

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38685</p> <p>Based on observation, interview and document review the facility failed to ensure a physician order for oxygen was transcribed accurately to ensure adequate monitoring and oxygen administration and further failed to deliver oxygen as ordered for 1 of 1 residents (R5) reviewed for oxygen use.</p> <p>Findings include:</p> <p>R5's significant change Minimum Data Set (MDS) dated [DATE], indicated R5's cognition was intact, had diagnoses of respiratory failure, obstructive sleep apnea, and had oxygen therapy. MDS did not identify if oxygen therapy was intermittent or continuous.</p> <p>R5's care plan dated 7/26/24, identified a focus that R5 had oxygen therapy related to obstructive sleep apnea (OSA), 2 liters (L) bled into BIPAP at bedtime. Interventions included: monitor for signs and symptoms of respiratory distress and report to medical doctor (MD) PRN (as needed): respirations, pulse oximetry, increased heart rate, restlessness, diaphoresis (sweating), headaches, lethargy, confusion, atelectasis (collapse of lung that cause shortness of breath), hemoptysis (coughing up blood), cough pleuritic (lining of lung) pain, accessory muscle usage, skin color, and oxygen settings: O2 (oxygen) via Bilevel Positive Airway Pressure (BIPAP) at bedtime, 2 liters bled into continuous positive airway pressure (CPAP).</p> <p>R5's progress note dated 9/17/24 at 2:06 p.m., R5 was transferred to shower chair, noted to be on oxygen at the time of transfer. After bathing cares oxygen level checked on room air noted to be 82%. Standing House Orders (SHO) for hypoxia initiated, respiratory assessment completed, SBAR (communication tool) faxed to the provider.</p> <p>R5's progress note dated 9/18/24 at 4:49 a.m., O2 2L bled into BIPAP, several warm fingers tried with same answer SPO2 = 74% on 2L.</p> <p>R5's Treatment Administration Record (TAR) dated September 2024, included the order dated 9/17/24, at 2:30 p.m. that directed to initiate and titrate supplemental O2 at 2L per minute (LPM) via nasal cannula (NC) every shift for dyspnea, hypoxia, O2 sats less than 88%, or acute angina (chest pain). If persistent hypoxia despite 2L NC oxygen, tachycardia, or somnolence patient should be promptly evaluated in the ER.</p> <p>-Recorded documentation on 9/17/24 at 2:30 p.m. R5's O2 sats were 90%, no oxygen used, and pulse was not recorded.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Recorded documentation on 9/17/24 at 11:30 p.m. included a chart code of '9' indicating to see progress note. R5's record did not include a corresponding progress note.</p> <p>-Recorded documentation on 9/18/24 at 6:00 a.m., R5's O2 sats were 90% on 2 LPM and pulse was 77.</p> <p>R5's record did not specify if oxygen supplementation was continuous or as needed (PRN) and/or how often R5's O2 saturations should be monitored to ensure saturations were over 88% outside of every shift.</p> <p>R5's MD order dated 9/18/24 at 11:59 a.m., included an order for oxygen administration however did not identify if oxygen was supposed to be administered continuously or as needed (PRN). The order directed if persistent hypoxia (low levels of oxygen in the body) despite 2L nasal canula (NC) oxygen supplementation or if R5 developed tachycardia (pulse of more than 100 beats per minute), or symptoms of somnolence(drowsiness), R5 should be promptly evaluated in the emergency room (ER) given her history of hypercapnia (when carbon dioxide (CO2) levels in the blood increase above 45), anemia, congestive heart failure (CHF) and high risk for venous thromboembolism (VTA) due to immobility.</p> <p>R5's TAR included the aforementioned physician order; the order was discontinued on 9/24/24. Recorded entries on 9/22/24 and 9/23/24 at 6:00 a.m., O2 was not used and O2 sats were 90% and 96% respectively. No entries were recorded on 9/22/24 and 9/23/24 for the 2:30 p.m. and 11:30 p.m. shift entries. Between 9/18/24 through 9/24/24, R5's oxygen levels ranged from 89% to 93% on 2 LPM per NC.</p> <p>R5's advanced practice registered nurse (APRN) recertification visit dated 9/24/24, identified R5 was seen by a provider last week for hypoxia with oxygen levels in the 70's at times overnight and in the early morning. R5 was placed on oxygen on 9/17/24 at 2L per NC which improved her oxygen levels to 94%. R5 was educated on being compliant with her BIPAP. Today nurse reported R5 continued to be on oxygen. Nurse was instructed to get R5 up for breakfast and check O2 saturations. O2 saturations were 87% on room air (RA). New order to continue oxygen 1-2 L to keep O2 above 90% (did not identify if oxygen was to be administered continuously and/or PRN).