

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245414	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Viewcrest Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3111 Church Street Duluth, MN 55811	

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** 47790</p> <p>Based on observation, interview and document review, the facility failed to ensure proper glove use and hand hygiene was performed during incontinence care and wound care for 2 of 3 residents (R3, R4) reviewed for infection control. In addition, the facility failed to use proper personal protective equipment (PPE) for 1 of 3 (R4) residents reviewed for infection control.</p> <p>Findings include:</p> <p>R3's Face Sheet dated 3/15/24 indicated R3 had orders for wound care to his left lower extremity every three days.</p> <p>On 8/27/24 at 1:11 p.m., registered nurse (RN)-A entered R3's room with a gown and gloves on. RN-A told R3 he was going to change the dressing on his left leg. RN-A used wound cleanser and gauze to cleanse R3's left leg which had multiple open areas. RN-A then removed his soiled gloves, and without performing hand hygiene donned clean gloves. RN-A grabbed calcium alginate (a wound dressing) and cut it to size for the wound on the top of R3's left foot, and applied it to the wound bed. RN-A repeated cutting the calcium alginate and applied to three other wounds on R3's left shin and calf area. RN-A applied zinc oxide paste (a protestant) on the skin around the wounds. RN-A removed his soiled gloves, and without performing hand hygiene, donned clean gloves. RN-A applied Alevyn dressings (a wound dressing) to all four wounds on R3's left lower leg and left foot. RN-A applied Aquaphor ointment (moisturizing ointment) to the dry areas on R3's left leg and right leg. RN-A removed his soiled gloves, and without performing hand hygiene, donned clean gloves.</p> <p>On 8/27/24 at 2:03 p.m., RN-A stated he was nervous, and forgot to wash his hands between glove changes. RN-A stated staff should wash their hands before removing soiled gloves and donning clean gloves.</p> <p>R4's quarterly Minimum Data Set (MDS) dated [DATE], indicated R4 needed extensive assistance with toilet use.</p> <p>R4's care plan dated 1/12/24, indicated R4 was on enhanced barrier precautions (EBP) due to chronic wounds.</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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NAME OF PROVIDER OR SUPPLIER Viewcrest Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 3111 Church Street Duluth, MN 55811	
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(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 8/27/24 at 11:35 a.m., nursing assistant (NA)-A was observed entering R4's room sanitizing hands and placing on gloves. NA-A told R4 she was going to check her incontinent brief. NA-A was not wearing proper PPE which would have included a gown. NA-A removed R4's incontinent brief straps, and cleansed R4's peri-area with a washcloth and soap. NA-A assisted R4 to turn onto her right side. NA-A used toilet paper to wipe feces off of R4's buttocks. NA-A removed the soiled incontinent brief. Without changing gloves, NA-A placed a clean incontinent brief under R4. NA-A removed her soiled gloves, and without performing hand hygiene, donned clean gloves. NA-A applied the incontinent brief on R4, then removed her gloves and performed hand hygiene.</p> <p>On 8/27/24 at 11:54 a.m., NA-A stated she forgot to wear the right PPE when caring for R4. She should have worn a gown along with her gloves when providing cares for R4. She should have sanitized her hands after taking her gloves off, but she was nervous.</p> <p>On 8/29/24 at 10:35 a.m., the director of nursing (DON) stated staff were expected to follow the EBP and hand hygiene policy.</p> <p>On 8/29/24 at 12:18 p.m., the administrator stated staff were expected to follow the hand hygiene and EBP policy.</p> <p>The facility policy Hand Hygiene dated 5/8/17 directed staff will perform hand hygiene when moving from a contaminated body site to a clean body site during cares and after removing gloves.</p> <p>The facility policy Enhanced Barrier Precautions (EBPs) revised 6/25/24 directed staff will use EBPs for all resident with chronic wound and when performing peri care activities.</p>		