STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245550	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Star Manor	410 South McKinley Street Warren, MN 56762

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 40948 Based on interview and document review, the facility failed to ensure registered nurse hours were submitted accurately on the payroll-based journal. This had the potential to affect all 30 residents residing in the facility. Findings include: The PBJ (payroll-based journal) Staffing Report CASPER Report 1705D FY [fiscal year] Quarter 2 2024 (January 1 - March 31) identified a a trigger for no registered nurse (RN) hours on the following days: 2/24, 3/9, 3/10, 3/17, 3/24 and 3/31. The facility payroll and working scheduled were reviewed for 2/24, 3/9, 3/10, 3/17, 3/24 and 3/31 and there was a RN working for 8 hours consecutively on all 6 days identified on the PBJ report. During interview on 6/27/24, at 9:55 a.m. the administrator confirmed there were RNs scheduled per the requirements on the identified days and was not sure why the PBJ report was inaccurate. She would need to look into it further to identify the reason.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245550	A. Building B. Wing	06/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Star Manor	410 South McKinley Street Warren, MN 56762

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 - Many	Provide and implement an infection prevention and control program. 41575 Based on observation, interview and document review, the facility failed to ensure soiled and potentially contaminated laundry was sorted in a manner to reduce the risk of cross contamination and spread of infection. This had the potential to affect all 38 residents who utilized laundry services. Findings include: On 6/25/24, a laundry tour was completed with housekeeper (HSK)-A. HSK-A stated dirty laundry from the nursing floor came down to the laundry room in barrels. The resident laundry went into one cart, the facility laundry (such as sheets or soaker pads); and kitchen laundry in another cart. The facility did not send out any of their laundry and all laundry was washed at the facility. If resident or facility laundry were contaminated with urine or feces, the nursing staff were to rinse the laundry items out and put them into a black bag. HSK-A would take the bagged laundry and rip it open over the small wash machine and pre-wash it, before adding it back with the other laundry to be washed. No other laundry was bagged and came down in the dirty barrels loose. There were no gowns observed in the sorting area. - HSK-A put on gloves and sorted the laundry into different carts. After sorting the soiled laundry HSK-A wheeled the cart to the washer and loaded into the washer. HSK-A removed her gloves and washed her hands. HSK-A stated she always put disposable gloves on but had never been instructed to wear a disposable gown to sort the dirty laundry. HSK-A could see how it would be important to wear a personal protective gown over her uniform when sorting the soiled laundry but had never been told to wear one. HSK-A remembered they had worn a protective gown in the past when the facility had residents with COVID or Clostridium difficile (contagious infection). During interview on 6/25/24, at 12:45 p.m. the infection control preventionist stated she was not aware laundry staff were not using personal protective equipment (PPE) to sort soiled laundry and it would be important to wear PPE for the task to avoid contamination of their uniforms. When interviewed on 6/25/24, at 3:00 p.m. the director of nursing (DON) stated she was not aware laundry staff were not utilizing PPE to sort soiled laundry and that would be an infection control issue as there was a possibility for the staff to contaminate their uniforms. The facility Soiled Laundry and Bedding policy dated 7/25/23, identified anyone who handled soiled laundry must wear protective gloves and other protective equipment as needed.