

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245340	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/08/2020
NAME OF PROVIDER OF SUPPLIER GALTIER A VILLA CENTER		STREET ADDRESS, CITY, STATE, ZIP 445 GALTIER AVENUE SAINT PAUL, MN 55103	
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.</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 perform hand hygiene after exiting a droplet isolation room, touching a facemask, and coming into direct contact with the environment for 1 of 2 residents (R1) reviewed for transmission based precautions. Findings include: R1's Admission Record dated 5/6/20, indicated R1's [DIAGNOSES REDACTED], R1's admission Minimum Data Set ((MDS) dated [DATE], identified R1 had moderate cognitive impairment. R1's treatment administration record (TAR) dated 5/6/20, directed R1 was placed in isolation precautions for 14 days for COVID-19 precautions. On 5/6/20, at 2:26 p.m. signage on R1's door indicated she was on contact and droplet isolation precautions. At this time, nursing assistant (NA)-A was observed exiting R1's room wearing a facemask and face shield. NA-A did not clean her face shield, and approached a group of individuals who were standing outside of R1's room. NA-A was observed reaching under her face shield and touching her facemask on two occasions. NA-A did not complete hand hygiene after touching her facemask. NA-A walked towards the 2nd floor report room and stood outside of the room for a moment. NA-A then walked near a stairwell located next to room [ROOM NUMBER], and proceeded to touch a keypad. On 5/6/20, at 2:31 p.m. NA-A was interviewed. NA-A stated she put on a clean facemask prior to exiting R1's room. NA-A stated she had a clean facemask inside of her pocket, and placed it on her face prior to exiting R1's room. On 5/6/20, at 2:41 p.m. the director of nursing (DON) was interviewed. The DON stated facility staff were expected to perform hand hygiene after touching their facemask. The DON stated not performing hand hygiene was an infection control concern. On 5/8/20, at 11:07 a.m. the DON stated employees should not keep facemasks in their uniform pockets. A facility policy Hand Hygiene Guideline dated 11/28/17, directed, To cleanse hands to prevent the spread of potentially deadly infections, and To provide a clean and healthy environment for residents, staff and visitors.</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.