STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245494	A. Building B. Wing	12/18/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Elim Wellspring Health Care Center	701 First Street Princeton, MN 55371

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 record review, the facility failed to follow standard precautions (infection prevention practices that apply to all residents, regardless of suspected or confirmed diagnosis or presumed infection status and includes use of gloves before potential contact with blood) to prevent the potential for spread of blood borne infections for 1 of 2 residents (R67) who were reviewed for point-of-care testing using a blood glucose monitor. Findings include:R67's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition with a diagnosis of diabetes and use of insulin.R67's orders dated 7/11/25, directed staff to monitor his blood glucose four times a day.During observation on 12/17/25 at 8:45 a.m., registered nurse (RN)-A prepared to perform R67's morning blood glucose testing. RN-A performed hand hygiene using hand sanitizer, retrieved R67's dedicated blood glucose monitor, a single use test strip, lancet and alcohol wipe from the unit cart then approached R67 who was sitting at a table in the unit dining room. RN-A verified R67's identity and obtained his permission to perform his blood glucose test at the table. RN-A then inserted the test strip into the monitor and set it and the lancet on the table next to R67 on his left side. Without donning gloves, RN-A used the alcohol prep to cleanse R67's finger. Without donning gloves, RN-A then used the lancet to stick R67's finger inducing the flow of blood. Without donning gloves, RN-A then picked up the glucose monitor from the table and used the inserted test strip to obtain R67's blood sample. RN-A then carried R67's blood glucose monitor with inserted used test strip with blood sample, the used lancet and used alcohol wipe with wrapping back to the unit treatment cart across the hall using her bare hands. Without donning gloves, RN-A removed the used test strip from the monitor using the alcohol prep wrapping to dispose of it and the used lancet into the sharps container on the cart. RN-A then proceeded to a sink and performed hand hygiene with soap and water.When interviewed on 12/17/25 at 9:00 a.m., RN-A confirmed she had not used gloves when performing R67'S blood glucose test and then stated, Why is that a thing? RN-A stated working at the facility for approximately 2 months and confirmed she had received infection control training and competency testing.When interviewed on 12/18/25 at 11:08 a.m., the director of nursing (DON) stated her expectation for blood glucose testing was for staff to follow facility policy including standard precautions and use of gloves related to the potential to transmit blood borne pathogens.The facility policy Blood Glucose Monitoring dated 3/10/25, identified the procedure steps including performing hand hygiene, apply gloves, wash the resident's hands with soap and water or use alcohol wipe then use the lancet to obtain a small sample of blood.

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