

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/06/2020
NAME OF PROVIDER OF SUPPLIER LITTLE SISTERS OF THE POOR		STREET ADDRESS, CITY, STATE, ZIP 330 EXCHANGE STREET SOUTH 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.			
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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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to wear source control masks properly, to perform hand hygiene after touching face source control masks, and to place residents at least 6 feet apart while dining, to prevent the spread of COVID-19 according to Centers for Disease Control (CDC) guidelines for 12 of 20 residents (R8, R9, R10, R11, R12, R1, R2, R3, R4, R5, R6, and R7) observed for meal service. In addition, the facility failed to perform hand hygiene according to CDC guidelines for 1 of 4 residents (R6) observed for personal cares. In addition, the facility failed to sanitize a mechanical lift between residents for 2 of 2 residents (R1 and R6) observed for mechanical lift transfers. Findings include: R8's quarterly Minimum Data Set (MDS), dated [DATE], indicated R8 was over [AGE] years old and had [DIAGNOSES REDACTED]. This made R8 highly susceptible to complications if R8 were to contract COVID-19. R9's annual MDS, dated [DATE], indicated R9 was over [AGE] years old and had [DIAGNOSES REDACTED]. R10's quarterly MDS, dated [DATE], indicated R10 was over [AGE] years old and had a [DIAGNOSES REDACTED]. R11's quarterly MDS, dated [DATE], indicated R11 was over [AGE] years old and had [DIAGNOSES REDACTED]. This made R11 susceptible to complications if contracted COVID-19. R12's quarterly MDS, dated [DATE], indicated R12 was over [AGE] years old and had a [DIAGNOSES REDACTED]. On 5/4/20, from 11:19 a.m. to 12:25 p.m. the 4th and 5th floor dining service was observed. Nursing assistant (NA)-C was observed putting resident dietary tickets on a cart. NA-C's cloth mask was not covering her nose. NA-C scratched her nose and pulled up her cloth mask, but the cloth mask fell immediately back down. NA-C did not perform hand hygiene at this time. NA-C placed her arms around R8. NA-C continued to stand and walk near R8 and R9 and handle carts with resident food trays for the 4th and 5th floor. NA-C lifted up her cloth mask to cover her nose again, and did not perform hand hygiene. The cloth mask immediately fell below NA-C's nose. NA-C stood near R9 and assisted R9 with opening a gelatin container. NA-C entered R10's room with a food tray with her mask below her nose. NA-C washed her hands briefly in R10's room and exited with cloth mask covering her nose. NA-C entered R11's room with mask covering nose and the cloth mask fell below her nose while she was in the room. NA-C washed her hands in R11's room and then pulled her cloth mask to cover her nose and did not perform hand hygiene. A licensed practical nurse, (LPN)-A, was observed with her cloth mask below her nose. LPN-A pulled the cloth mask to cover her nose and, without washing or sanitizing her hands, touched R8 and R8's walker to assist with walking to dining. LPN-A adjusted her mask and touched R8's tray tables and silverware with her hands. LPN-A grabbed a metal container of fortune cookies and put it on the meal cart for service. LPN-A continued to adjust her cloth mask multiple times and the cloth mask fell below her nose shortly after being adjusted while LPN-A handled carts with resident food on them, bowls, plates, container of rolls and coffee to assist with preparation of 4th and 5th floor resident meal trays. LPN-A adjusted her cloth mask and it fell below her nose again. Without performing hand hygiene, LPN-A handled R12's silverware. On 5/4/20, at 12:19 p.m. NA-C reported she was trained to cover her mouth and nose with the cloth masks and wash hands after touching the cloth mask. NA-C reported she would check to see if a cloth mask was available that would fit better and not fall below her nose. On 5/4/20, at 12:25 p.m. LPN-A reported her cloth mask did not fit. LPN-A reported she was trained to cover her mouth and nose with the cloth face mask. LPN-A was not aware she had been frequently adjusting her mask without performing hand hygiene. LPN-A reported hand hygiene needed to be performed after touching cloth mask. LPN-A reported she had a better fitting mask but preferred the one she was wearing. LPN-A reported she would retrieve the better fitting mask and wear it.