

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245266	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER BENEDICTINE HEALTH CENTER OF MINNEAPOLIS		STREET ADDRESS, CITY, STATE, ZIP 618 EAST 17TH STREET MINNEAPOLIS, MN 55404	
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 interview and document review the facility failed to ensure a shared glucose meter (device to test blood sugar levels) was disinfected properly between uses to prevent cross contamination, when reviewed for shared use of medical equipment. This had the potential to affect 8 of 23 residents (R3, R5, R6, R7, R8, R10, R11, R12) whom required physician ordered blood sugar checks. Findings included: R3's quarterly Minimum Data Set ((MDS) dated [DATE], indicated R3 had intact cognition with a [DIAGNOSES REDACTED]. R3's physician order [REDACTED]. R6's annual MDS dated [DATE], indicated R6 was comatose with a [DIAGNOSES REDACTED]. R6's physician order [REDACTED]. R7's quarterly MDS dated [DATE], indicated R7 was never or rarely understood and sometimes understands. The MDS indicated R7 had a [DIAGNOSES REDACTED]. R7's physician order [REDACTED]. R8's quarterly MDS dated [DATE], indicated R8 had severely impaired cognition with a [DIAGNOSES REDACTED]. R10's annual MDS dated [DATE], indicated R10 had severely impaired cognition with a [DIAGNOSES REDACTED]. R10's physician order [REDACTED]. R11's quarterly MDS dated [DATE], indicated R11 was comatose with a [DIAGNOSES REDACTED]. R11's physician order [REDACTED]. R12's quarterly MDS dated [DATE], indicated R12 was comatose with a [DIAGNOSES REDACTED]. R12's physician order [REDACTED]. During interview on 5/6/20, at 9:14 a.m. licensed practical nurse (LPN)-A stated she had recently disinfected the blood sugar testing supplies. There were no disinfecting wipes observed on the medication cart or surrounding areas. LPN-A said the facility had been out of the wipes they used to use in a container and could not remember the name of the wipes. LPN-A described the current process to clean the glucose meter was to use the small square alcohol prep pads with the blood sugar supplies, or to put alcohol hand rub on a paper towel to wipe the glucose meter down. LPN-A stated the glucose meter was cleaned between each use because it was shared with other residents on the unit. LPN-A stated the blood sugar checks were already completed for the morning. LPN-A reported no bleach was used to disinfect the glucose meters. During interview on 5/6/20, at 9:32 a.m. registered nurse (RN)-B stated the nurses used alcohol prep pads to clean the shared glucometers. RN-B reported the unit was out of the wipes they used to use and had been using the alcohol prep pads to disinfect for a couple of months. RN-B stated the blood sugar checks had already been completed for that morning. RN-B identified some approximately 1 x 1 inch individual wipes labeled alcohol prep pads that were used to clean the glucose meter. RN-B reported no bleach was used to disinfect the glucose meters. During interview on 5/6/20, at 10:25 a.m. the director of nursing (DON) stated the process to clean the shared glucose meters was with a specific disinfectant wipe and per the manufacturer's instructions. DON was not aware the nursing staff was out of the specific wipes and only alcohol was used. During interview on 5/6/20, at 10:50 a.m., maintenance director (M)-A stated Benedictine Health System corporate office advised staff to use Clorox peroxide wipes (green top) to disinfect shared glucose meters. Further, those supplies were available on the nursing floors. During observation on 5/6/20, at 11:50 a.m. registered nurse (RN)-D provided education to the nursing staff about glucose meter disinfection. The education included: 1.) Don Gloves 2.) Lay down clean paper towel or similar on a flat surface 3.) Wipe glucometer down with disinfectant wipe (green top) 4.) Place on paper towel barrier and let air dry (Let it sit for 1 full minute on a paper towel). It has to be wet for 1 minute, you can use second wipe if it dries faster than one minute. 5.) Remove gloves and wash hands. Facility policy titled Performing a Blood Glucose Test, dated July 2017 identified Wipe glucose meter with disinfectant and place in resident's individual and labeled plastic bag. Follow manufacturer's recommendation for disinfectant type for meter. The policy lacked instructions for the shared glucose meters. Assure Platinum blood glucose monitoring system's user guide, undated, indicated disinfection instructions as follows: The meter should be cleaned and disinfected after each use on patient. The cleaning procedure is needed to clean dirt, blood and other bodily fluids off the exterior of the meter before performing disinfection. The disinfection procedure is needed to prevent the transmission of blood borne pathogens. Option 1: use a commercially available EPA registered disinfectant detergent or germicide wipe. Open disinfectant package. Follow product label instructions to disinfect the meter. Option 2: Clean the outside of the blood glucose meter with lint free cloth dampened with soapy water or [MEDICATION NAME] alcohol (70-80%). Disinfect the meter by diluting 1 mL (milliliter) of household bleach (5-6% sodium hypochlorite solution) in 9 mL water to achieve a 1:10 dilution.</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.