

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/12/2024
NAME OF PROVIDER OR SUPPLIER Maranatha Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 5409 69th Avenue North Brooklyn Center, MN 55429	

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** 47790</p> <p>Based on observation, interview, and document review, the facility failed to ensure proper glove use and hand hygiene was performed during assistance with toileting and incontinence care for 2 of 4 residents (R5, R4) reviewed for toileting needs.</p> <p>Findings include:</p> <p>R5's significant change Minimum Data Set (MDS) dated [DATE] indicated R5 needed extensive assistance with personal hygiene.</p> <p>On 7/11/24 at 9:30 a.m., nursing assistant-A (NA-A) entered R5's room to assist him to the bathroom. NA-A assisted R5 to the bathroom and placed gloves on without performing hand hygiene. NA-A assisted R5 to stand after he was done urinating and wiped his peri area and buttocks with toilet paper. Urine was in the toilet. NA-A took off the soiled gloves, and without performing hand hygiene, assisted R5 to pull up his pants and sit in his wheelchair. NA-A assisted R5 back to his bedside in his wheelchair, and placed the TV on for him to watch. NA-A washed her hands prior to exiting the room.</p> <p>R4's annual MDS dated [DATE] indicated R4 needed extensive assistance with personal hygiene.</p> <p>On 7/11/24 at 10:42 a.m., NA-A entered R4's room to provide peri cares. NA-A closed the blinds and donned gloves without performing hand hygiene. NA-A wiped R4's peri area and buttocks, removed R4's soiled incontinent brief and placed a clean incontinence brief under R4. NA-A removed the soiled gloves, and without performing hand hygiene, donned clean gloves. NA-A assisted with getting R4 back in her wheelchair, placed oxygen back on R4, and sanitized the mechanical lift. NA-A doffed her gloves and washed her hands.</p> <p>On 7/11/24 at 11:02 a.m., NA-A stated normally she would use hand sanitizer before putting gloves on and after taking them off, but there was no sanitizer within reach, so she didn't hand sanitize when caring for R4 and R5.</p> <p>On 7/12/24 at 8:41 a.m., the director of nursing (DON) stated staff should do hand hygiene before and after taking off gloves.</p> <p>On 7/12/24 at 8:56 a.m., the administrator stated staff should wash their hands before and after applying gloves.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy Infection Control Standard Precautions dated 2020 directed hand hygiene should be performed before donning and doffing personal protective equipment.		