</p> <p>R5's transcribed physician orders for oxygen administration dated 9/24/24, were inconsistent with the direction in the physician note; the order included Initiate and titrate supplemental O2 at 2 liters per minute via nasal cannula. As needed for with exertion or continuously for SpO2 less than 90% If persistent hypoxia despite 2L NC oxygen, tachycardia, or somnolence patient should be promptly evaluated in ER. AND every shift for with exertion or continuously for Spo2 less than 90% If persistent hypoxia despite 2L NC oxygen, tachycardia, or somnolence patient should be promptly evaluated in ER.</p> <p>R5's TAR included the aforementioned physician order. From 9/25/24 to 9/30/24 R5 was on 2L of oxygen and O2 sats were checked each shift and ranged from 90% to 96%.</p> <p>R5's progress note dated 9/30/24 at 10:48 a.m., identified R5 was on room air, O2 level checked was 84%, started 2L of supplemental O2, rechecked and currently at 93%.</p> <p>R5 APRN follow up visit dated 10/1/24 identified R5 had a diagnosis of oxygen dependent and acute and chronic respiratory failure with hypercapnia. No new oxygen orders identified.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's TAR dated October 2024 indicated from 10/1/24 to 10/3/24, R5 was on 2L of O2 per NC every shift and oxygen saturations ranged from 91 to 96%.</p> <p>R5's Kardex dated 10/4/24, identified oxygen with exertion or continuously for SPO2 less than 90%, discontinue if SPO2 is greater than 94%.</p> <p>During an observation and interview on 10/3/24 at 10:26 a.m., R5 stated when she woke up at 8:45 a.m. the staff took her CPAP off and never put her oxygen back on. R5 indicated she had been without oxygen for the last two hours and stated, I guess I should put my call light to have someone put it back on me since I can't reach it. R5's oxygen concentrator was running at 1.5 liters and a green hose came from the concentrator that was hooked to the CPAP machine on her bedside table that was out of R5's reach. R5 turned her call light on. R5 stated she was supposed to have her oxygen on at all times and received oxygen through her CPAP at night.</p> <p>During an observation and interview on 10/3/24 at 10:37 a.m., nursing assistant (NA)-C walked into R5's room to answer the call light. R5 told NA-C that she needed her oxygen put back on. NA-C placed the pulse oximeter on R5's left index finger which read 87%. NA-C turned the oxygen concentrator off and disconnected the green oxygen tubing from the CPAP machine and hooked the nasal cannula to the green tubing, handed R5 the nasal cannula, and R5 put it on. NA-C then turned the oxygen concentrator back on. At 10:39 a.m. NA-C checked R5 oxygen saturations again which read 84%. NA-C directed R5 to take some deep breaths through her nose which R5 complied with. At 10:39 a.m. oxygen saturations were checked and read 91%. NA-C stated sometimes staff forget to put R5's oxygen back on and R5 would put the call light on to have the oxygen put on.</p> <p>During an observation and interview on 10/3/24 at 10:46 a.m., licensed practical nurse (LPN)-B stated she was told that no one put R5's oxygen on this morning and her oxygen levels had dropped to 84%. LPN-B checked R5's oxygen levels which read 96% on 1.5 L of oxygen. LPN-B asked R5 how many liters of oxygen she should be on and R5 replied usually 1.5 to 2 liters. LPN-B then turned the rate of flow up to 2 liters and assessed R5's respiratory status. LPN-B stated R5 had no shortness of breath, difficulty breathing, oxygen and pulse was within normal limits. R5 stated she didn't feel any different from when she had the oxygen off. LPN-B stated she thought R5 was supposed to have her oxygen on continuously but would have to look into it.</p> <p>During an interview on 10/3/24 at 3:04 p.m., registered nurse (RN)-B stated she put the oxygen order in for R5 on 9/24/24. RN-B indicated she had not transcribed the oxygen order as per the physician visit note dated 9/24/24. RN-B stated she had a different understanding of what the doctor said that day and verified she did not call a provider to clarify R5's oxygen orders. RN-B put the orders in per her discussion with the provider and did not fill out a verbal order for the provider to sign.