

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245619	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2020
NAME OF PROVIDER OF SUPPLIER SAINT THERESE AT OXBOW LAKE		STREET ADDRESS, CITY, STATE, ZIP 5200 OAK GROVE PARKWAY BROOKLYN PARK, MN 55443	
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 - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on observation, interview and document review the facility failed to implement appropriate infection control practices related to the reuse of personal protective equipment (PPE). This had the potential to affect all residents residing on 3 of 4 units in the facility. Findings include: During an initial interview on 4/22/20, at 7:50 a.m. the director of nursing (DON) stated the facility currently had four residents who had been diagnosed with [REDACTED]. The DON stated the four residents who were confirmed resided on the transitional care unit and the two residents with suspected Covid-19 resided on the long term care units. During observation of the transitional care unit on 4/22/20, at 8:30 a.m. Rooms 180, 182, 183 and 184 had signs posted on the outside of the doors indicating the residents were on droplet precautions. At 8:45 a.m. registered nurse (RN)-A was observed in the hallway wearing an N-95 mask with a surgical mask placed over it. RN-A stated she had been assigned to the four residents on the unit that had been confirmed to have Covid-19. RN-A stated she did not take care of any other residents on the unit. During interview at 9:05 a.m. the DON stated staff were wearing N95 masks when they entered rooms 180, 182, 183 and 184. The DON stated when the staff entered the rooms they removed their surgical masks. The DON stated RN-A wore the N95 mask the entire shift and placed a surgical mask over it when she entered the rooms with the positive Covid-19 cases. The DON further stated the staff were using the same N95 mask for all four residents. During observation of the long term care unit at 9:42 a.m. licensed practical nurse (LPN)-A was observed in room [ROOM NUMBER]. room [ROOM NUMBER] had a sign indicating droplet precautions. LPN-A was observed through the open door wearing a gown that was hanging off of her, a face shield and an N95 mask. Prior to leaving the room, LPN-A removed her gown and placed it on a chair in the room. LPN-A then left the room wearing her N95 mask and face shield. LPN-A walked across the unit to the nurses station where she removed the face shield and mask and replaced the N95 mask with a surgical mask. The face shield and N95 mask were placed on top of a plastic bag on the desk. Two other face shields and N95 masks were observed on the desk, one was sitting on top of a plastic bag and one was inside a sealed plastic bag. At 9:47 a.m. LPN-A stated she had been instructed to bring the N95 mask out to the nurses station and put it in a plastic bag. LPN-A then placed the mask and face shield into a plastic garbage bag. LPN-A further stated she had been instructed to leave her surgical mask on the desk when not in use. During a subsequent interview with RN-A, at 9:56 a.m. she stated her N95 mask was now in a Tupperware container. RN-A confirmed she had been wearing the same N95 mask and face shield into all four rooms that had residents who had been tested positive for Covid-19. RN-A stated the surgical mask she was currently wearing should be hung from a doorknob when she entered any of the four rooms. At 10:28 a.m. the housekeeping supervisor (HS) stated prior to entering a room with a resident who had confirmed or suspected Covid-19, the staff were putting on face shields and masks. When asked about storing the PPE when not in use, the HS stated, I think I put mine in the drawer of the infection control cart outside one of the rooms. The HS stated it was in a bag, but had not been labeled. The HS stated she had received a printout of what to do that she read and signed. At 1:57 a.m. the DON stated she had initially instructed staff that anyone working with a Covid-19 positive patients or suspected patients would be issued an N95 mask and a face shield and at the end of their shift they were to put their equipment back into the plastic bag and label it with their name. The DON stated that on the unit, they should do the same thing with their surgical masks when they donned the N95 and face shield. An undated, untitled procedure: Mask use for contact/droplet isolation was reviewed and directed staff to complete the following steps: 1. N95 or surgical masks are given to all frontline staff. Wash hands and don mask at beginning of shift. 2. When entering Covid-19 positive patient rooms or a room of someone on droplet precautions. 3. Place clean surgical mask over N95 or surgical mask, don all PPE then enter room. 4. When exiting room, remove surgical mask and discard. 5. To remove your N95 or surgical mask at the end of the shift, don clean gloves, remove N95 and place in individual container with staff members name on it. 6. When working on the unit staff must wear the N95 or surgical mask.</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.