door, or if they should only wear PPE when providing direct cares, RN-A stated staff should follow the signage on the door, however, if they were not providing direct cares, they would not need to don full PPE. LPN-D and RN-A reviewed the contact precautions recommendations on the CDC website which indicated staff should wear a gown and gloves for all interactions that may involve contact with the patient or the patient's environment. Donning PPE upon room entry and properly discarding before exiting the patient room is done to contain pathogens, during the interview and RN-A confirmed staff should always follow the signage on the door. During the interview, RN-A and LPN-D confirmed R3's care plan lacked documentation of correct transmission-based precautions. RN-A stated, I'll change that for her right now. LPN-D verified the deficient practice of not wearing appropriate PPE during the observation and stated NA-F and SS-A should have also worn PPE into the room.<br><br>A facility policy titled Infection Prevention and Control Program revised 3/13/23, directed staff to use surveillance tools for recognizing the occurrences of infection. Furthermore, infection prevention included identifying possible infections. The policy further directed staff to implement appropriate isolation precautions when necessary. |