</p> <p>R1's quarterly MDS, dated [DATE], included moderate cognitive impairment and indicated R1 required extensive assistance or total dependence in all activities of daily living (ADL's). R1 had [DIAGNOSES REDACTED]. R1's care plan, last revised 3/27/20, did not include any problem, goal or intervention related to social distancing. R2's quarterly MDS, dated [DATE], included moderate cognitive impairment and indicated R2 required supervision for locomotion on the unit and was independent in eating with setup help only. R2 had [DIAGNOSES REDACTED]. R2's care plan, last revised 4/13/20, did not include any problem, goal or intervention related to social distancing. R3's quarterly MDS, dated [DATE], included moderate cognitive impairment and indicated R3 required total dependence for locomotion on the unit and required limited assistance in eating. R3 had [DIAGNOSES REDACTED]. R3's care plan, last revised 4/16/20, did not include any problem, goal or intervention related to social distancing. R4's Significant Change MDS, dated [DATE], included severe cognitive impairment and indicated R4 required total dependence for locomotion on the unit, required supervision for eating and had [DIAGNOSES REDACTED]. R4's care plan, last revised 5/5/20, did not include any problem, goal or intervention related to social distancing. R5's annual MDS, dated [DATE], included severe cognitive impairment and indicated R5 required extensive assistance in all ADL's. R5 had [DIAGNOSES REDACTED]. R5's care plan, last revised 5/4/20, did not include any problem, goal or intervention related to social distancing. R6's annual MDS, dated [DATE], included problems with short term and long term memory and indicated R6 required extensive assistance or total dependence in all ADL's. R6 had [DIAGNOSES REDACTED]. R6's care plan, last revised 4/14/20, did not include any problem, goal or intervention related to social distancing. R7's quarterly MDS, dated [DATE], included severe cognitive impairment and indicated R7 required extensive assistance required in all ADL's. R7 had [DIAGNOSES REDACTED]. R7's care plan, last revised 4/30/20, did not include any problem, goal or intervention related to social distancing. On 5/4/20, at 12:30 p.m. activities staff (A)-A was observed wearing her face mask below nose. At 12:31 p.m. A-A touched the front of her mask and then pulled the mask above her nose with bare hands; no hand hygiene was performed after the mask was touched. A-A then delivered a meal tray to R2 in R2's room. A-A touched bedside table, touched and removed plastic wrap from food items with bare hands, then exited room, without performing hand hygiene. When interviewed on 5/4/20, at 12:33 p.m. A-A stated, I mean the mask has been slipping as I talk or walk, these cotton ones are not the best fitting. I don't know the reason you're supposed to wash hands after touching, they did educate us on how to take these off properly and not to touch the outside of mask. When observed on 5/4/20, at 12:35 p.m. 8 residents were seated in the 2nd floor dining room. There were 3 tables with 2 residents seated across from one another. R3 and R4 were seated across from one another at a small round table. R5 and R1 were seated across from one another at a small round table. R6 and R7 were seated across from one another at a small round table. Unit coordinator (UC)-B and NA-A also sat at the table with R6 and R7, and assisted R6 and R7 in eating. The distance across the dining room tables was 48 inches; 4 feet. During continuous observation on 5/4/20, from 12:52 p.m. until 1:26 p.m., nursing assistant (NA)-B removed a mechanical full body lift from R6's room and wheeled it into R1's room at 12:52 p.m. The lift was not sanitized before being used to transfer R1. NA-A and NA-B both washed hands and donned gloves, adjusted a sling around R1's body while R1 was seated in a wheel chair. After performing incontinence cares for R1, NA-A removed gloves and disposed of them. NA-A then, without performing any hand hygiene, touched R1's radio, a CD from the dresser and then performed hand hygiene. At 1:26 p.m. the same mechanical lift was taken from R1's room and wheeled into R6's room by NA-B. NA-B did not sanitize the lift. NA-A and NA-B assisted R6 to bed utilizing this lift. Once in bed, NA-A and NA-B performed incontinent care, applied a barrier cream to R6's buttocks, removed gloves and donned new gloves, without performing hand hygiene. NA-B removed gloves</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.

