

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER GUARDIAN ANGELS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 400 EVANS AVENUE ELK RIVER, MN 55330	
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	<p>Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to ensure staff were trained on and performed environmental cleaning and disinfection procedures, and reprocessing of reusable resident medical equipment (cleaning and disinfection of mechanical lifts, vitals machine, etc.), according to the disinfectant manufacturers' instructions for the prevention and potential transmission of COVID-19. This had the potential to affect all 111 residents currently residing in the facility at the time of the COVID-19 focused survey. Findings include: During interview on 6/29/20, at 9:51 a.m. housekeeper (HSPK)-A stated the facility cleaned and disinfected with two main chemicals; Ecolab's Neutral Disinfectant Cleaner for main environmental cleaning and Spartan's SparCling (restroom cleaner) for toilets. HSKP-A was unable to state manufacturers' instructions for use of these two chemicals or facility policy. HSKP-A stated when Neutral Disinfectant Cleaner was the required cleaner, surfaces (call lights, door knobs, etc.) were wiped with a wet rag and then a dry rag used to, wipe it down right away to make sure it is not wet. HSKP-A further stated after applying the SparCling to toilet surfaces, would dry off right away as it has acid in it, and, if gets on resident skin it would burn and we would not want that to happen. HSKP-A obtained the safety data sheets (SDS) three ring binder located in the housekeeping room and stated inability to find the SDS sheets for these two products after review. HSPK-A stated the SDS sheets were where housekeeping staff went if information about the cleaner was needed. HSKP-A and surveyor read Neutral Disinfectant Cleaner label which indicated for Human Coronavirus treated surfaces must remain wet for 1 minute. Wipe dry with a clean cloth, sponge, or mop or allow to air dry, however, this label further indicated to kill Adenovirus Type 7 let solution remain on surface for a minimum of 10 minutes. Rinse or allow to air dry. When interviewed on 6/29/20, at 11:42 a.m. nursing assistant (NA)-A stated facility had a shortage of, purple top wipes, (Sani-Cloth disinfectant wipes) and thus staff had been using Neutral Disinfectant Cleaner for cleaning and disinfecting resident care equipment (lifts, shower bed, etc.). NA-A stated uncertainty on manufacturers' instructions for Neutral Disinfectant Cleaner use. NA-A further stated a process for cleaning the shower bed was used; sprayed cleaner on shower bed, waited ten minutes, sprayed it off with water and let dry. NA-A stated since this was the process NA-A used for cleaning the shower bed, NA-A used it for other resident care equipment, with an added statement that once the ten minutes had passed the equipment was wiped down with a wet paper towel. NA-A stated training had not been provided on the use of Neutral Disinfectant Cleaner. NA-A and surveyor read the Neutral Disinfectant Cleaner spray bottle label which lacked instructions for use (dry/contact time). During interview on 6/29/20, at 11:47 a.m. licensed practical nurse (LPN)-A stated the facility was, out of wipes (Sani-Cloth) now, and thus staff had been using Neutral Disinfectant Cleaner as the main cleaner for resident care equipment. LPN-A stated the process used for the cleaner was to, spray on a cloth and then wipe it on the machine .it just dries then. LPN-A stated training had not been provided on the use of Neutral Disinfectant Cleaner. LPN-A and surveyor read the Neutral Disinfectant Cleaner spray bottle label which lacked instructions for use. When interviewed on 6/29/20, at 12:36 p.m. housekeeping director (HD) stated the Neutral Disinfectant Cleaner was used on all surfaces other than the toilets, which required the SparCling to be used. HD stated not knowing dry/contact time of the SparCling but stated the kill time for the Neutral Disinfectant Cleaner was one minute. HD presented surveyor with a bottle of SparCling which indicated allow SparCling to remain wet on surface at least two minutes. HD stated chemical use training had been provided to housekeeping staff, about eighteen months ago. HD further stated new housekeeping staff were trained on proper chemical use by information provided on the SDS sheets for each chemical. HD stated training did not instruct housekeeping staff on dry/contact times or specific instructions for each chemical used. HD stated inability to find manufacturers' instructions for use on the SDS sheets for SparCling and Neutral Disinfectant Cleaner. HD further stated no audits had been completed to ensure housekeeping staff used these products per manufacturers' instructions. HD stated the facility did not have housekeeping cleaning process or chemical use direction policies. HD stated housekeeping staff follow processes located in a three