

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245575	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/15/2024
NAME OF PROVIDER OR SUPPLIER Barrett Care Center Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 800 Spruce Avenue Barrett, MN 56311	

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 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49654</p> <p>Based on interview and document review, the facility failed to ensure resident trust account statements were provide on at least a quarterly basis for 1 of 1 residents (R8) reviewed for personal fund accounts.</p> <p>Findings include:</p> <p>R8's quarterly minimum data set (MDS) dated [DATE], indicate R8 was cognitively intact.</p> <p>During interview on 8/14/24 at 12:52 p.m., R8 stated she did not receive any kind of statements from the facility. R8 stated she made her own decisions, but her daughter took care of the bills. R8 then called her daughter on speaker phone and asked if she received any financial statements from the facility. R8's daughter stated she received monthly billing statements, however, she did not receive a statement for R8's personal funds account.</p> <p>During interview on 8/14/24 at 1:11 p.m., business office manager (BM) stated the facility had a separate account set up for personal funds. BM stated bank statements were sent to her and she would balance each personal account against the bank statements. BM stated she used an excel spreadsheet to track resident personal fund accounts and cognitive residents who wanted to know their balance could ask her for that information. BM went on to state if a resident requested a statement, she would print it but did not routinely provide personal account statements to residents or families.</p> <p>Facility policy Resident Personal Funds indicated to comply with regulations regarding the management of resident personal funds the facility will set as a fiduciary of the residents' funds and hold, safeguard, manage, and account for the personal funds of the residents' funds. The policy further indicated records of receipts, disbursements, balances, and notices would be open to the resident or guardian or Department of Health upon request. The policy lacked information on frequency of issuing statements.</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>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657</p> <p>Based on observation, interview and document review the facility failed to ensure proper handwashing and glove usage was implemented for 1 of 1 resident (R16) observed for wound cares.</p> <p>Findings include:</p> <p>R16's face sheet dated 8/14/24, identified diagnoses including hereditary spastic paraplegia (genetic inability to move limbs/body), neuromuscular dysfunction of the bladder (bladder dysfunction-requires catheterization), weakness, and dementia.</p> <p>R16's quarterly minimum data set (MDS) dated [DATE], identified R16 had moderate cognitive impairment, and was completely dependent for mobility and self-cares.</p> <p>R16's Order Summary Report dated 8/15/24, indicated wound care orders for a stage three pressure ulcer to the coccyx (lower back-area just above buttocks) which stated the following: Cleanse with wound cleaner, apply skin prep to peri wound and apply a foam bordered dressing 3x (3 times) a week and as needed (PRN).</p> <p>On 8/14/24 at 11:48 a.m., registered nurse (RN)-B completed a dressing change on R16's wound site. RN-B was wearing gloves and removed the soiled dressing from R16's wound. RN-B did not change gloves or perform hand hygiene. RN-B proceeded to apply wound cleaner and cleaned the wound with soiled gloves. After cleansing of the wound, RN-B removed gloves and preformed hand hygiene. RN-B placed the new dressing. RN-B removed gloves, however, did not preform hand hygiene. The wound was covered. RN-B turned R16 on to their back and placed a clean split gauze over R16's super pubic catheter site (open area in the pelvic skin that allows for the catheter to pass to the bladder instead of through the urethra) prior to performing hand hygiene or donning gloves</p> <p>On 8/14/24 at 12:06 p.m., nursing assistant (NA)-A, who had been assisting RN-B with R16 dressing change, removed their gown and gloves. NA-A exited the room with the resident and assisted R16 to the dining room to eat lunch, however NA-A did not preform hand hygiene after providing resident cares.</p> <p>On 8/14/24 at 12:07 p.m., RN-B stated staff were expected to wash hands when entering or exiting a room, taking off gloves, hands are visibly soiled, and doing cares. RN-B stated they had not worn gloves because the tape used to secure the gauze stuck to the gloves. RN-B stated they should have completed hand hygiene every time gloves were removed.</p> <p>On 8/14/24 at 12:09 p.m., NA-A stated they were expected to wash hands when entering or exiting a room, taking off gloves, and doing cares. NA-A stated they had brought the resident to the dining room and had washed their hands after exiting the dining room. NA-A confirmed they should have washed their hands prior to exiting the resident's room.</p> <p>On 8/14/24 at 12:34 p.m., the infection preventionist (RN)-A stated staff were expected to wash their hands after cares, taking off gloves, during dressing changes, and when hands were visibly soiled. RN-A confirmed during dressing changes, after removing gloves, and when leaving the resident's room, hand hygiene should have been completed to prevent the spread of infection.</p> <p>(continued on next page)</p>		

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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>On 8/15/24 at 09:49 a.m., the director of nursing (DON) (O)-A expected staff to preform hand hygiene before and after cares, and when visibly soiled. The DON confirmed hand hygiene should have been completed after removing the soiled dressings during a dressing change and before moving to a different site to prevent the spread of infection. Further, hand hygiene should have been performed prior to exiting a resident's room.</p> <p>The undated Standard Precaution-Hand Hygiene Policy indicated the following:</p> <p>Hand hygiene should be preformed during the, but not limited to the following situations:</p> <ul style="list-style-type: none"> -Coming on duty -When hands are visibly soiled -Before and after: <ul style="list-style-type: none"> Direct resident contact Performing invasive procedures Entering isolation settings Eating or handling food Assisting residents with meals Assisting resident with personal cares Inserting indwelling catheters Handing catheters and invasive devices Changing a dressing Assisting a resident with toileting