

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Redeemer Residence Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 625 West 31st Street Minneapolis, MN 55408	

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 - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654</p> <p>Based on observation, interview, and document review, the facility failed to ensure proper hand hygiene was completed for 3 of 4 residents (R4, R5, R6). In addition, the facility failed to ensure proper personal protective equipment (PPE) was properly utilized for 1 of 4 resident (R4) reviewed for infection control.</p> <p>Findings include:</p> <p>R4</p> <p>R4's admission Minimum Data Set (MDS) dated [DATE] indicated R4 was cognitively intact, had an indwelling catheter, and was dependent upon staff assistance for transfers.</p> <p>R4's Face Sheet printed 3/25/25, indicated diagnoses included pressure ulcer of sacrum and left thigh, and neuromuscular dysfunction of bladder.</p> <p>R4's care plan dated 2//21/25, indicated an indwelling catheter, and on 3/13/25, indicated enhanced barrier precautions (EBP) (measures intended to prevent the spread of multi-drug resistant organisms) related to a pressure ulcer.</p> <p>On 3/25/25 at 10:52 a.m., during an observation, there were two signs on R4's door that indicated the following:</p> <p>Enhanced Barrier Precautions (EBP)</p> <p>Sign 1: Families and Visitors, please follow enhanced barrier precautions. If you have questions, please see nurse. Everyone must clean their hands before entering room and when leaving the room. Providers and Staff please see reverse side for additional precautions required for this room.</p> <p>Sign 2: Providers and Staff: Wear gloves and a gown for the following high-contact resident care activities:</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Redeemer Residence Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 625 West 31st Street Minneapolis, MN 55408	
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 - Some</p>	<p>Bathing/ showering, transferring residents from one position to another, changing bed linens, providing hygiene (only during high contact activities such as peri-care), changing briefs or assisting with toileting, caring for assisting with an indwelling medical device (for example central venous catheter, urinary catheter, feeding tube care, tracheostomy/ventilator care) and performing wound care.</p> <p>Put on in this order:</p> <p>Perform hand hygiene, gown, mask if needed or mask/eye shield if needed, gloves (if needed)</p> <p>Take OFF & dispose in this order:</p> <p>Gloves, mask/eye shield (if used), gown, mask(if used), perform hand hygiene (even if gloves used).</p> <p>On 3/25/25 at 11:18 a.m., during an observation nursing assistant (NA)-A entered R4's room, performed hand hygiene with alcohol based hand sanitizer (ABHS) , donned gloves and a gown, and entered R4's room. NA-A was already wearing a surgical mask.</p> <p>On 3/25/25 at 11:44 a.m., NA-A left R4's room, still wearing her mask, and used ABHS.</p> <p>On 3/25/25 at 11:45 a.m., during an interview, NA-A confirmed she wore the same mask all day.</p> <p>R5</p> <p>R5's admission MDS dated [DATE], indicated R4 was cognitively intact, had an ostomy (an opening in the abdomen to allow waste to leave the body), and kidney insufficiency.</p> <p>R5's Face Sheet printed 3/25/25, indicated diagnoses that included an encounter for artificial opening of the urinary tract - ostomy, and cancer of the posterior wall of bladder.</p> <p>R5's care plan dated 11/12/24, indicated R5 was admitted to the facility for care after surgery on the nervous system, on 11/15/24 had a urostomy related to cancer on wall of the bladder, and on 3/13/25, was on EBP related to the ostomy.</p> <p>On 3/25/25 at 11:01 a.m., during an observation EBP precautions signs were noted on R5's door. Physical therapist (PT)-A pushed R5 in a wheelchair into R5's room, without performing hand hygiene. In addition, PT-A did not don PPE prior to entry to the room. PT-A donned gloves in the room and assisted R5 to transfer into bed. PT-A left the room without performing hand hygiene. PT-A did not wear a gown during the transfer.</p> <p>On 3/25/25 at 11:56 a.m., during an interview PT-A acknowledged he had not performed hand hygiene nor donned a gown prior to entering R5's room. PT-A confirmed he had not performed hand hygiene when he left the room and stated he should have due to EBP in place, and to prevent the potential spread of infection.</p> <p>R6</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245520	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/25/2025
NAME OF PROVIDER OR SUPPLIER Redeemer Residence Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 625 West 31st Street Minneapolis, MN 55408	
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 - Some</p>	<p>R6's quarterly MDS dated [DATE], indicated R6 was cognitively intact, had an indwelling catheter, a neurogenic bladder (a condition that occurs when the nervous system's connection to the bladder is disrupted, causing bladder control issues), and quadriplegia.</p> <p>R6's Face sheet printed 3/25/25, indicated R6 had a pressure ulcer on the right buttock, neuromuscular dysfunction of bladder, and a urogenital (organs and functions related to both the urinary and reproductive systems) implant.</p> <p>R6's care plan dated 4/8/24, identified EBP were in place related to a suprapubic catheter and a wound.</p> <p>On 3/25/25 at 12:19 p.m., during an observation EBP signs were noted on R6's door. NA-B was observed to be passing meal trays from a cart in the hallway. NA-B picked up the meal tray prior to performing hand hygiene, entered R6's room, set the meal tray on R6's bedside table, and rearranged the items on the bedside table to make room for the meal tray. NA-B did not perform hand hygiene when she left the room.</p> <p>On 3/25/25 at 12:20 p.m., during an interview NA-B stated she washed her hands when she left the kitchen, and because she was not performing direct care, she did not need to worry about hand hygiene before or after she left the room. NA-B stated she had training about hand hygiene a week or two ago, was taught to read the signs on the door prior to entering the rooms, and acknowledged she had not.</p> <p>On 3/25/25 at 3:27 p.m., registered nurse (RN)-A stated EBP was for residents with tubes and wounds however, staff should perform hand hygiene before entering and exiting every room to prevent the potential for the spread of infection. RN-A stated transferring a resident on EBP to bed from a wheelchair would require staff to wear a gown.</p> <p>On 3/25/25 at 1:00 p.m., during an interview the infection preventionist (IP) stated she expected staff to perform hand hygiene when staff entered and exited a room and to wear the appropriate PPE when transferring a resident on EBP.</p> <p>On 3/25/25 at 2:35 p.m., during an interview the director of nursing (DON) stated the expectation was staff would always wash or sanitize their hands before entering and exiting any resident room. The DON stated he expected, when residents were on EBP, staff would follow the instructions on the signs on the door, and follow the education provided recently about EBP.</p> <p>The Hand Hygiene policy revised 7/3/24, indicated it was the policy of Cassia that handwashing/alcohol based hand sanitizer be regarded as the single most important means of preventing the spread of microorganisms/transmission of infection. The policy indicated hand washing/sanitizing was necessary to prevent health care associated infections and promote health and safety including: before and after providing care to the a resident, before and between passing meal trays, after removing gloves, after touching environmental surfaces near residents, after handling catheters, and after removing PPE.</p> <p>The Personal Protective Equipment policy revised 7/3/24, indicated employees required to perform tasks that may involve exposure to blood/body fluids would be provided appropriate protective clothing and equipment.</p>		