

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245411	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Shirley Chapman Sholom Home East		STREET ADDRESS, CITY, STATE, ZIP CODE 740 Kay Avenue Saint Paul, MN 55102	

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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>43083</p> <p>Based on interview and document review, the facility failed to review and revise the care plan with current interventions for the care of a new catheter and enhanced barrier precautions (EBP) for 1 of 1 residents (R2) reviewed.</p> <p>Findings include:</p> <p>R2's physician order dated 9/10/24, indicated R1 required a foley catheter related to diagnosis of urinary retention due to neurogenic bladder.</p> <p>R2's progress note dated 9/10/24, indicated R2 had returned to the facility following hospitalization . R2 was admitted to the hospital for septic shock due to bacteremia (blood stream infection) caused by an infected kidney stone. R2 came back to the facility with a foley catheter.</p> <p>R2's care plan revised on 9/20/24, indicated R2 had an actual alteration in elimination related to impaired mobility, overactive bladder exhibited by frequently incontinent of bowel and bladder. R2 had a diagnosis of neurogenic bladder and was at risk for skin breakdown and urinary tract infection (UTI). Further, R2's care plan directed staff to offer toileting at start of shift, every two to three hours and as needed, complete bladder assessment quarterly or with significant change, encourage adequate fluid intake every shift, incontinence care as needed, observe condition to perineal area with incontinence care, observe for signs and symptoms of UTI, toilet with assist of two staff. However, R2's care plan lacked evidence of R2 requiring a catheter or EBP and interventions in place to direct staff on how to manage R2's catheter.</p> <p>During an observation on 9/24/24 at 3:59 p.m., nursing assistant (NA)-A and NA-B applied a surgical mask and entered R2's room. R2 was noted to be lying in bed and a catheter bag was noted to be hanging on the side of the bed in a blue privacy bag. NA-A and NA-B applied gloves to assist R1 with incontinent cares. NA-A grabbed a canister from R2's bathroom and emptied R2's catheter while holding the canister. NA-A then placed the canister containing urine on the carpeted floor and NA-A wiped the open end of the catheter tubing and catheter bag using an incontinent wipe. NA-A then grabbed the canister, emptied the urine into the toilet, and removed the soiled gloves. NA-A and NA-B assisted R2 from bed to her wheelchair using a mechanical lift. NA-A and NA-B then exited R2's room. NA-A and NA-B did not wear a gown while assisting R2 with high contact cares.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/25/24 at 12:56 p.m., NA-C stated R2 required total assistance by staff for activities of daily living (ADL), was incontinent of bowel, and had a catheter that was placed about a week ago. NA-C confirmed R2 did not require the use of EBP, as there was no sign posted outside of R2's door. Further, NA-C stated if a resident required EBP a sign would have been posted outside the resident's door directing staff on what personal protective equipment (PPE) needed to be used, which would be kept in the cubby outside the resident's door. NA-C stated the resident's care plan and nursing care guide sheets would have also identified what each resident required.</p> <p>On 9 /25/24 at 3:08 p.m., licensed practical nurse (LPN)-A stated R2 returned to the facility from the hospital with a catheter. LPN-A confirmed R2 was not on EBP as the interdisciplinary team (IDT) must have missed implementing EBP upon returning from the hospital and LPN-A had not revised R2's care plan.</p> <p>On 9/25/24 at 3:28 p.m., director of nursing (DON) stated staff would know if a resident required EBP by a sign posted outside each resident's room, and DON was unsure if EBP were expected to be identified in a resident's care plan.</p> <p>Review of facility policy titled Care Plan Policy and Procedure revised 11/22, indicated the care plan was to be changed and updated as the care changes for the resident and as the resident changes occurred it would be updated in the electronic medical record and was to always be current. Further, policy directed staff to list all care to be provided for the problem listed and the care must be necessary and appropriate to accomplish the goal stated. As well as communicate vital information to all staff providing direct resident care, list of infection control measures, list of safety measures, approaches to maintain resident's customary routine and list of preventative measures.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>43083</p> <p>Based on observation, interview, and document review, the facility failed to ensure enhanced barrier precautions (EBP) were implemented for 1 of 1 residents (R2) reviewed who had an indwelling catheter. In addition, the facility failed to ensure appropriate infection control measures for draining a catheter bag were implemented for 1 of 1 residents (R2) reviewed.</p> <p>Findings include:</p> <p>R2's physician order dated 9/10/24, indicated R1 required a foley catheter related to diagnosis of urinary retention due to neurogenic bladder.</p> <p>R2's progress note dated 9/10/24, indicated R2 had returned to the facility following hospitalization . R2 was admitted to the hospital for septic shock due to bacteremia (blood stream infection) due to infected kidney stone. R2 came back with a foley catheter.</p> <p>R2's care plan as of 9/25/24, lacked identification R2 had a foley catheter or that R2 was on EBP.