ring binder labeled Housekeeping Procedure. During interview on 6/29/20, at 1:09 p.m. director of nursing/interim infection control preventionist (DON), stated chemical training was provided in, huddles (small meetings). DON stated the information provided in the huddles had not been documented. This training consisted of direction to, wipe stuff down using orange sani-wipes that have 1:10 bleach and if out then they use the spray. DON further stated the dry/kill time training provided was a, standard policy of two minutes, with additional statements of, that is what I would do being a nurse, and, expectation for at least two minutes, where staff sprayed, down areas where the resident touched. DON initially denied having performed audits that ensured proper cleaning and disinfection of resident care equipment but did provide audits, dated 5/1/20 and 5/4/20, which showed six nursing assistants verbalized how to correctly disinfect equipment Hoyer/ez stand from room to room. DON stated not having a process template which was used for auditor to follow during the audits to ensure visualization and/or verbalization had been followed per facility policy/processes and chemical manufacturers' instructions. A provided facility Coronavirus/COVID-19 Preparedness/Employee Illness policy, dated 5/7/20, identified common areas/frequently touched surfaces will be frequently sanitized using cleaning products identified as effective for destroying COVID-19. The policy failed to provide manufacturers' instructions and/or guidance on which cleaning products were identified effective for destroying COVID-19. The policy furthermore failed to identify staff training guidelines for cleaning and chemical use processes in relation to COVID-19. A provided facility Disinfecting Reusable Equipment and Environmental Surfaces policy, dated 5/16/2017, identified reusable equipment and environmental surfaces will be properly disinfected after use. The policy further identified the equipment procedure of spray with premixed sterilizing solution of 1:10 bleach solution or sterilizing product approved by the RN and environmental services procedure of environmental surfaces must be disinfected after use, clean any obvious soiled material with paper towels and soapy water, then spray with premixed sterilizing solution or 1:10 bleach solution or sterilizing product approved by the RN, allow to air dry. The policy failed to provide instruction on current cleaning processes related to COVID-19 and which products were approved as effective for destroying COVID-19. A provided facility Infection Control - Care Center policy, dated 6/13/18, identified surveillance procedures to provide procedures with ongoing review for accepted standards to reduce transmission of infections and environmental cleaning and disinfection of equipment/supplies by department procedures. The policy further identified staff training provided at orientation, annually, and ad hoc. An Ecolab website (http://www.ecolab.com/articles/2020/01/a-novel-coronavirus) article COVID-19, dated 3/24/20, indicated Neutral Disinfectant Cleaner met the criteria for claims against COVID-19 when used in accordance with the directions for use against listed supporting viruses on hard, non-porous surfaces. Directions for use indicated Neutral Disinfectant Cleaner was supported by the Adenovirus Type 7 with a dilution rate of 2oz/gal, and a contact time of 10 minutes. A provided Ecolab Neutral Disinfectant Cleaner reference sheet, dated 2007, stated directions indicated for disinfection/cleaning/deodorizing to let the solution remain on surface for a minimum of 10 minutes. Rinse or allow to air dry. The reference sheet further indicated a 10-minute contact time effective against Human coronavirus, [DIAGNOSES REDACTED] (Severe Acute Respiratory Syndrome) Associated Coronavirus, and Adenovirus Type 7. Provided SDS for Ecolab's Neutral Disinfectant Cleaner, dated</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245012	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2020
NAME OF PROVIDER OF SUPPLIER GUARDIAN ANGELS CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 400 EVANS AVENUE ELK RIVER, MN 55330	
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 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>(continued... from page 1)</p> <p>9/17/13, and Spartan's SparCling, dated 8/30/16, failed to provide instructions (direction on use/contact time) for environmental surfaces or resident care equipment. A provided facility 3-ring binder labeled Housekeeping Procedure indicated the following information; instructions for supplies required on the housekeeping cart, restroom, toilet, urinal, and window cleaning steps, along with a reference sheet for Neutral Disinfectant Cleaner. The instructions/steps in the binder failed to instruct housekeeping staff on specific chemical products to use or dry/contact times. The instructions/steps in the binder were not in facility policy formatting.</p>		