

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245063	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2020
NAME OF PROVIDER OF SUPPLIER ST ANTHONY PARK HOME		STREET ADDRESS, CITY, STATE, ZIP 2237 COMMONWEALTH AVENUE SAINT PAUL, MN 55108	
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 observation, interview and document review, the facility failed to train staff in, and to follow manufacturer directions for disinfecting equipment between residents who utilized a mechanical lift. This had the potential to affect 6 of 6 residents (R1, R2, R3, R4, R5, and R6) who required the use of the EZ Stand (brand name mechanical lift that requires the resident to hang on to handles and stand up in it) on the first floor. Findings include: During an observation on 6/17/20, at 9:54 a.m. nursing assistant (NA)-A was observed using the EZ stand lift to transfer R1 from the toilet to the wheelchair. NA-A proceeded to spray the EZ stand lift and handles with Spectrum HBV disinfectant spray and then immediately wiped the lift and handles off. During an interview on 6/17/20, at 10:28 a.m. NA-A stated she did not know if the Spectrum HBV spray required any contact time, she had been taught to spray it and wipe off immediately. There were 6 residents on this floor who all used this particular mechanical lift (R1, R2, R3, R4, R5, and R6). During an interview on 6/17/20, at 10:38 a.m. housekeeper (H)-A stated they were taught to spray the Spectrum HBV disinfectant spray onto the lift and wipe it off immediately. H-A did not know if the product [MEDICAL CONDITION] and bacteria immediately upon contact or if there was a contact time required. During and interview on 6/17/20, at 10:56 a.m. the director of nursing (DON) indicated the protocol was to spray disinfectant onto paper towel and wipe down the EZ stand lifts. The DON was not aware if the product killed bacteria [MEDICAL CONDITION] immediately or if it required any contact time for the disinfectant to be effective. The procedure was changed recently do to inability to consistently procure their usual Micro Kill Wipes since the [MEDICAL CONDITION] outbreak started. The facilities, protocol for Cleaning EZ stand handles, dated 3/30/20, indicated the handles of an EZ stand will be cleaned by wearing gloves, disinfectant called Spectrum HBV is to be sprayed onto paper towels or washcloths, and then wipe down the handles of the EZ stand to disinfect. When interviewed on 6/17/20, at 11:47 a.m. the director of housekeeping, DOH, stated the sales representative for the Spectrum HBV disinfectant had stated the product needed to be applied and remain wet for 5-10 minutes in order to be effective. However, they did not like to leave cleaners on surfaces too long as residents with dementia could touch the object before it dried. DOH had educated the housekeepers and nursing staff to wet a paper towel or wash clothe with the Spectrum HBV and wipe the object down, not to spray the solution directly on the object and wipe immediately. The Maintenance Solutions Summary of Antimicrobial Activity for Spectrum HBV, hospital disinfectant dated 11/11, indicated the product took a 10 minute contact time to kill most bacteria [MEDICAL CONDITION], including the [MEDICAL CONDITION]. The product would need to be applied and left wet for the 10 minutes, rather than wiped off immediately in order to be effective.</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.