

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245458	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Essentia Health Virginia Care Cent		STREET ADDRESS, CITY, STATE, ZIP CODE 901 9th Street North Virginia, MN 55792	
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** 45842</p> <p>Based on observation, interview, and document review, the facility failed to ensure nebulizer tubing/canister was cleaned and allowed to air dry after each use for 1 of 1 resident (R16) reviewed for oxygen therapy.</p> <p>Findings include:</p> <p>R16's quarterly Minimum Data Set (MDS) dated [DATE], identified R16 had moderate cognitive impairment and diagnoses included chronic obstructive pulmonary disease (COPD) and respiratory failure.</p> <p>R16's provider order dated 4/12/24, identified orders for ipratropium-albuterol solution for nebulizer: 0.5 milligram (mg) - 3mg(2.5mg) base/3milliliter (ml) every four hours as needed for shortness of breath.</p> <p>On 1/6/25 at 1:52 p.m., a nebulizer canister was observed in R16's room. The canister was observed to have condensation built around the inside of the canister with water drops also noted in the base of the canister. There was no date on the canister. R16 stated a nebulizer treatment had not been taken since some time on 1/5/25.</p> <p>On 1/7/25 at 1:42 p.m., a nebulizer canister was again observed in R16's room. The canister was dated 1/6/25, but had free standing fluid in the bottom. R16 stated the last nebulizer treatment had been given on 1/6/25, around 8:30 p.m.</p> <p>Review of R16's medication administration report (MAR) dated 1/1/25 to 1/9/25 indicated R16's last nebulizer treatment was given on 1/6/25 at 8:47 p.m.</p> <p>During interview on 1/7/25 at 1:49 p.m., registered nurse (RN)-A stated after every nebulizer treatment the canister was to be emptied of left over fluid, washed out with water and then left apart to air dry completely on a paper towel. RN-A looked at the nebulizer canister in R16's room and confirmed there was freestanding fluid in the nebulizer. R16's MAR was reviewed and confirmed that R16's last nebulizer treatment had been on 1/6/25 at 8:47p.m. RN-A stated the canister should have been cleaned after the treatment on 1/6/25, but had not been.</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>During interview on 1/7/25 at 1:55 p.m., the infection preventionist (IP) stated if the nebulizer canister was not cleaned and left to air dry after each treatment there was an increased risk of the patient getting a respiratory infection due to the fluid harbors bacteria as it sits in the canister.</p> <p>During interview on 1/9/25 at 8:30 a.m. the director of nursing (DON) stated an expectation all staff would clean the nebulizer canister after each use and allow it to air dry completely before using again.</p> <p>Facility policy Respiratory Equipment last reviewed 4/25/24, identified after each use the nebulizer would have all excess fluid removed from the nebulizer, taken apart and parts cleaned with sterile water. All parts would then be placed on a clean washcloth or paper towel to dry.</p>		