</p> <p>During an interview on 10/3/24 at 4:24 p.m., director of nursing (DON) stated when a provider puts a new oxygen order in for a resident the nurse transcribing it should enter it as the provider ordered. DON further stated if there were questions about the order the provider would have to be called for clarification. DON indicated R5's oxygen order was entered incorrectly on 9/24/24 and the provider was not notified. DON stated R5 oxygen order should have been to ensure R5 was receiving 1- 2 liters to keep sats above 90%. DON indicated when R5's CPAP was removed in the AM a respiratory assessment should be completed and oxygen orders should be implemented as ordered.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy, Oxygen Administration and cleaning of O2 equipment, revised 9/16/21 identified the purpose was to administer oxygen to the resident when insufficient oxygen is being carried by the blood to the tissues . Routine if Physician initiated O2 orders. 1. Review physician order for the number of liters and frequency. 2. Gather supplies as above: Concentrator, tubing, nasal cannula and O2 signs. 3. Label MAR for recording O2 sats q shift. 4. Document in nurses notes and notify family.</p> <p>Facility policy, Medication and Treatment Orders, dated 12/2017, identified Orders for medications and treatments will be consistent with principles of safe and effective order writing. 1. Medications shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state. 2. Only authorized, licensed practitioners, or individuals authorized to take verbal orders from practitioners, shall be allowed to write orders in the medical record. 3. Drug and biological orders must be recorded on the Physician's Order Sheet in the resident's chart. Such orders are reviewed by the consultant pharmacist on a monthly basis. 4. All drug and biological orders shall be written, dated, and signed by the person lawfully authorized to give such an order. 5. The signing of orders shall be by signature or a personal computer key. Signature stamps may not be used. 6. The staff and practitioner shall use only approved abbreviations and symbols when ordering and/or charting medications. 7. Verbal orders must be recorded immediately in the resident's chart by the person receiving the order and must include prescriber's last name, credentials, the date and the time of the order. 8. Verbal orders must be signed by the prescriber at his or her next visit. 9. Orders for medications must include: a.Name and strength of the drug; b. Number of doses, start and stop date, and/or specific duration of therapy; c. Dosage and frequency of administration; d. Route of administration; e. Clinical condition or symptoms for which the medication is prescribed; and f. Any interim follow-up requirements (pending culture and sensitivity reports, repeat labs, therapeutic medication monitoring, etc.). 10. Only authorized personnel shall call in orders for prescribed medications to the pharmacy. 11. Drugs and biologicals that are required to be refilled must be reordered from the issuing pharmacy not less than three (3) days prior to the last dosage being administered to ensure that refills are readily available. 12. Orders not specifying the number of doses, or duration of medication, shall be subject to automatic stop orders. a. Drugs not specifically limited to duration of use and number of doses when ordered will be controlled by automatic stop orders. b. One (1) day prior to the date the stop order is to become effective, the nurse supervisor/charge nurse on duty must contact the prescriber or attending physician to determine if the medication is to be continued. 13. Orders for withholding food prior to a test or treatment (NPO) shall be made by the attending physician as necessary. a. Nursing will use a diet change notification form to inform the food services staff when it is necessary to hold the resident's food tray, and when the tray delivery can resume. b. Nursing staff will review the overall situation for a resident for whom one or more meals is to be held to ensure that any related issues are addressed (e.g., adjustment of insulin doses, maintenance of adequate hydration). 14. Orders for anti-coagulants will be prescribed only with appropriate clinical and laboratory monitoring. a. The attending physician must periodically record in the progress notes the results of the laboratory monitoring and the review for potential complications.