

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  03/19/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657</b></p> <p>Based on observation, interview and document review the facility failed to ensure Enhanced Barrier Precautions (EBP) were used for 1 of 3 residents (R3) reviewed for wound care.</p> <p>Findings include:</p> <p>R3's quarterly Minimum Data Set (MDS) dated [DATE], listed the following diagnoses: cancer, anemia, hypertension (high blood pressure), renal insufficiency (kidneys do not filter the blood properly, dementia (loss of memory and abilities that interfere with daily life), multiple sclerosis (autoimmune disease that affects gait a fine motor skills) and depression.</p> <p>R3's physician order list accessed 3/19/25, indicated that following orders:</p> <ul style="list-style-type: none"> <li>-Wound Right Heel dated 3/14/25, ordered cleanse with wound cleanser, pat dry. Apply betadine every day and as needed. Offload with offloading boot.</li> <li>-EBP dated 2/21/25, ordered follow EBP while providing wound cares and other high contact care activities every shift.</li> </ul> <p>R3's care plan dated 2/21/25, indicated R3's was currently on EBP precautions related to wounds, and staff were to don and doff EBP when providing high contact cares.</p> <p>On 3/19/25 at 10:06 a.m., the director of nursing (DON) entered R3's room to provide wound care. Hand hygiene was preformed, and gloves donned. However, a gown was never worn. The DON proceeded to provide wound care and followed the physician orders appropriately for wound care. Once wound care was completed, the DON removed her gloves and preformed hand hygiene.</p> <p>On 3/19/25 at 10:13 a.m., immediately following wound cares, the DON confirmed they did not wear the gown and did not follow EBP as ordered. The DON confirmed they should have worn a gown and expected staff to follow EBP guidelines while doing high contact cares such as wound care, and it was important to follow to prevent spreading infection to other residents in the facility.</p> <p>The facility policy for EBP was requested, however none was provided.</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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