

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245421</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>06/17/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>NEW BRIGHTON CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>805 SIXTH AVENUE NORTHWEST NEW BRIGHTON, MN 55112</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Provide and implement an infection prevention and control program.</b></p> <p>Based on observation, interview, and document review, the facility failed to perform hand hygiene after direct contact with a resident's environment and subsequently touching high touch environmental surfaces and another resident. This had the potential to affect 13 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, and R13), who resided in the west long-term care wing of the facility, at the time of the COVID-19 Focused Infection Control survey. Findings include: On 6/17/20, at 10:31 a.m. housekeeper (HSK)-A was observed to carrying a broom and wheeling a mop bucket outside of the entry door to R6's room. HSK-A carried the broom inside of R6's room and proceeded to sweep the floor. While sweeping, HSK-A picked up a plastic cup on a nightstand, by placing her fingers on the inner and outer surface of the cup. HSK-A placed the plastic cup in a garbage can. HSK-A then placed her fingers on the inner and outer surface of the garbage can, and moved it a few inches. HSK-A did not perform hand hygiene. HSK-A continued to sweep dirt near R6's entry door. HSK-A exited R6's room and placed the broom against a wall in the hallway. HSK-A obtained a hand broom and dustpan, which was hanging on the mop bucket, and swept the dirt from R6's room entry into the dustpan. HSK-A walked to the West Utility Room, pushed buttons on a coded lock, turned the door handle, and accessed the room. HSK-A emptied the dustpan into a garbage can and exited the room. HSK-A walked near the entry to R6's room and hung the hand broom and dustpan on the mop bucket. HSK-A took a mop from the mop bucket, entered R6's room, and proceeded to mop the floor. HSK-A exited R6's room, placed the mop in the mop bucket, and placed a wet floor sign near R6's room entry. HSK-A then partially closed R6's door using the door handle. HSK-A did not perform hand hygiene. On 6/17/20, at approximately 10:35 a.m. HSK-A carried a broom and wheeled a mop bucket from entry door of R6's room to the entry door of R4 and R7's room. HSK-A obtained a wet floor sign from the hallway, and placed it near R4 and R7's room entry. HSK-A picked up the broom, entered R4 and R7's room, and swept the floor. HSK-A exited the room and placed the broom against a wall in the hallway. HSK-A touched her facemask while in the hallway. HSK-A took a mop from the mop bucket, entered R4 and R7's room, and proceeded to mop the floor. HSK-A exited the room and placed the mop back in the mop bucket. HSK-A did not perform hand hygiene. On 6/17/20, at approximately 10:40 a.m. HSK-A wheeled a mop bucket from entry door of R4 and R7's room, to the entry door of R10 and R11's room. HSK-A obtained a wet floor sign from the hallway, and placed it near R10 and R11's room entry. HSK-A obtained the broom, which was against the wall in the hallway, entered R10 and R11's room, and proceeded to sweep the floor. HSK-A exited the room and touched the door handle to R10 and R11's room. HSK-A placed the broom against a wall in the hallway, touched her clothing, and picked up a hand broom and dustpan which was hanging on the mop bucket. HSK-A swept the dirt from R10 and R11's room entry into the dustpan. HSK-A walked to the West Utility Room, pushed buttons on a coded lock, turned the door handle, and accessed the room. HSK-A emptied the dustpan into a garbage can and exited the room. HSK-A walked near the entry to R10 and R11's room, and hung the hand broom and dustpan on the mop bucket. HSK-A entered R10 and R11's room and walked into the bathroom. HSK-A exited the bathroom with gloves on her hands and was carrying a tied garbage bag. R11 was slightly sitting up in bed. HSK-A approached R11 and touched the resident and his bed linens with her gloved hands. The tied garbage bag was also still in HSK-A hands and it brushed against R11. HSK-A spoke to R11, however, her statement was indiscernible. HSK-A walked to the West Utility Room, pushed buttons on a coded lock, turned the door handle, and accessed the room. HSK-A placed the garbage bag in a garbage can, removed her gloves, and performed hand hygiene with an alcohol based hand rub. On 6/17/20, at 10:46 a.m. an interview was conducted with HSK-A. HSK-A stated she performed hand hygiene when her hands feel soiled or when she removes her gloves. HSK-A was asked if she performed hand hygiene when she cleaned R4, R6, R7, R10, and R11's rooms. HSK-A confirmed she performed hand hygiene after she removed her gloves. On 6/17/20, at 11:10 a.m. an interview was conducted with registered nurse (RN)-A. RN-A stated staff were expected to perform hand hygiene after contact with a resident, a resident's environment, between glove changes, and when cares were performed. On 6/17/20, at 12:13 p.m. an interview was conducted with the director of nursing (DON). The DON stated staff were expected to foam in and foam out (hand hygiene with alcohol based hand rub) of each resident's room or if a resident was touched. The DON also stated hand hygiene needed to be performed if hands were visibly soiled and before and after serving meals. On 6/17/20, at 12:37 p.m. an interview was conducted with HSK-B and the DON. HSK-B stated one staff person was assigned to each wing of the facility. HSK-B stated staff would not clean rooms on other wings unless help was needed. The DON stated staff education began immediately after the concern was brought forward. The facility hand hygiene policy was requested, but not provided.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.