

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245588	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/11/2024
NAME OF PROVIDER OR SUPPLIER St Williams Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 212 West Soo Street, Box 30 Parkers Prairie, MN 56361	

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 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>49620</p> <p>Based on observation, interview and document review, food was not served in a sanitary manner for 15 residents who dined in the north dining area, observed during dining services. In addition, the facility failed to maintain the ice machine in a sanitary manner to prevent potential illness for 15 residents who currently received ice from the ice machine in the north dining area. Further, the facility failed to maintain proper holding food temperatures for 13 of 17 residents observed to receive egg salad sandwiches. These deficient practices had the potential to cause foodborne illness.</p> <p>Findings include:</p> <p>FOOD SERVICE</p> <p>During an observation on 12/10/24 at 12:06 p.m., dietary aide (DA)-A washed her hands in the north kitchen, applied gloves to both hands, picked up an i-pad with resident dietary information on it and placed it on the counter next to the steam trays. DA-A opened a drawer with her left hand, removed utensils from the drawer with both hands and placed utensils into each food item on the steam tray area. DA-A proceeded to open a bag of buns, touched the i-pad with her left hand, picked up a baked potato with her right hand and placed the potato onto a plate. DA-A opened the potato with both hands and a knife and placed other food items on the plate with utensils and handed the plate to the server. DA-A touched the i-pad with her left hand, picked up a bun with her left hand and placed onto the plate. DA-A picked up a baked potato with her right hand, placed onto the plate, opened the potato with both hands and a knife, then placed other food items on the plate with utensils and handed the plate to the server. DA-A continued to touch the i-pad in between each resident served, picked up a bun and or a baked potato with her gloved hands for all residents who received a bun and or baked potato. DA-A then opened a kitchen cupboard with the same gloved hand, removed a salt shaker and handed it to the server. DA-A continued to touch the i-pad in between each resident's meal setup, placed a bun and or baked potato onto residents plates for the remaining of the lunch meal wearing the same pair of gloves. At no time during the observation did DA-A wash hands and re-apply new gloves.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245588
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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/10/24 at 1:40 p.m., DA-A confirmed she touched the i-pad frequently throughout the meal service, touched the cupboard/drawer and then touched the buns and baked potatoes while wearing the same pair of gloves and without washing her hands. DA-A stated the i-pad was to be cleaned after each shift with an alcohol wipe and the i-pad had not been cleaned prior to meal service. DA-A stated other staff used the i-pad during the day to assist residents with deciding their meals for each day. DA-A stated the cupboards and drawers were not on a schedule to be cleaned. DA-A stated staff should not touch food with gloved hands if the gloves have touched other objects as germs could get onto the residents food.</p> <p>During an interview on 12/10/24 at 1:55 p.m., dietary manager (DM) verified the expectation of staff would be to wash hands and change gloves when the staff touched non-food items. DM confirmed it was important to prevent the spread of germs to the residents and could cause food-borne illness.</p> <p>ICE MACHINE</p> <p>During an observation of the north kitchen area on 12/10/24 at 11:27 a.m., the ice and water machine spouts on the ice machine had a white powder substance approximately one fourth to one half an inch in height around the entire inside and outside of both spouts. In addition, there was a white powder substance present expanding across the entire drain plate below the ice and water spouts.</p> <p>During an interview on 12/10/24 at 1:55 p.m., DM confirmed a white powder substance was present on the ice and water spouts of the ice machine. DM stated the facility had issues with the ice machine leaking. DM stated there was no cleaning process in place for the ice machine. DM stated the white powder substance had the potential to spread germs to the residents.</p> <p>During an interview on 12/11/24 at 8:56 a.m., maintenance staff stated the ice machine dripped when the ice melted and the machine was cleaned every three months. Maintenance staff stated the facility did not keep a log to verify cleaning of the ice machine. Maintenance staff stated the white powder substance could have bacteria present and residents could develop illness as a result.</p> <p>FOOD TEMPERATURE</p> <p>During an observation on 12/9/24 at 4:45 p.m., DA-B entered the north kitchen with a cart of food from the main kitchen. DA-B placed hot food items on the steam trays and proceeded to obtain beverages and fruit cups from the fridge and delivered to each resident table. DA-B placed a plastic tray with six egg salad sandwiches from the cart on the counter next to the steam tray and placed a small bowl of egg salad on the counter next to the sandwiches. During continued observation at 5:12 p.m., DA-B temped the egg salad in the bowl at 50 degrees. DA-B temped an egg salad sandwich at 55.7 degrees. DA-B started to place an egg salad sandwich onto a resident place when surveyor intervened and asked DA-B what the recommended temperature for cold food would be. DA-B looked at the facility food temp log to see what the recommended cold food holding temperature should be. DA-B then placed the egg salad bowl and sandwiches in the freezer.