</p> <p>During an observation on 9/24/24 at 3:59 p.m., nursing assistant (NA)-A and NA-B applied a surgical mask and entered R2's room. R2 was noted to be lying in bed and a catheter bag was noted to be hanging on the side of the bed in a blue privacy bag. NA-A and NA-B applied gloves to assist R1 with incontinent cares. NA-A grabbed a canister from R2's bathroom and emptied R2's catheter while holding the canister. NA-A then placed the canister containing urine on the carpeted floor and NA-A wiped the open end of the catheter tubing and catheter bag using an incontinent wipe. NA-A then grabbed the canister, emptied the urine into the toilet, and removed the soiled gloves. NA-A and NA-B assisted R2 from bed to her wheelchair using a mechanical lift. NA-A and NA-B then exited R2's room. NA-A and NA-B did not wear a gown while assisting R1 with high contact cares.</p> <p>On 9/25/24 at 12:56 p.m., NA-C stated R2 required total assistance by staff for activities of daily living (ADL's), was incontinent of bowel, and had a catheter that was placed about a week ago. NA-C confirmed R2 did not require the use of EBP, as there was no sign posted outside of R2's door. Further, NA-C stated if a resident required EBP, a sign would have been posted outside the resident's door directing staff on what personal protective equipment (PPE) needed to be used, which would be kept in the cubby outside the resident's door. NA-C stated the resident's care plan and nursing care guide sheets would have identified what each resident required. In addition, NA-C stated while emptying a catheter bag, staff were required to wear gloves, place a towel on the floor and drain the urine into the container. Staff were expected to clean the open end of the catheter tubing with an alcohol wipe which were available in each resident's room.</p> <p>On 9/25/24 at 1:16 p.m., NA-D stated R2 had a catheter which was new upon returning from the hospital. NA-D stated R2 did not require the use of EBP as there was no signage posted outside of R2's door. Further, NA-D stated a resident would require the use of EBP if the resident had an infection, wound, or catheter and a sign would have been posted outside the resident's room.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/25/24 at 1:28 p.m., registered nurse (RN)-A stated R2 had a catheter and required staff assistance for ADLs. RN-A stated he was unsure if R2 was currently on EBP, however confirmed R2 should have been on EBP due to having a catheter. RN-A stated if a resident required the use of EBP, there would have been a sign posted outside of the resident's room and the infection preventionist (IP) was good at implementing EBP as required.</p> <p>On 9/25/24 at 2:01 p.m., IP stated either herself or the director of nursing (DON) would implement EBP for a resident if they had a wound, catheter, or active infection. Further, IP confirmed R2 returned from the hospital on 9/10/24, with a catheter and required EBP. In addition, IP stated R2 was on her flow sheet for tracking purposes and IP completed random audits to ensure all EBP were implemented, however had not completed an audit since R2's return.</p> <p>On 9 /25/24 at 3:08 p.m., licensed practical nurse (LPN)-A stated R2 returned to the facility from the hospital with a catheter. LPN-A confirmed R2 was not on EBP as the interdisciplinary team (IDT) must have missed implementing EBP upon returning from the hospital. In addition, LPN-A stated staff were expected to empty a resident's catheter into the cylinder and clean the open tip with an alcohol wipe.</p> <p>On 9/25/24 at 3:28 p.m., DON stated EBP were required for residents who had a catheter, tube feeding, external medical devices, and wounds. DON stated EBP signs were to be placed outside of the resident's room and IP tracked the individuals who required EBP. DON confirmed R2 had a catheter and required EBP. Further, DON stated staff were expected to apply gloves, place a barrier on the floor, empty the catheter into the cylinder and then wipe the open tip of the catheter with an alcohol wipe to kill any bacteria or germs present on the exterior of the tubing.</p> <p>On 9/25/24 at 4:27 p.m., NA-A stated staff were expected to apply gloves, place a towel on the floor, empty the catheter into the canister and use an alcohol wipe to wipe the end of the open tip of the catheter tubing. However, NA-A stated he utilized an incontinent wipe yesterday since there were no alcohol wipes available in R2's room yesterday. In addition, NA-A stated he forgot to bring a towel in to place the canister on.</p> <p>Review of facility policy titled Urinary Catheter Care revised 7/8/24, directed staff to wipe spigot with an alcohol wipe after drainage was completed prior to closing the system and keep the collection container off the floor or use a barrier between the floor and the collection container.</p> <p>Review of facility policy titled Isolation-Categories of Transmission-Based Precautions revised 7/12/22, indicated enhanced barrier precautions were an infection control intervention designed to reduce transmission of multi-drug organisms (MDROs) in the facility. Enhanced barrier precautions involved gown and glove use during high-contact resident care activities for resident known to be colonized or infected with a MDRO as well as those at increased risk of MDRO acquisition (residents with wounds or indwelling medical devices). Further, policy indicated when a resident was placed on transmission-based precautions, appropriate notification would be placed on the room entrance door and on the front of the chart so that personnel and visitors were aware of the need for and the type of precaution. The signage informed staff of the type of precautions, instructions for use of PPE, and/or instruction to see a nurse before entering the room.</p>		