

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Winsted LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 551 Fourth Street North Winsted, MN 55395	

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** 48040</p> <p>Based on observation, interview and document review, the facility failed to ensure personal protective equipment (PPE) was utilized for 3 of 4 residents (R1, R2, R4) reviewed for infection control concerns. Furthermore, the facility failed to ensure enhanced barrier precaution (EBP) [measure intended to prevent the spread of multi drug-resistant organisms] was implemented for 2 of 4 residents (R1, R4) reviewed for foley catheter cares.</p> <p>Findings include:</p> <p>R1</p> <p>R1's Admission Record dated 6/21/2023, indicated R1's diagnoses included urinary tract infection, sepsis, and retention of urine.</p> <p>R1's quarterly Minimum Data Set, dated dated [DATE], indicated R1 had intact cognition and required moderate assistance of two persons with an easy stand (EZ) for transfers.</p> <p>R1's care plan dated 12/20/24 indicated R1 had foley catheter, moderate assist for toilet hygiene with staff interventions included follow EBP direction while providing urinary catheter maintenance, contact with the catheter, tubing, collection bag, and other high contact care activities.</p> <p>On 2/10/25 at 00:50 a.m. a progress note indicated no output from catheter, R1 bypassing urine, foley catheter was removed and new 16 French with 10cc in balloon was placed. R1 tolerated the procedure and denied pain or discomfort.</p> <p>On 2/20/25 at 1:15 p.m. a progress note indicated a urologist had been notified about R1 recent hospitalization and her urinary tract infection (UTI) status.</p> <p>On 2/24/25 at 9:09 a.m., during an observation, R1 had her foley catheter under her wheelchair (w/c) but no EBP signage noted on her door.</p> <p>On 2/24/25 at 3:06 p.m. RN-A stated R1's room should have a signage since she had a foley catheter. RN-A stated they should have worn gowns and gloves when transferring R1 from the chair to the bed.</p> <p>R2</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Winsted LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 551 Fourth Street North Winsted, MN 55395	
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>R2's Admission Record dated 4/6/2024, indicated R2's diagnoses included bladder disorder and neuromuscular dysfunction of bladder.</p> <p>R2's care plan dated 4/6/2024 indicated R2 had indwelling foley catheter with staff interventions included follow EBP direction while providing urinary catheter maintenance, contact with the catheter, tubing, collection bag, and other high contact care activities.</p> <p>On 2/20/25 at 12:31p.m. nursing assistant (NA)-A and a licensed practical nurse (LPN)-A have been observed transferring R2 who had an indwelling foley catheter with Enhance Barriers Precaution (EBP) signage on the door without donning gown and gloves. NA-A removed the foley catheter from the chair to the bed without gloves on. NA-A then picked up from the floor the soiled linen left in the resident room and put it in the bag with no gloves on. A soiled brief was in the garbage can opened in the room and the bathroom.</p> <p>On 2/20/25 at 12:43 p.m. NA-A stated she did not know how long the soiled linen was on the floor in the resident's room nor the soiled briefs. NA-A confirmed R2 was on EBP due to the Foley catheter and staff were expected to wear gowns and gloves during high contact care including transfers, brief changes, and dressing changes. NA-A stated she should have put gown and gloves on when providing cares to a resident with a foley catheter with EBP on the door.</p> <p>On 2/24/25 at 10:54 a.m. NA-D brought R2 to his room, NA-D did not wear gown or gloves. NA-D applied a transfer belt on R2, removed his foley catheter from the chair to the bed and called NA-E to help transferred R2 to bed which was high contact care activity. Both failed to wear gowns during the transfer with EZ.</p> <p>On 2/24/25 at 11:03 a.m. NA-D stated a gown and gloves were expected to be worn during transfers for residents on EBP. NA-D acknowledged she should have worn a gown and gloves while providing high contact care activity to R2.</p> <p>R4</p> <p>R4's Admission Record dated 1/23/25, indicated R4's diagnoses included acute kidney failure, neoplasm of kidney, retention of urine, and infection inflammatory reaction due to indwelling urethral catheter.</p> <p>R4's care plan dated 1/23/25 indicated R4 had indwelling foley catheter with staff interventions included follow EBP direction while providing urinary catheter maintenance, contact with the catheter, tubing, collection bag, and other high contact care activities.</p> <p>On 2/20/25 at 4:08 p.m. No signage of EBP on the R4's door noted. R4 had a foley catheter. NA-B and NA-C transferred R4 with no gowns and no gloves on. NA-B, after touching the foley catheter with no gloves on, went out to the clean utility to get a blanket for the resident without washing hands, and then took the resident to the dining room, touching the dining table where the resident was sitting.</p> <p>On 2/20/25 at 4:28 p.m. NA-B indicated any resident with foley catheter should be on EBP and the staff was made aware by the signage on the door. NA-B verified R4 had a foley catheter and no precaution signage was on R4's door.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Winsted LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 551 Fourth Street North Winsted, MN 55395	
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>On 2/20/25 at 4:30 p.m. NA-C stated she was not aware R4 was on EBP precautions and confirmed PPE was not worn during the care and transfers of R4.</p> <p>On 2/20/25 at 4:32 p.m. RN-B stated when a resident has a foley catheter, staff should put EBP signage on the door. RN-B did not know why R4 did not have EBP signage on his door.</p> <p>On 2/24/25 at 3:37 p.m. the director of nursing (DON), known also as the infection preventionist, stated R1 had recently been inserted a foley catheter back and should be on EBP precautions. The DON stated she was not aware about R1 change in condition. The DON stated she should have worn gloves and gown while caring for R1. The DON stated EBP signage should have been posted on R1's door. She expected all staff to be knowledgeable EBP and wear proper PPE when caring for residents on EBP precaution. The DON stated, she started a full house reeducation about infection control.</p> <p>The facility Enhanced Barrier Precaution policy dated 4/1/2024 indicated enhanced barrier precautions should be followed outside the resident's room when performing transfers and assisting during a high contact activity such as bathing in a shared/common shower room and when working with residents in the therapy gym, specifically when anticipating close physical contact while assisting with transfers and mobility, or any high-contact activities included dressing, transferring, changing linens, and device care or use such urinary catheters, feeding tubes, and tracheostomy.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245459	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/24/2025
NAME OF PROVIDER OR SUPPLIER The Gardens at Winsted LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 551 Fourth Street North Winsted, MN 55395	

