

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245295	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2020
NAME OF PROVIDER OF SUPPLIER THE EMERALDS AT ST PAUL LLC		STREET ADDRESS, CITY, STATE, ZIP 420 MARSHALL AVENUE SAINT PAUL, MN 55102	
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 - Few	<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 perform hand hygiene to minimize risk of infections, including COVID-19, for 2 of 4 residents (R8 and R7) reviewed for infection control during cares. Findings include: R8's annual Minimum Data Set (MDS), dated [DATE], revealed R8 was comatose and totally dependent on staff for bed mobility, transfers, and toileting. R8 was always incontinent of urine. R8 was over [AGE] years old and had [DIAGNOSES REDACTED]. R8 required a feeding tube, [MEDICAL CONDITION], suctioning and ventilator or respirator care. On 6/24/20, at 12:31 p.m. a licensed practical nurse (LPN)-A and nursing assistant (NA)-C were observed providing incontinence cares for R8. NA-C rolled R8, who was resting in bed, toward LPN-C and removed soiled brief from R8. A pungent odor was noted. NA-C wiped R8's bottom with disposable wipes. NA-C then removed gloves, grabbed a garbage bag and put the old gloves in it, and without washing or sanitizing hands, put on new pair of gloves. NA-B then applied lotion to R8's bottom, and applied a new brief to R8. LPN-A and NA-C fastened a fitted cushion between R8's knees and NA-C placed pillows under R8's right side. R8 grabbed the garbage bag and then placed it down to assist LPN-C with the bed remote. LPN-A removed gloves and washed hands. NA-C put a towel on R8's chest under the [MEDICAL CONDITION] tubing. NA-C placed a blanket on R8. NA-C put wipes and socks in R8's drawers. NA-C removed gloves, washed and dried hands. NA-C then grabbed 2 garbage bags, one in each hand, then placed in one and adjusted R8's feeding tube with the other hand. On 6/24/20, at 1:22 p.m. NA-C reported he should have washed or sanitized his hands after providing peri-cares and before continuing with cares. NA-C reported R8 was incontinent of urine. NA-C reported he did not have access to hand sanitizer in R8's room.</p> <p>R7's quarterly MDS dated [DATE], included short term and long term memory problems, and moderate impairment for cognitive skills in daily decision making. R7 required extensive assistance with all ADL's (activities of daily living). R7's had [DIAGNOSES REDACTED]. When observed on 6/24/20, at 11:53 a.m. NA-A and NA-B assisted R7. NA-B washed hands and donned gloves. NA-A brought R7's wheelchair out from inside the bathroom, then washed hands and donned gloves. NA-A removed pillows from below R7's legs, and raised the bed. NA-B retrieved R7's slippers from the closet, then both aids turned R7 onto her side. NA-B held R7 while NA-A opened the back of R7's brief to check if the brief was soiled, and determined that the brief was still dry. Without washing hands, NA-A placed the lift sling under R7, then rolled R7 to the other side and secured lift sling beneath. Using mechanical lift, both aids lifted and transferred R7 into the wheelchair. NA-A removed soiled gloves and threw them in the trash, then donned new gloves and stated, Normally I would wash my hands, but I can't get to the sink because it's so crowded in here. NA-A then adjusted R7's body in the wheelchair, retrieved a headscarf from the closet, and placed the scarf on R7's head. NA-B removed gloves and washed hands. NA-A removed gloves and washed hands.</p> <p>When interviewed on 6/24/20, at 2:25 p.m. infection Preventionist (IP) stated, Staff need to do hand hygiene after removing their gloves, which is the expectation, then put on a new pair of gloves. They should sanitize after removing gloves or wash hands with soap and water after removing gloves. IP further explained staff should perform hand hygiene after providing peri-cares for residents. Per facility policy titled Handwashing/Hand Hygiene, Revised 08/19, The use of gloves does not replace hand washing/hand hygiene. Integration of glove use along with routine hand hygiene is recognized as the best practice for preventing healthcare-associated infections. Per facility policy titled Handwashing/Hand Hygiene, Revised 08/19, Applying and Removing Gloves: 1. Perform hand hygiene before applying non-sterile gloves. 2. When applying, remove one glove from the dispensing box at a time, touching only the top of the cuff. 3. When removing gloves, pinch the glove at the wrist and peel away from the hand, turning the glove inside out. 4. Hold the removed glove in the gloved hand and remove other glove by rolling it down the hand and folding it into the first glove. 5. Perform hand hygiene. Per facility policy titled Handwashing/Hand Hygiene, Revised 08/19, use an alcohol-based hand rub containing at least 62% alcohol; or, alternatively, soap (antimicrobial or non-antimicrobial) and water for the following situations: a) Before and after coming on duty; b) Before and after direct contact with residents; c) Before preparing or handling medications; d) Before performing any non-surgical invasive procedures; e) Before and after handling an invasive device (e.g., urinary catheters, IV access sites); f) Before donning sterile gloves; g) Before handling clean or soiled dressings, gauze pads, etc.; h) Before moving from a contaminated body site to a clean body site during resident care; i) After contact with a resident's intact skin; j) After contact with blood or bodily fluids; k) After handling used dressings, contaminated equipment, etc.; l) After contact with objects (e.g., medical equipment) in the immediate vicinity of the resident; m) After removing gloves; n) Before and after entering isolation precaution settings; o) Before and after eating or handling food; p) Before and after assisting a resident with meals; and q) After personal use of the toilet or conducting your personal hygiene. Per Centers for Disease Control (CDC) document titled, Healthcare Providers, Clean Hands Count for Healthcare Providers last reviewed: January 31, 2020, Gloves are not a substitute for hand hygiene. If your task requires gloves, perform hand hygiene prior to donning gloves, before touching the patient or the patient environment. Perform hand hygiene immediately after removing gloves. The Centers for Disease Control and Prevention (CDC) fact sheet, dated 5/19/20, entitled What You Can do if You are at Higher Risk of Severe Illness from COVID-19 revealed, based on what we know now, those at high-risk for severe illness from COVID-19 are: * People aged [AGE] years and older * People who live in a nursing home or long-term care facility * People of all ages with underlying medical conditions, particularly if not well controlled, including: --People with [MEDICAL CONDITION] or moderate to severe asthma --People who have serious heart conditions --People who are immunocompromised. Many conditions can cause a person to be immunocompromised, [MEDICAL CONDITION] treatment, smoking, bone marrow or organ transplantation, immune deficiencies, poorly [MEDICAL CONDITION] AIDS, and prolonged use of corticosteroids and other immune weakening medications. * People with severe obesity (body mass index (BMI) of 40 or higher) * People with diabetes * People with [MEDICAL CONDITION] undergoing [MEDICAL TREATMENT] * People with liver disease</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.