

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245342	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/18/2020
NAME OF PROVIDER OF SUPPLIER THE ESTATES AT GREELEY LLC		STREET ADDRESS, CITY, STATE, ZIP 313 SOUTH GREELEY STREET STILLWATER, MN 55082	
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 ensure staff were wearing eye protection to prevent the spread of COVID-19 according to Centers for Disease Control (CDC) guidelines for 2 of 2 residents (R4, R6) observed during meal service and personal cares. Findings include: R4's Face Sheet printed 6/19/20, indicated R4's [DIAGNOSES REDACTED]. [REDACTED]. On 6/19/20, at 8:31 a.m. during breakfast meal service observation, nursing assistant (NA)-A was observed in the Unit 1 dining room attempting to feed R4. NA-A was wearing a surgical mask, however, had her eye shield placed on top of her head, rather than on her face. NA-A proceeded to place R4's meal tray on top of the meal cart, and brought R4 to his room. NA-A went back to the dining room with her eye shield on top of her head. On 6/19/20, at 8:52 a.m. NA-A was observed entering R6's room with NA-B. NA-A assisted R6 into his bed with the use of a lift. During the transfer and personal cares, NA-A's eye shield remained on top of her head. On 6/19/20, at 9:02 a.m. NA-A was observed bringing the meal cart down the hallway, and her eye shield remained on top of her head. At 9:04 a.m. NA-A was observed going into the shower room to wash her hands. NA-A exited the shower room with her eye shield in place. On 6/19/20, at 9:10 p.m. NA-A stated she had not been wearing her eye shield earlier that morning. NA-A stated her eye shield should have been on while providing cares. NA-A stated education had been provided to include the importance of wearing all personal protective equipment (PPE) while providing cares, which included wearing her eye shield. On 6/19/20, at 12:45 p.m. the director of nursing (DON) stated staff were to wear the appropriate PPE. The DON stated staff were to be wearing eye shields while providing cares. The DON further stated failure to wear eye shields could increase the risk contacting COVID-19. The facility policy Coronavirus (COVID-19) revised 5/13/20, directed staff to be wearing PPE for all cares while in the facility to include eye protection for non-COVID-19 residents.</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.