</p> <p>During an observation on 12/9/24 at 5:19 p.m., three and a half egg salad sandwiches were on the center counter on a plastic tray in the main kitchen. The cook temped the egg salad sandwich at 51.6 degrees.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 12/9/24 at 5:44 p.m., the cook stated the egg salad sandwiches were removed from the walk in fridge prior to food service and placed onto the center counter. The cook stated cold sandwiches were usually placed on a plastic tray and served from the center counter. The cook verified cold sandwiches were not put on ice. The cook stated cold food items holding temperature should be under 41 degrees to prevent residents from becoming ill.</p> <p>During an interview on 12/10/24 at 9:22 a.m., DM confirmed the expectation staff were to temp foods prior to serving and if a cold food was not in the recommended holding temperature, staff would place the food back in the fridge and re-temp prior to serving. DM stated the process was important to prevent foodborne illness.</p> <p>During an interview on 12/11/24 at 10:26 a.m., dietician confirmed the expectation staff would be to have cold foods on an ice-bath during food service. Dietician verified it was important to maintain holding temperatures, to prevent foodborne illness and bacteria growth, and to ensure quality of food for the residents.</p> <p>The Food and Drug Administration food code identified the danger zone refers to the range of temperatures at which bacteria can grow between 40 degrees Fahrenheit (F) and 140 degrees F. For food safety, keep food below or above the danger zone.</p> <p>A facility policy titled Food Safety Requirements dated 1/25/23, food service safety referred to handling, preparing, and storing food in ways that prevented foodborne illness. Staff would monitor food temperatures while holding for delivery to ensure proper hot and cold holding temperatures were maintained. Staff would refer to the current Food and Drug Administration (FDA) food code and facility policy for food temperatures. Foods and beverages would be distributed and served to residents in a manner to prevent contamination and maintain food at the proper temperature and out of the Danger Zone. Staff would not touch food with bare hands, exhibiting appropriate use of gloves. Gloves would be worn when directly touching ready-to-eat foods.</p> <p>A facility policy titled Sanitization of I-Pad Screen dated 10/3/23, identified staff were to clean the screen, sides, and back of the I-pad with an alcohol wipe before and after each meal and let air dry.</p> <p>A facility policy titled Ice Chests and Machines undated, identified the facility was to keep the ice machine clean and sanitary to prevent contamination. The ice machine would be drained, cleaned and sanitized according to manufacturer's specification. The tray would be run through a dishwasher or sterilized daily.</p> <p>A manufacturer form provided by the facility titled Scotsman Ice Systems dated September 2020, identified over time the drip tray and cup rest/spouts may become coated with scale or dirt. They could be removed and scrubbed in a sink. The spouts/chutes and drip tray were to be washed and to use ice machine scale remover if needed to dissolve scale. Recommended cleaning the ice machine every six months and more frequent cleanings may be required based on the mineral content of the water, run time and potential airborne contamination.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48740</p> <p>Based on interview and document review, the facility failed to establish an on-going infection control program which included comprehensive surveillance of resident infections including, signs and symptoms of infections, an antibiotic timeout (timeframe used after an antibiotic was initiated to ensure appropriate use and effectiveness) was performed and start/stop dates of antibiotics to prevent the spread of communicable disease and infections. This deficient practice had the potential to affect all 46 residents who resided in the facility.</p> <p>Findings include:</p> <p>A review of the facility's infection control surveillance log monthly report dated September - December 2024, revealed the following:</p> <ul style="list-style-type: none"> -Columns on the log included resident name, the station resident resided on, if symptoms were present on admission, if the patient was hospitalized, date of onset symptoms, diagnosis, site of infection, the results if a culture was obtained, if an antibiotic was ordered, if a culture was re-obtained, precaution to prevent spread of infection, and date the symptoms were resolved. - The facility's current surveillance log lacked tracking necessary data which included: signs and symptoms for each infection, dates cultures were obtained, when the antibiotic was completed, when the antibiotic was discontinued, and when symptoms resolved. -During the month of September 2024, the infection control surveillance log identified nine entries for infections. Five urinary tract infections (UTIs), three probable tooth infections, and one chronic obstructive pulmonary disease (lung condition) (COPD). No signs and symptoms were documented, no antibiotic time out was documented, no dates of when an antibiotic