

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245464	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Ostrander Care and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 305 Minnesota Street Ostrander, MN 55961	

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** 49893</p> <p>Based on observation, interview, and record review, the facility failed to ensure proper personal protective equipment (PPE) was used during transfers and catheter care for 1 of 1 resident (R7) reviewed for enhanced barrier precautions (EBP).</p> <p>Findings include:</p> <p>R7's quarterly Minimum Data Set (MDS) dated [DATE] indicated R7 was cognitively intact and had an indwelling catheter.</p> <p>R7's provider orders included urinary catheter 18 french with/30 cc (cubic centimeter) balloon (size of catheter) related to open wounds and decreased mobility. May irrigated with 20-60 ml (milliliters) of NS (normal saline) prn (as needed) if sluggish or suspected blockage.</p> <p>R7's careplan indicated R7 had an indwelling catheter due to pressure ulcer and please follow EBP when emptying catheter.</p> <p>During an observation and interview on 2/18/25 at 3:34 p.m., an orange sign was noted on R7's door titled EBP indicated staff must wear gown and gloves for high contact resident cares including but not limited to transfers and catheter care. During the interview, R7 confirmed they had a catheter. A catheter bag was observed hanging on the side of R7's bed inside a dignity bag.</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 observation and interview on 02/19/25 at 10:46 a.m., licensed practical nurse (LPN)-A and nursing assistant (NA)-A entered R7's room to perform a dressing change. LPN-A and NA-A put on gloves and disposable yellow gown. After finishing the dressing change, LPN-A removed PPE, washed hands, and left the room. NA-A removed gown and gloves, washed hands, and applied new gloves. NA-B entered R7's room with mechanical lift. NA-B put on gloves. Without a gown, NA-A and NA-B rolled R7 from side to side to place lift sling under R7. NA-A raised R7 in the air with mechanical lift. NA-B held on to sling while R7 was moved to the broda chair (specialized wheelchair). R7 was lowered into the chair. NA-A and NA-B adjusted lift sling to make R7 more comfortable. NA-A removed gloves, washed hands, and returned with a paper towel and urinal to empty R7's catheter bag. Without a gown, NA-A placed the urinal on the paper towel on the floor. NA-A wiped the catheter bag valve with an alcohol wipe before and after emptying the bag into the urinal. NA-A then emptied the urinal in the toilet, rinsed it with water, and again emptied it in the toilet. NA-A removed gloves and washed hands. When interviewed, NA-A stated gowns are worn when assisting nurses with dressing changes only. NA-B stated hands are washed when entering a resident's room. Gowns and gloves are worn when assisting the nurse with dressing changes and when emptying Foley catheters and ostomy bags (a bag used to collect stool from an opening in the abdomen).</p> <p>During an interview on 2/20/25 at 10:50 a.m., the director of nursing/infection preventionist (DON/IP) stated proper PPE of gown and gloves is expected during peri care, dressing changes, bathing, activities of daily living, transferring, and emptying catheter bags. DON/IP confirmed staff should have worn a gown and gloves when R7 was transferred to their broda chair and when the catheter bag was emptied.</p> <p>A policy titled Enhanced Barrier Precautions (EBP) dated 5/1/24 indicated EBP is implemented for the prevention of transmission of multidrug-resistant organisms. EBP will be implemented for residents with chronic wounds such as pressure ulcers and/or indwelling medical devices including urinary catheters. PPE is necessary when performing high-contact care activities. High-contact resident care activities include dressing, bathing, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, devices care or use including urinary catheters, and wound care requiring a dressing.</p>		