

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245452	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 09/02/2020
NAME OF PROVIDER OF SUPPLIER EPISCOPAL CHURCH HOME OF MINNESOTA		STREET ADDRESS, CITY, STATE, ZIP 1879 FERONIA AVENUE SAINT PAUL, MN 55104	
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 observations, interviews, and record review, the facility failed to ensure resident rooms on the COVID-19 unit were regularly cleaned and disinfected to help prevent the spread of COVID-19 and other infections. This failure had the potential to affect the 24 residents who resided on the COVID-19 unit, out of 96 total facility residents. Findings include: Observations of the COVID-19 unit were conducted on 9/02/20 from 11:00 AM to 11:20 AM and again at 1:50 PM to 1:56 PM. Though most resident room doors were closed, several rooms in the dedicated COVID-19 unit had their doors open, and the room visible from the hallway. The rooms appeared untidy, with clutter on many of the residents' over-bed tables or other surfaces and trash littering the floors. The following observations were made: -room [ROOM NUMBER] had a plastic medication cup, straw wrapper, food crumbs, and crumpled napkins on the floor. -room [ROOM NUMBER] had paper scraps and crumbs on the floor. -room [ROOM NUMBER] had a used alcohol pad and food crumbs on the floor. -room [ROOM NUMBER] had a dirty cotton ball and paper scraps on the floor. -room [ROOM NUMBER] had paper scraps and crumbs on the floor. -Rooms 217, 233, 237, and 240 had paper scraps on the floors. -room [ROOM NUMBER] had empty snack wrappers on the floor. -room [ROOM NUMBER] had large food crumbs and debris on the floor. On 9/02/20 at 11:15 AM, Housekeeper (HK) 1 who was working on the COVID-19 unit stated he did not clean in the resident rooms on the COVID-19 unit, unless it was a terminal clean after the resident had left the room. HK1 stated he was instructed not to clean inside any of the resident rooms. He stated he cleaned the surfaces in the common areas of the unit only, and the Certified Nurse Aides (CNAs) emptied the trash, which he then took out. HK1 stated the CNAs also would address any spills or accidents and clean them as needed, but there were no staff assigned to clean the rooms regularly and ensure all high-touch surfaces were disinfected. On 9/02/20 at 11:37 AM, the Director of Nursing (DON) confirmed the housekeepers were instructed not to clean inside resident rooms on the COVID-19 unit to minimize the number of staff exposed to [MEDICAL CONDITION]. She stated in the event of a spill or accident that could not be addressed by nursing staff, housekeeping would address the issue, but they did not enter the resident rooms on a regular basis. On 9/02/20 at 11:55 AM, the Housekeeping Supervisor (HS) stated the housekeepers did not clean resident rooms on the COVID unit. She stated, Right now, CNAs clean the very basics. The HS explained the CNAs did not vacuum or mop unless necessary (for spills or messes), but would wipe down surfaces when dirty using a disinfectant cleaner. The HS stated she provided education to the nursing staff about using Virex disinfectant spray to clean and disinfect in resident rooms. On 9/02/20 at 12:42 PM, the HS provided a sign that was posted at the nurses' station on the COVID unit, which explained how to use Virex disinfectant properly for effectiveness and where it was kept. She stated she did not get signatures of staff who received the training, but the sign was posted for all. The HS stated she was not sure if there was a regular cleaning schedule the CNAs followed to ensure regular cleaning and disinfection. On 9/02/20 at 1:28 PM, the DON and Administrator were interviewed concurrently. The DON stated her goal was to limit staff exposure time in rooms of residents diagnosed with [REDACTED]. The DON stated the time needed to clean and disinfect in each resident's room could mean too much exposure time in the rooms for the staff. She stated CNAs were expected to clean up light spills and messes. The DON added all high-touch surfaces in the common areas of the COVID-19 unit were cleaned and disinfected several times a day. The Administrator then stated the facility's priority was preventing prolonged staff exposure in rooms of residents who were diagnosed with [REDACTED]. On 9/02/20 at 1:45 PM, CNA2 and CNA4 were interviewed concurrently. CNA2 stated, We don't clean the rooms, but we empty the trash and clean up clutter in the room. If something is dirty, we use the sanitizing wipes to clean it, but we do not do a thorough room clean. CNA2 did not know if Virex disinfectant was available for cleaning and disinfecting, stating she used the disinfecting wipes. CNA4 stated, We do not clean and disinfect the rooms or bathrooms, we have somebody assigned to clean (from housekeeping). We just move the junk out. CNA4 stated Virex spray was available, but she would have to ask the nurse where it was kept. On 9/02/20 at 2:00 PM, the Administrator stated during the creation of the COVID unit, the staff had decided that CNAs would do a daily wipe down of surfaces in resident rooms to limit housekeeping staffs' exposure to COVID-19. She stated all nursing staff received education on this procedure, and added, We do feel like the daily wipe downs are getting done, but we can revisit this with the aides. The Administrator did not present a plan that included regular cleaning and disinfection of resident rooms, to include cleaning of the floors. The facility's undated policy titled, COVID-19 Preparedness Plan for DHS (Department of Human Services) Licensed or Certified Residential Services Deemed Critical Businesses during Peacetime Emergency documented, (Facility Name) will continue to follow MDH (Minnesota Department of Health) and CDC (Centers for Disease Prevention and Control) guidance for frequent cleaning and disinfecting of individual and shared spaces. An established and documented sanitation schedule and checklist, identifying surfaces/equipment to be sanitized, the agent to be used, and the frequency at which sanitation occurs has been developed by the environmental service team. High-touch surfaces such as doorknobs, light switches, stair rails, counters, tables and chairs, phones, keyboards, program equipment, and other shared items are regularly cleaned and disinfected. The CDC resource, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic, updated on 07/15/20 and accessed at https://www.cdc.gov/coronavirus/2019-ncov/hcp/infection-control-recommendations.html?CDC_AA_refVal=https%3A%2F%2Fwww.cdc.gov%2Fcoronavirus%2F2019-ncov%2Finfection-control%2Fcontrol-recommendations.html on 09/02/20 documented, Ensure that environmental cleaning and disinfection procedures are followed consistently and correctly. Routine cleaning and disinfection procedures (e.g., using cleaners and water to pre-clean surfaces prior to applying an EPA (Environmental Protection Agency)-registered, hospital-grade disinfectant to frequently touched surfaces or objects for appropriate contact times as indicated on the product's label) are appropriate for [DIAGNOSES REDACTED]-CoV-2 (COVID-19) in healthcare settings, including those patient-care areas in which aerosol generating procedures are performed. Per the Centers for Medicare and Medicaid Services COVID-19 Focused Survey for Nursing Homes worksheet, updated on 08/25/20, Objects and environmental surfaces that are touched frequently and in close proximity to the resident (e.g., bed rails, over-bed table, bedside commode, lavatory surfaces in resident bathrooms) are cleaned and disinfected with an EPA-registered disinfectant for healthcare setting (effective against the organism identified if known) at least daily and when visibly soiled.</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.