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38685</p> <p>50761</p> <p>Based on observation, interview, and document review the facility failed to ensure enhanced barrier precautions (EBP) were implemented for management of wound care to reduce the risk of infection to others for 1 of 1 resident (R6) who was reviewed for infection control and prevention.</p> <p>Findings include:</p> <p>R6's diagnosis list printed on 10/3/24 included; bullous pemphigoid (rare skin condition causing large, fluid filled blisters that appear on the abdomen, chest, upper and lower extremities, groin, and/or axillary region), chronic venous hypertension with ulcer of bilateral lower extremities, non-pressure chronic ulcer of left calf with unspecified severity, non-pressure chronic ulcer of other part of right lower leg limited to breakdown of skin, and subacute osteomyelitis of the right ankle and foot.</p> <p>R6's admission minimum data set (MDS) dated [DATE] indicated R6 had a brief interview for mental status (BIMS) of 15 (score of 13-15 indicates individual is cognitively intact), 2 diabetic foot ulcers, and open lesions that required pressure reducing devices in bed, in the chair, application of ointments/medications, application of nonsurgical dressings, and application of dressings to feet.</p> <p>R6's admission care plan dated 8/9/24 indicated R6 had actual impairment to skin integrity of the left heel, bilateral lower extremities, and groin related to neuropathic diabetic ulcer, venous ulcers, bullous pemphigoid, and moisture-associated skin damage (MASD). Interventions included, encourage good nutrition/hydration and to follow facility protocols for treatment of injury.</p> <p>R6's active physician orders as of 10/3/24, directed the following wound care treatment:</p> <p>-Bullous pemphigoid wound care: cleanse with acetic acid, pat dry, apply Clobetasol 0.05% cream to wound bed, apply hydrogel gauze over cream in wound bed and cover with an army battle dressing (ABD-type of gauze to treat large heavy draining wounds) on day shift Monday, Wednesday, and Friday.</p> <p>-Complete weekly skin inspection progress note for resident skin check. Check skin every Monday evening shift.</p> <p>-Neuropathic heel wound care: cleanse the area with Vashe wound cleanser, pat dry, apply Iodosorb to the entire wound bed. Do not apply to intact skin, cover with ABD pad with hole cut around the ulcer and cover with another ABD pad. Change daily and as needed. Apply Prevalon boots on day shift.</p> <p>-Venous ulcers on bilateral legs, cleanse with acetic acid only to wound beds, gently pat dry, apply Aquacel Ag+ ribbon to wound beds only, and cover with ABD and secure with Kerlix on day shift.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R6's provider note dated 9/23/24 indicated R6 has extensive wounds throughout 90 percent of his body, including his back. Wound care was discussed with the facility nurse and facility nurse to apply collagen to his legs, covered with calcium alginate with silver, and secured with absorbent gauze dressing or Opti Lock if obtained. For R6's bilateral hip area, would like to utilize impregnated gauze so these will stay moist and prevent sticking to skin. Wound care is quite extensive and takes 60-120 minutes.</p> <p>R6's Kardex (reference document that provides a brief overview of each resident) printed on 10/3/24 indicated that R6 is on EBP due to a PEG tube site, bilateral nephrology tubes, and wounds.</p> <p>R6's treatment administration record dated 10/1/24-10/31/24 identified R6's wound care was completed per provider orders.</p> <p>During observation on 10/3/24 at 10:51 a.m., upon entrance to R6's room, there was an orange sign taped to the wall with two stop sign icons in the top right and left corner of the sign. The sign indicated Enhanced Barrier Precautions, everyone must: clean their hands, including before entering and when leaving the room. Providers and Staff must also: wear gloves and a gown for the following high-contact resident care activities: dressing, bathing/showering, transferring, changing linens, providing hygiene, changing briefs or assisting with toileting. Device care or use: central line, urinary catheter, feeding tube, and tracheostomy. Wound care: any skin opening requiring a dressing. Upon entering R6's room, licensed practical nurse (LPN)-A was in the process of changing R6's left lower extremity dressings. LPN-A applied Vaseline, ABD pads, and a compression wrap to R6's left lower extremity per the wound care orders. LPN-A was not wearing a gown as directed by the EBP sign outside R6's door and the facilities infection prevention policy, only gloves were worn.