| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245428 | A. Building<br>B. Wing | 04/22/2026 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Essentia Health Homestead | 115 10th Avenue Northeast<br>Deer River, MN 56636 |

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) |
|---|---|
| F 0880<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Provide and implement an infection prevention and control program.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility to disinfect a point of care glucose monitor between the use for 2 of 2 residents (R5, R18) who were observed to have their blood glucose checked. Findings include: R5's admission Minimum Data Set, dated [DATE], identified R5 had a diagnosis of diabetes mellitus (DM) and received insulin on a regular basis. R5's care plan dated 4/1/26, identified to monitor blood glucose (sugar) per orders. R5's orders dated 3/10/26, identified to have blood sugar checked three times a day. R18's quarterly MDS dated [DATE], identified R18 had a diagnosis of DM and received insulin on a regular basis. R18's care plan dated 3/5/26, identified to monitor blood sugar per order. R18's orders dated 4/15/26, identified R18 was to have blood sugar checked 4 times a day. During observation on 4/20/26 at 4:37 p.m., registered nurse (RN)-A used the point of care glucose monitor and obtained a blood sugar on R5. RN-A then placed the glucose monitor on R5's overbed table while RN-A administered R5's insulin and other medications. Upon exiting R5's room RN-A placed the glucose monitor on the medication cart and returned to the nurse's station. The glucose monitor remained undisinfected on the medication cart. R18 then approached RN-A and asked to have their blood glucose checked before supper. RN-A sanitized her hands, put gloves on, then reached for the undisinfected glucose monitor and proceeded to obtain R18's blood sugar without disinfecting the glucose monitor. During an interview on 4/20/26 at 4:45 p.m., RN-A stated she only disinfected the glucose monitor at the end of her shift and had not been disinfecting it between residents. During an interview on 4/20/26 at 4:55 p.m., the interim director of nursing (DON) stated glucose monitors were to be cleaned between use with each resident to prevent spread of infections. All nurses were trained when hired on the policy regarding disinfecting glucose monitors. The facility's Cleaning and Disinfecting the Glucose Monitor, dated 1/22/25, identified staff were to clean and disinfect the glucose monitor after each patient use. |

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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