was started, no dates when the antibiotic was discontinued, and no room numbers were used. -During the month of October 2024, the infection control surveillance log identified that five antibiotics had been ordered. One for possible aspiration, one for diverticulitis (inflammation of the colon/anaplasmosis (illness caused by ticks), one for urinary tract infection, one for prophylaxis for nasal packing (prevent complications), and one for possible aspiration. There were no room numbers documented, no signs and symptoms documented, no dates when an antibiotic was started, no date when the antibiotic was discontinued, no antibiotic timeout documented, dates resolved were marked as not applicable (n/a) for a prophylaxis nasal packing and possible aspiration. <p>During the month of November 2024, the infection control surveillance log identified that 12 antibiotics had been ordered. One for a toe infection, two for chronic obstructive pulmonary disease (COPD), two for respiratory infection, one for cystitis (inflammation of the bladder), two for cellulitis (bacterial skin infection), two for yeast infections, and two for urinary tract infection. No room numbers were used, no signs and symptoms were documented, no start dates for antibiotics, no stop dates for antibiotics and no antibiotic timeouts. The date resolved was left blank for the yeast 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 - Many</p>	<p>-During the month of December 2024 the infection control surveillance log identified one antibiotic was ordered, the date of onset was 12/2/24, the diagnosis was for respiratory symptoms, the site of infection was respiratory, no culture was documented, no start date for an antibiotic, no antibiotic stop date, no antibiotic timeout was documented and no room number was documented. The date resolved is blank.</p> <p>During an interview on 12/11/24 at 11:24 a.m., infection preventionist (IP) stated she was responsible for overseeing the facility's infection control program and maintaining the facility's infection control surveillance log. IP confirmed the facility's current surveillance log lacked necessary data which included; signs and symptoms for each infection, dates of cultures obtained, when an antibiotic was started, when an antibiotic was discontinued, if an antibiotic timeout was done, and when symptoms resolved. IP confirmed the date resolved was typically the time frame when the antibiotic regimen was completed not the time the symptoms or infections were resolved.</p> <p>During an interview on 12/11/24 at 1:10 p.m., director of nursing (DON) stated the IP was responsible for overseeing the facility infection control program and maintaining the facility's infection control surveillance log. DON confirmed the facility's current surveillance log lacked necessary data which included signs and symptoms for each infection, dates of cultures obtained, when the antibiotic was started, when the antibiotic was discontinued, if an antibiotic timeout was completed, and when symptoms resolved. The DON stated the expectation would be to have the surveillance log completed according to national standards to help prevent the spread of infectious diseases and infections</p> <p>A policy titled Infection Prevention and control manual dated 8/23/24, revealed essential elements of a surveillance system included: Standardized definitions and listing of the symptoms of infections based upon national standards of practice.</p> <p>Sources of relevant data that can be used for outcome surveillance for infections, antibiotic use and susceptibility may include:</p> <ul style="list-style-type: none"> -monitoring a resident with a fever or other signs that may indicate an infection, -laboratory cultures or other diagnostic test results consistent with potential infections to detect clusters, -trends, or susceptibility patterns, -antibiotic orders, -laboratory antibiograms (antibiotic susceptibility profiles), -medication regimen review reports. <p>-The infection preventionist collects and reviews data on an ongoing basis including:</p> <ul style="list-style-type: none"> -elevations in temperatures/ presence of fever, -purulent drainage, <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 - Many</p>	<ul style="list-style-type: none"> -culture results or other diagnosis test results consistent with potential infections, -change in x-ray results consistent with possible infection, -increased falls, -change in mental status, -change in vital signs, -signs and symptoms of infection based upon nationally accepted surveillance definitions (i.e. CDC/[NAME] position statement: surveillance definitions of infections in long-term care facilities: revisiting the McGeer Criteria or NHSN). The infection preventionist would ensure data collection to complete a comprehensive monthly infection control log for surveillance activities on: <ul style="list-style-type: none"> -The infection site, -pathogen (if known), -signs and symptoms (which the surveillance log did not include) -resident location (room numbers not used, only what station they were on) -summary and analysis of number of residents and/or staff with infections, -observations of staff adherence to policies and procedures, -identification of outcomes that were unusual or unexpected that could potential lead to patterns, trends or outbreaks. The infection preventionist or designee would be able to identify any necessary interventions in order to identify trends or clusters for actions, the infection preventionist would keep an updated map of infections to identify any clusters or trends.