

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245361	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/03/2025
NAME OF PROVIDER OR SUPPLIER Meeker Manor Rehabilitation Center, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 600 South Davis Avenue Litchfield, MN 55355	

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>(continued on next page)</p>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on document review, interview and observation, the facility failed to implement proper infection control when two nursing assistants were observed not following enhanced barrier precautions or hand hygiene during direct care for 3 of 5 (R2, R4, R5) residents reviewed for infection prevention. Findings include: Enhanced barrier precautions refer to the use of gown and gloves for use during high-contact resident care activities for residents known to be infected with multi-drug resistant organisms as well as those at increased risk of multi-drug resistant organism acquisition (residents with wounds or indwelling medical devices) R2's face sheet dated 11/3/25, indicated R2 was admitted [DATE] and had diagnoses of type II diabetes, mood disorder due to known physiological condition with depressive features and obesity. R2's Quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated she was severely cognitively impaired and had behavioral symptoms directed towards others. She was dependent on staff for all activities of daily living. During an observation on 11/3/25 at 1:05 p.m., nursing assistants (NA)-A and NA-B prepared to assist R2 with cares and both NAs donned gloves. R2 was rolled to the side and NA-B provided perineal cares, removed the soiled brief and placed a new brief. NA-B did not change gloves or complete hand hygiene after removing soiled brief. NA-B applied cream to R2's perineal area and then removed her gloves. NA-B adjusted the bedding linens and emptied the trash can. NA-A and NA-B removed their gloves when they exited R2's room and then completed hand hygiene. R4's face sheet dated 11/3/25, indicated R4 was admitted on [DATE] and had diagnoses of unspecified injury of cervical spinal cord, neuromuscular dysfunction of bladder, radiculopathy lumbosacral region (pinched nerve in spine), retention of urine and anxiety. R4's Quarterly MDS assessment dated [DATE], indicated R4 was cognitively intact and was dependent on staff for activities of daily living. R4's care plan dated 11/3/25 indicated resident is currently on enhanced barrier precautions related to catheter use. Staff to don/doff personal protection equipment (PPE) per enhanced barrier precautions while providing high contact cares. R4's November Medication Administration Record (MAR) indicated R4 had the following orders: -Suprapubic urinary catheter placed on 10/8/25. Catheter is recommended to be exchanged every 3-4 weeks and should be completed per facility/agency protocol. Start date 10/15/25. -Change foley/suprapubic catheter bag on shower day. Start date 2/2/25. -Monitor catheter output every shift. Start date 2/11/25. -Staff to follow enhanced barrier precautions (EBP) every shift. Start date 7/19/24. During an observation on 11/3/25 at 12:50 p.m., R4's door had an enhanced barrier sign posted on the door. The sign indicated which personal protective equipment (PPE) staff should don (put on) when providing high contact cares. Nursing assistants (NA)-A and NA-B were observed preparing to provide care to R4. NA-A put gloves on and brought the mechanical lift into R4's room. NA-B put gloves on and assisted in attaching the sling to the lift. Neither NA-A nor NA-B donned a gown as the posted sign directed. NA-A attached the catheter bag to the sling, R4 was transferred from her wheelchair to her bed. NA-A pulled down R4's pants and opened the brief, some fecal matter was present in the brief. NA-A provided perineal care with wipes and removed the dirty brief. NA-A changed gloves but did not complete hand hygiene. NA-A touched the mechanical lift and the catheter bag while transferring R4 to the toilet. NA-A started moving R4's personal items around the room while R4 was using the bathroom and opened up a clean brief. R4 continued to use the bathroom, NA-B moved the mechanical lift to the hallway. NA-A and NA-B doffed (removed) gloves and completed hand hygiene. During an interview on 11/3/25 at 1:20 p.m., NA-A and NA-B donned gloves and went to assist R4 finish in the bathroom. NA-A and NA-B entered the room with no gown. R4 was transferred from the toilet to the bed, NA-B lowered the mechanical lift and unhooked the catheter bag. NA-A and NA-B removed the sling. NA-B provided perineal care. NA-B removed her gloves but did not complete hand hygiene. NA-B applied cream to R4's perineal area and placed a clean brief. R4 was dressed and transferred to recliner chair by both aides. NA-A changed gloves but did not complete hand hygiene before emptying the catheter bag. NA-A and NA-B removed gloves as they exited the room. During an interview on 11/3/25 at 12:09 p.m., NA-A stated she should have worn a gown when emptying the catheter. She explained she was not paying attention to the signs on the doors. NA-A explained EBP entails a full gown, mask, gloves and face shield to help anyone from getting exposed to illnesses. Some residents just had Covid -19 infections which is why some other residents have EBP signs on the doors. R5 was not currently being catheterized, but there is a sign on the door to be overly cautious. Hand hygiene should be completed when leaving the room and after completing perineal care R5's face</p>		