</p> <p>On 10/3/24 at 2:58 p.m., nursing assistant (NA)-A stated appropriate indications when staff are to use personal protective equipment (PPE) and the donning/doffing process for using PPE. NA-A stated the order of donning PPE starting with the mask, gown, then gloves. NA-A stated PPE is donned before entering and doffed in the room before exiting. Hands to be washed before entering and after exiting the room.</p> <p>10/3/24 at 3:00 p.m., NA-A stated training was done by in-services and online education. Once completed, staff were to sign a paper document that indicated the content was reviewed.</p> <p>During interview on 10/3/24 at 12:43 p.m., LPN-A stated the gown was removed while providing care to R6 since it got hot in R6's room. Further, LPN-A stated EBP precautions were in place to prevent the spread of infection. LPN-A discussed how to don and doff PPE appropriately and stated EBP training was completed online. LPN-A indicated that a resident on EBP would have a sign outside their door and an isolation cart with PPE outside the resident's room indicating the necessary precautions.</p> <p>During interview on 10/3/24 at 1:16 p.m., registered nurse (RN)-A stated staff received EBP and TBP training at the time of hire by online education, Educare (education platform), and facility/staff meetings/in-services. RN-A indicated that the most recent EBP content was provided to staff after the 2024 recertification survey as part of the plan of correction (POC) that was approved. RN-A also stated in some situations on the spot training for staff was completed.</p> <p>On 10/3/24 at 1:21 p.m., RN-A stated staff were expected to be able to know why EBP was in place for any resident, be aware of the signage for EBP, and how to don and doff PPE appropriately.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245359	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/03/2024
NAME OF PROVIDER OR SUPPLIER Pine Haven Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 210 Northwest 3rd Street Pine Island, MN 55963	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 10/3/24 at 4:29 p.m., DON stated staff were made aware of residents on EBP with signage on or near the resident's door, PPE cart, and the Kardex. DON stated staff were expected to wear gowns, gloves, masks, and eye protection if necessary. DON also stated the purpose of EBP and expected staff to follow the policy.</p> <p>Facility policy named Infection Control Transmission/Isolation Precautions revised on 3/2024 indicated: Enhanced Barrier Isolation Precautions: Example; Multidrug-Resistant Organisms (MDRO), Methicillin-resistant staphylococcus aureus (MRSA) Vancomycin- resistant Enterococcus (VRE) Carbapenem-resistant Enterobacteriaceae (CRE).</p> <p>Enhanced Barrier Precautions expands the use of PPE beyond situations in which exposure to blood and body fluids is anticipated, refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing. Face protection may also be needed if performing activity with risk of splash or spray.</p> <p>Enhanced Barrier Precautions apply to residents with any of the following:</p> <ul style="list-style-type: none"> - Infection or colonization with a novel or targeted MDRO when Contact Precautions do not apply. - Wounds and/or indwelling medical devices (e.g., central line, urinary catheter, feeding tube, tracheostomy/ventilator) regardless of MDRO colonization status. Wounds include chronic wounds, such as pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers. Shorter-lasting wounds, such as skin breaks or skin tears covered with an adhesive bandage or similar dressing, do not require EBP. <p>Examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include:</p> <p>Dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator, wound care: any skin opening requiring a dressing.</p> <p>Gown and gloves would not be required for resident care activities other than those listed above, unless otherwise necessary for adherence to Standard Precautions. Residents are not restricted to their rooms or limited from participation in group activities.</p>		