

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER Presbyterian Homes of Arden Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3220 Lake Johanna Boulevard Arden Hills, MN 55112	
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 use proper personal protective equipment (PPE) who are on enhanced barrier precautions (EBPs) for 1 of 3 (R1) residents reviewed for falls.</p> <p>Findings include:</p> <p>R1's Face Sheet dated 1/1/19, indicated R1 had retention of urine.</p> <p>R1's significant change Minimum Data Set (MDS) dated [DATE], indicated R1 had moderate cognitive impairment, had an indwelling catheter, and needed extensive assistance with all cares.</p> <p>R1's care plan dated 3/31/35, indicated R1 was on enhanced barrier precautions (EBPs) because R1 had an indwelling medical device the plan directed staff to wear gown and gloves during high-contact resident care activities.</p> <p>Enhanced Barrier Precautions signage on R1's door undated, indicated providers and staff would wear gloves and gown for the following High-Contact Resident Care Activities: dressing, bathing, transferring, changing linens, providing hygiene, changing briefs or assisting with toilet use, and when caring for wounds or device cares.</p> <p>During an observation on 4/16/25 at 8:22 a.m., nursing assistant (NA)-A, NA-B, and registered nurse (RN)-A applied gloves and entered R1's room to assist her with a transfer from bed to R1's wheelchair. NA-B stood on R1's right side of bed. NA-B turned R1 toward NA-B, NA-A and RN-A assisted R1 with pulling her pants up and her shirt down. RN-A placed R1's lift sheet under R1, NA-A assisted with placement of lift sheet. NA-A, NA-B, and RN-A assisted R1 by attaching the lift sheet straps to the full body mechanical lift. NA-A, NA-B and RN-A placed R1 in her wheelchair via full body mechanical lift, took off gloves, sanitized hands, and left the room.</p> <p>During an interview on 4/16/25 at 8:33 a.m., RN-A stated if a resident was on EBPs staff would be expected to wear gown and gloves with transfers and R1 was on EBPs. RN-A stated did assist R1 with a transfer and should have worn a gown but did not.</p> <p>On 4/16/25 at 8:37 a.m., NA-B stated R1 was on EBPs and NA-B should have worn a gown along with her gloves when transferring R1 but she forgot.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245424
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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 4/16/25 at 9:22 a.m., NA-A stated R1 was on EBPs and he should have worn a gown when transferring R1 but he forgot to put the gown on.</p> <p>On 4/16/25 at 2:21 p.m., infection preventionist (IP)-A stated if a staff were to go into a residents room who was on EBPs they would need to gown and glove if they were going to transfer that resident.</p> <p>On 4/16/25 at 3:02 p.m., the director of nursing (DON) stated the staff were expected to gown and glove if they were going to provide high contact care with a resident on EBPs, this included when transferring a resident.</p> <p>The facility Enhanced Barrier Precautions policy and procedure revised 3/2025, indicated EBP (targeted gowns and gloves) would be used in conjunction with standard precautions and would be implemented during high contact resident care activities for residents who had indwelling medical devices. Indwelling medical devices included urinary catheters.</p>		