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<p>F 0880</p> <p>Level of harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>(continued... from page 1)</p> <p>and without performing hand hygiene, touched the mechanical lift, then washed hands. The mechanical lift was not sanitized at that point either. When interviewed on 5/4/20, at 1:18 p.m. NA-A stated she should have washed her hands after removing gloves, but forgot. Yes after taking both gloves off we are supposed to be washing our hands, yes we do wash between glove changes. Regarding the sanitization of lift, NA-A stated R1 and R6 are the only two residents for that particular lift.</p> <p>NA-A also stated they clean the lift when the shift ends but don't clean the lift between each resident. When interviewed on 5/4/20, at 1:25 p.m. registered nurse (RN)-A stated, they usually clean it (lift) at night after everybody was done, but now we should do it every time they are done transferring. RN-A stated lift cleaning was getting done once a day, usually after evening shift. However, cleaning should be done after every shift, but she was not sure if that was occurring. RN-A stated she was 100% sure evenings clean it after their shift. When interviewed on 5/4/20, at 1:32 p.m. housekeeper (HK)-A stated, housekeeping only cleans the room. HK-B reiterated that housekeeping cleans the room, but it was the nurse's responsibility to clean the lift. When interviewed on 5/4/20, at 2:00 p.m. NA-A stated, they were aware of the six foot distancing, but she didn't know why they weren't doing that in the dining room. NA-A stated she didn't know if it is because they didn't have enough tables, and they were trying to do the best to keep residents six feet apart. NA-A stated they usually have nine residents in the dining room and Dietary aid (DA)-A was the main dining aide; DA-A knew the dining room better than everybody. When interviewed on 5/4/20, at 2:05 p.m. DA-A stated most residents now eat in their room. DA-A stated she prepared their tray and a few residents would sit in the dining room who needed help eating. DA-A stated that's how they set up, these are the resident's regular seats, except now only 2 people to 1 table and the rest are in their room. DA-A confirmed the residents were not six feet apart, but concluded that she was doing what she had been told to do. When interviewed on 5/4/20, at 2:12 p.m. Unit Coordinator (UC)-B commented that six feet was pretty big, and they try to not put residents across from each other. UC-B wondered if they would have to have residents six feet apart instead of 4 feet and commented she had not thought about the tables only being four feet. UC-B concluded the dining room would be crowded with more tables and wheelchairs. When interviewed on 5/4/20, at 2:52 p.m. the director of nursing and (DON) stated the facility was going back to surgical masks because the cloth masks were not fitting as they should. Direct care staff would be going back to surgical masks so they would fit properly. The DON stated she expected masks to cover the nose and mouth, that staff are not to touch their face or mask, they needed to ensure masks fit, and staff are too wash their hands if they touch their mask. The DON stated UC-B had already talked to her about social distancing in the dining room and she now had a plan in place: she has talked to housekeeping about getting 3 more tables in the dining room. The DON agreed residents should be at least six feet distance apart, and she was not aware the tables were only 4 feet in width. The DON stated she absolutely expected hand hygiene after peri-cares to include glove changes, and to have hands washed between glove changes. The DON confirmed the infection preventionist/education staff went and watched staff with donning and doffing of PPE and the correct way to wear it, so she would have many of those trainings. The DON also stated she expected lifts to be cleaned with disinfectant wipes; the DON had been told they did not have disinfectant wipes on the 2nd floor so that they can wipe them down between each resident use, but the DON planned to reorder more when the weekly order went in. The DON confirmed she wanted the lifts sanitized after each resident by the NA. The facility policy titled, Infection Control - Novel Coronavirus (Covid-19), Addendum, dated 3/20, indicated all non-dedicated, non-disposable medical equipment used for patient care should be cleaned and disinfected according to manufacturer's instructions and the Home's policies. The facility policy titled, Infection Control - Novel Coronavirus (Covid-19), Addendum, dated 3/20, indicated: a. The Home shall reinforce adherence to infection prevention and control measures, including, but not limited to hand hygiene and the selection/use of personal protective equipment (PPE) b. The Home shall have HCP (healthcare personnel) demonstrate competency with putting on and removing of PPE. c. The Home shall implement and/or continue a program for observing and monitoring adherence to hand hygiene and PPE, all days and all shifts. The facility policy titled, Infection Control - Novel Coronavirus (Covid-19), Addendum, dated 3/20, the facility would encourage social distancing of at a minimum of six (6) feet between residents and staff as much as possible without impeding on resident care. The facility policy titled, Hand Washing, last revised 2/20, directed hand washing was to be done by direct care staff at the following times: a. arriving on the resident care unit. b. Before and after performing personal cares for each resident. c. Before and after using the restroom. d. Before and after using disposable gloves. e. After touching your face, hair, or body. f. Before and after lunch or coffee breaks g. After handling any resident's personal items. h. Any time you see visible soil on your hands. i. After sneezing or coughing. j. When in doubt, wash your hands. The Centers for Disease Control and Prevention (CDC) handout, What You Can do if You are at Higher Risk of Severe Illness from COVID-19 dated 5/5/20, 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. The CDC fact sheet, Important Information About Your Cloth Face Coverings dated 5/4/20, directed when using a cloth face covering, make sure: the mouth and nose are fully covered; the covering fits snugly against the sides of the face so there are no gaps; you do not have any difficulty breathing while wearing the cloth face covering; the cloth face covering can be tied or otherwise secured to prevent slipping; avoid touching your face as much as possible; keep the covering clean; clean hands with soap and water or alcohol-based hand sanitizer immediately, before putting on, after touching or adjusting, and after removing the cloth face covering.</p>		