DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

July 2, 2020

Administrator
Carondelet Village Care Center
525 Fairview Avenue South
Saint Paul, MN 55116

RE: CCN: 245617
Survey Start Date: May 8, 2020

Dear Administrator:

On July 2, 2020 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of June 8, 2020. Per the CMS Memo QSO-20-20-All, enforcement remedies were suspended from March 23, 2020 to May 31, 2020 and will be evaluated at a later date.

The CMS Region V Office may notify you of their determination regarding any remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

Electronically delivered
May 18, 2020

Administrator
Carondelet Village Care Center
525 Fairview Avenue South
Saint Paul, MN 55116

SUBJECT: SURVEY RESULTS
CCN: 245617
Cycle Start Date: May 8, 2020

Dear Administrator:

SUSPENSION OF SURVEY AND ENFORCEMENT ACTIVITIES

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). In accordance with Memorandum QSO-20-20-All, CMS is suspending certain Federal and State Survey Agency surveys, and delaying revisit surveys, for all certified provider and supplier types.

During this time, CMS is prioritizing and conducting only the following surveys: focused infection control surveys, investigations of complaints and facility-reported incidents that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys for unremoved IJ level deficiencies. With the exception of unremoved IJs, CMS will also be exercising enforcement discretion during the suspension period. For additional information on the prioritization of survey activities please visit https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0.

SURVEY RESULTS

On May 8, 2020, the Minnesota Department of Health completed a COVID-19 Focused Survey at Carondelet Village Care Center to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that your facility was not in substantial compliance. The findings from this survey are documented on the electronically delivered CMS 2567.

PLAN OF CORRECTION

You must submit an acceptable electronic plan of correction (ePOC) for the enclosed deficiencies that were cited during the May 8, 2020 survey. Carondelet Village Care Center may choose to delay submission of an ePOC until after the survey and enforcement suspensions have been lifted. The

provider will have ten days from the date the suspensions are lifted to submit an ePOC. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. Please note that if an onsite revisit is required, the revisit will be delayed until after survey and enforcement suspensions are lifted. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- How the facility will identify other residents having the potential to be affected by the same deficient practice;
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur;
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur; and
- The date that each deficiency will be corrected.

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" tag), i.e., the plan of correction should be directed to:

Karen Aldinger, Unit Supervisor
Minnesota Department of Health
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: 320-249-2805

INFORMAL DISPUTE RESOLUTION

You have one opportunity to dispute the deficiencies cited on the May 8, 2020 survey through Informal Dispute Resolution (IDR) in accordance with 42 CFR § 488.331. To receive an IDR, send (1) your written request, (2) the specific deficiencies being disputed, (3) an explanation of why you are disputing those deficiencies, and (4) supporting documentation by fax or email to:

Karen Aldinger, Unit Supervisor
Minnesota Department of Health
Email: karen.aldinger@state.mn.us
Office: (651) 201-3794 Mobile: 320-249-2805

An IDR may not be used to challenge any aspect of the survey process, including the following:

- Scope and Severity assessments of deficiencies, except for the deficiencies constituting immediate jeopardy and substandard quality of care;
- Remedies imposed;
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; and

- Alleged inadequacy or inaccuracy of the IDR process.

We will advise you in writing of the outcome of the IDR. Should the IDR result in a change to the Statement of Deficiencies, we will send you a revised CMS-2567 reflecting the changes.

An IDR, including any face-to-face meetings, constitutes an informal administrative process that in no way is to be construed as a formal evidentiary hearing. If you wish to be accompanied by counsel for your IDR, then you must indicate that in your written request for informal dispute resolution.

Carondelet Village Care Center may choose to delay a request for an IDR until after the survey and enforcement suspensions have been lifted. The provider will have ten days from the date the suspensions are lifted to submit a request for an IDR in accordance with the instructions above.

QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at https://qioprogram.org/. This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at https://qioprogram.org/locate-your-qio.

Sincerely,

Kamala Fiske-Downing
Licensing and Certification Program
Minnesota Department of Health
P.O. Box 64900
St. Paul, MN 55164-0900
Telephone: (651) 201-4112 Fax: (651) 215-9697
Email: Kamala.Fiske-Downing@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245617	A. BUILDING _____ B. WING _____	05/08/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CARONDELET VILLAGE CARE CENTER	**525 FAIRVIEW AVENUE SOUTH SAINT PAUL, MN 55116**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments A COVID-19 Focused Infection Control survey was conducted on 5/7/20 through 5/8/20, at your facility by the Minnesota Department of Health to determine compliance with Emergency Preparedness regulations §483.73(b)(6). The facility is in compliance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is required, it is required the facility acknowledge receipt of the electronic documents.	E 000		
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted on 5/7/20 through 5/8/20, at your facility by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. The facility was determined NOT to be in compliance. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Upon receipt of an acceptable electronic POC, a revisit of your facility will be conducted to validate substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 880 SS=D	Infection Prevention & Control CFR(s): 483.80(a)(1)(2)(4)(e)(f)	F 880		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed

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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F 880	Continued From page 1 §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of infections;	F 880		

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F 880	Continued From page 2 (iv)When and how isolation should be used for a resident; including but not limited to: (A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and (B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances. (v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and (vi)The hand hygiene procedures to be followed by staff involved in direct resident contact. §483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility. §483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. §483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure proper hand hygiene procedures were followed in accordance with Centers for Disease Control (CDC) guidelines for 1 of 3 residents (R7), reviewed for personal cares. Findings include:	F 880		

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F 880	Continued From page 3 R7's annual Minimum Data Set (MDS), dated 4/17/20, included cognitively intact and total dependence for most ADL's (activities of daily living). R7's diagnoses included hemiplegia and hemiparesis (paralysis on one side of the body) following nontraumatic intracerebral hemorrhage (bleeding inside the brain). When observed on 5/7/20, at 12:44 p.m. nursing assistant (NA)-A and NA-B assisted R7 with personal cares. Both aids used hand sanitizer before they donned gloves. Both aids placed lift sling around R7, NA-A operated lift, NA-B guided and lowered R7 onto bed. Both aids removed R7's shoes, socks, and pants, NA-B pulled down soiled brief and NA-A retrieved a new brief and incontinent wipes from bathroom. NA-A took wipes from the package and wiped peri-area, both aids rolled R7 toward NA-B who held R7 in place while NA-A continued to clean peri-area, removed and threw away soiled brief, placed clean brief under R7, and applied barrier cream. NA-A then removed soiled gloves, and donned new gloves with no hand hygiene performed between glove changes from dirty to clean. NA-A applied lotion to R7's back, then secured clean brief on R7. NA-B placed clean clothes for R7 on wheelchair, then placed dirty clothes in soiled linen bag. NA-A placed soiled gloves in trash bag and tied off bag. No hand hygiene followed glove removal, and then placed new trash bag in trash can, opened door and exited room with trash bag and dirty cup. NA-B tightened the tabs on R7's brief. NA-B removed gloves and threw in trash then washed hands with soap and water. R7 asked to be adjusted further over to the right side of the bed, NA-B adjusted R7 in bed, removed	F 880		

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F 880	Continued From page 4 R7's face mask and placed in paper bag, took remote and changed TV channel per R7's request, adjusted items on bedside table, removed bag of soiled linen, pushed lift out into hallway, then washed hands with soap and water for 20 seconds. When interviewed on 5/7/20, at 1:35 p.m. NA-A stated, "I should have washed my hands or used hand sanitizer before I put on the new gloves. When the lady came from corporate, she did hand washing, they just showed a video about hand washing and gowning and gloving, it was recently, since all this started, we signed a sheet." When interviewed on 5/7/20, at 2:35 p.m. regarding hand hygiene, the DON stated, "So they know that they need to wash hands before going into the room, need to wash hands after taking off their gloves, need to scrub for at least 20 seconds, we have hand sanitizer in the room. So if they take off or change gloves, they need to wash hands before putting on a new pair. We did education on that, close to like middle of March and continued up to date with education on hand washing, friction, putting on PPE [personal protective equipment], we have done some audits on hand hygiene on staff, on different shifts. I encourage hand washing versus sanitizing they have the equipment there in the room." Per facility policy titled, Infection Prevention and Control Manual, dated 2019, "Caring for Incontinent Residents 1. Gloves (and other PPE as indicated for transmission-based or standard	F 880		

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F 880	Continued From page 5	F 880		

precautions) are routinely worn for cleaning incontinent residents and for helping residents with toileting activities. 2. A disposable gown may be used when cleaning up incontinent residents, changing their beds. Obtain and put on the gown before beginning tasks. 3. Always remove the soiled gloves and wash your hands before moving on to the next task."

Per facility policy titled, Infection Prevention and Control Manual Standard Precautions, dated 2019, "Change gloves during patient care if the hands will move from a contaminated body site (e.g., perineal area) to a clean body site (e.g., face, clothing, etc.)."

Per facility policy titled, Infection Prevention and Control Manual Standard Precautions, dated 2019, "Staff must perform hand hygiene even if gloves are utilized."

Per facility policy titled, Infection Prevention and Control Manual Interim Policy for Suspected or Confirmed Coronavirus (COVID-19), undated, "Hand Hygiene using Alcohol Based Hand Sanitizer before and after all patient contact, contact with infectious material and before and after removal of PPE, including gloves. If hands are soiled, washing hands with soap and water is required for at least 20 seconds."

Per facility document titled, Manager Guidance for COVID-19, dated 3/28/20, "Practice proper hand washing hygiene. All employees should

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F 880	Continued From page 6 clean their hands before and after interaction with residents and their environment with an alcohol-based hand sanitizer that contains 60-95% alcohol or wash their hands with soap and water for at least 20 seconds. Soap and water should be used preferentially if hands are visibly dirty." Per facility document titled, Microlearning: Infection Control: Handwashing & PPE attendance, dated when completed, NA-A completed training on handwashing on 3/20/20.	F 880		