STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245458	A. Building B. Wing	03/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Essentia Health Virginia Care Cent	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)
F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation and interview, the facility failed to date opened products, dispose of expired products, and failed to have a process to ensure stored food was labeled with an expiration date that staff could understand. This deficient practice had the potential to affect all 15 residents who received food from facility kitchen.Findings include:During the initial kitchen tour on 3/23/26 at 1:27 p.m., nutrition services manager (NSM) stated products were dated when opened. The following was observed during the tour:Dry storage:6 cans of pasta sauce had no discernible expiration date.6 cans of tomato paste had no discernible expiration date.5 cans of carrots had an expiration date of 12/28/25.Cold storage:In cooler 3, there was an open, undated half gallon of heavy cream.In freezer 1, beef stew tray had no expiration date.Kitchen cooking line:Small fridge on kitchen line had an open, undated liquid egg carton.7 open, undated spices. In addition, there were no discernable expiration dates on the spices.Resident dining room on 3rd floor:Open, undated ketchup bottles on 9 tables. In addition, there were no discernable expiration dates on the bottles.During an interview on 3/24/26 at 1:26 p.m., cook (C)-A stated they discard canned goods when beyond the expiration date. C-A was unable to locate the pasta sauce and tomato cans and stated they would need to ask their supervisor to determine the expiration date.During an interview on 3/24/26 at 1:39 p.m., NSM stated the canned goods in dry storage had [NAME] dates on them and stated they had to look them up on computer. NSM's expectation was that staff would discard expired products but confirmed that the products had not been dated in a way that staff could identify the expiration date. They stated there was no facility process to identify an expiration date (in [NAME] calendar format) for products that were delivered with a [NAME] calendar expiration date. NSM stated the concern with not discarding expired food was the potential for residents to become sick if it was served.During an interview on 3/25/26 at 2:07 p.m., the facility administrator stated the kitchen monitors expiration dates until it comes to the dining room or nursing kitchenette. They expect foods would be discarded when expired.Facility Food Storage Chart - Food Storage Guidelines, revised 4/7/25, identifies the following product discard after opening guidelines:cream - refrigerate 3 - 4 dayscatsup - open 1 monthground spices - 6 monthsFacility food storage policy requested but not received.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to only leave medications at bedside when there was order to and the resident wanted to self adminster medications. This affected 1 of 1 residents (R5) reviewed for self administration of medication.Findings include: R5's quarterly Minimum Data Set (MDS) dated [DATE], indicated R5 was cognitively intact. Diagnoses included diabetes and cerebral vascular accident (CVA)(stroke). R5's Assessment for Resident Self-Administration of Medications/Treatments dated 3/16/26, indicated R5 did not want to self-administer medications and/or treatments (SAM). R5's Physician Order Report (POR) dated 3/26/26 indicated R5 received acetaminophen 500 milligrams (mg), 2 tablets three times a day by mouth. The POR lacked orders for Tums antacids. No staff were in the room. R5's care plan undated, lacked a care plan related to self-administration of medication. During an observation on 3/23/26 at 2:13 p.m., two tylenol were observed in a medicine cup sitting on R5's bedside table along with a second medicine cup which held four tums, and a bottle of tums. During a second observation on 3/25/26 at 2:09 p.m., 4 tums were again observed in a medicine cup, along with the bottle of tums on R5's bedside table. No staff were present. During an interview on 3/25/26 at 2:10 p.m., licensed practical nurse (LPN)-A stated if medications were left at bedside there needed to be an order to leave them at bedside, an order for the medication that is left at beside, and the SAM needed to be fill out and would indicate the resident wanted to self-administer medication and the resident was safe to self-administer medications along with leaving them at bedside. During an interview on 3/26/26 at 8:11a.m., the director of nursing stated an expectation of orders in place and the SAM filled out prior to medications being left at resident bedside.Facility policy Medication Self-Administration last reviewed 9/4/25, indicated medication would never be left unattended with a resident without appropirate assessment and order for self-administration.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and record review the facility failed to wear appropiriate personnal protective equipment (PPE) for a resident on contact precautions. This affected 1 of 1 resident (R11) reviewed for infection control. Findings include: R11's quarterly Minimum Data Set (MDS) dated [DATE], identified R11 as cognitively intact. R11's diagnoses included ataxia following cerebral infarction, diabetes mellitus type 2, paroxysmal atrial fibrillation, hypertension, and legal blindness. R11's care plan revised 2/24/26, identified left eye blepharoconjunctivitis infection: will resolve infection incurred and not spread same to others. It instructed to implement contact precautions. R11's provider orders dated 3/25/26 identified contact precautions through duration of eye drops and duration of left eye symptoms. During dining observations on 3/23/26 at 5:10 p.m., R11's door had an isolation sign on it which indicated R11 was on contact precautions. The sign indicated gown, and gloves had to always be worn when staff entered the room. Registered nurse (RN)-B was observed taking R11 the dinner tray in. RN-B placed gloves on but did not put a gown on and entered R11's room. During a second observation on 3/23/26 at 5:39 p.m., RN-B again entered R11's room with gloves on but without a gown on. During an interview on 3/23/26 at 5:39 p.m., RN-B stated gown and gloves needed to be worn while in a contact isolation room when staff would come in contact with the resident or the items in the resident's room. If contact was not made, like taking in a food tray, then staff only had to wear gloves in the isolation room. During an observation on 3/24/26 at 9:31 a.m., R11's door had an isolation sign on it which indicated R11 was on contact precautions. The sign instructed that gown and gloves always had to be worn when staff entered the room. Nursing assistant (NA)-A was observed entering R11's room without wearing gloves and a gown to assist R11 to the bathroom. During an interview on 3/24/26 at 9:44 a.m., NA-A stated a gown and gloves must be worn when entering a contact isolation room to prevent spreading an illness. NA-A stated they thought R11 was no longer on contact isolation. They confirmed the contact isolation signage on R11's door and stated they should have worn a gown and gloves when entering R11's room. During an interview on 3/25/26 at 9:48 a.m., the infection preventionist stated gown and gloves needed to be worn any time a staff member was in a contact isolation room, if there was any risk of coming into contact with anything in the resident room, which meant pretty well every time the gown and gloves needed to be worn. During an interview on 3/26/26 at 9:16 a.m., the director of nursing (DON) expected staff to gown and (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	glove when entering a contact isolation room. They stated a concern for spreading the infection if gown and gloves were not worn in a contact isolation room. The DON confirmed that R11 was on contact isolation. The facility process Contact Precautions dated 9/21/23, indicated staff were required to put on an isolation gown and gloves prior to entering a contact isolation room.