Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 07/30/2026
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245487	A. Building B. Wing	06/10/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gundersen St Elizabeth's Care Center	1200 Fifth Grant Boulevard West Wabasha, MN 55981

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 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 document review, the facility failed to ensure enhanced barrier precautions (EBP) were followed for 1 of 1 resident (R54) reviewed for transmission-based precautions.Findings Include: R54's comprehensive Minimum Data Set (MDS) dated [DATE] indicated R54 had moderate cognitive impairment, used a walker for mobility, required substantial/maximal assistance for toileting, partial/moderate assistance for transferring from bed to chair. R54's diagnosis included kidney disease requiring a urinary catheter (flexible, hollow tube inserted into the bladder to drain urine when a person cannot urinate naturally). During an observation on 6/9/26 at 10:59 a.m., director of nursing (DON) entered R54's room to assist with transferring him to a chair so he can eat lunch. R54 required enhanced barrier precaution (EBP) due to an indwelling medical device (urinary catheter). DON failed to apply the appropriate personal protective equipment (PPE) prior to providing care. During an interview on 6/9/26 at 11:03 a.m., DON stated she should have been wearing the appropriate personal protective equipment (PPE) when providing care to R54. She stated R54 required enhanced barrier precautions (EBP) and additional PPE (gown and gloves) were needed due to his urinary catheter. She stated the appropriate PPE is important to prevent the spread of infection from residents to residents. A facility policy titled Enhanced Barrier Precautions dated 5/20/26, EBP is applied when a resident has an indwelling medical device (urinary catheter). EBP should be used when providing high-contact resident care activities (dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs, device care, wound care) requiring gown and glove use for EBP.

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