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 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p>48040</p> <p>Based on observation and interview, the facility failed to ensure 1 of 3 residents (R5) room was kept clean to reside in. Furthermore, the facility failed to maintain sanitary condition in the dining room. This had the potential to affect all 24 residents who ate food in the dining room.</p> <p>Findings include:</p> <p>During observation on 2/20/2025 10:34 a.m. to 11:35 a.m., a significant size of brownish stains were observed on the floor under a table close to the kitchen on three spots in the dining room. R5 stated it looked gross. Also observed were a few soiled tissues on the floor, uncleaned plate on two tables in the dining room with rest of scrambled eggs and pieces of bread. Six residents sitting two by two at the tables in the dining room.</p> <p>During observation on 2/20/25 at 11:42 a.m., the housekeeping supervisor (HS)-A cleaned the brownish stains under the table using washcloths without gloves on and then walked out of the dining room, did not wash hands, and touched a resident at the door who was asking for water.</p> <p>On 2/20/25 at 2:15 p.m. (HS)-A stated she was busy today and was not able to clean up the dining room right after breakfast. (HS)-A stated they have been trained to wear gloves when cleaning up dirt on the floor and wash hands. (HS)-A stated she should have cleaned the dining room just after breakfast and should have used gloves when cleaning up the brownish stains under the table in the dining room.</p> <p>On 2/24/25 from 9:11 a.m. through 11:05 a.m. white powder like substance was observed scattered on the floor from the door to the sink area in R5's room.</p> <p>On 2/24/25 at 11:16 a.m. housekeeper (H)-B stated the white dirt on the floor came from R5's skin and she got busy and could not clean it up earlier.</p> <p>On 2/24/25 at 3:37 p.m. the director of nursing (DON) stated she expected the dining room to be cleaned before and after meals as well as resident's rooms.</p> <p>A facility policy, procedure, or schedule on routine cleaning non dated indicated housekeeping get assigned rooms and the dining room cleaning every day before and after meal throughout the facility.</p>