

STATE LICENSING COMPLIANCE REPORT

Report #: HL20004010C

Date Concluded: February 18, 2021

Name, Address, and County of Facility

Investigated:

Ingleside
2811 Roland Avenue
Fairmont, MN 56031
Martin County

Facility Type: Home Care Provider

Investigator's Name:

Erin Johnson-Crosby RN, Special Investigator

The Minnesota Department of Health conducted a complaint investigation to determine compliance with state laws and rules governing the provision of care under Minnesota Statutes, Chapter 144 and 144A. The purpose of this complaint investigation was to review if facility policies and practices comply with applicable laws and rules. No maltreatment under Minnesota Statutes, Chapter 626 was alleged.

To view a copy of the correction orders, if any, please visit:

<https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html>, or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached state form.

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: H20004	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 02/17/2021
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NAME OF PROVIDER OR SUPPLIER INGLESIDE	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 ROLAND AVENUE FAIRMONT, MN 56031
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0 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>HOME CARE PROVIDER LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statutes, section 144A.43 to 144A.482, the Minnesota Department of Health issued a correction order(s) pursuant to a survey.</p> <p>Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance.</p> <p>INITIAL COMMENTS:</p> <p>On February 17, 2021, the Minnesota Department of Health initiated an investigation of complaint #HL20004010C. At the time of the investigation, there were 49 receiving services under the comprehensive license.</p> <p>On February 17, 2021, at 1:14 p.m., immediate orders were issued to address infection control deficiencies related to cross contamination. On February 17, 2021, at 1:33 p.m., the immediate order to address immediate infection control deficiency was removed.</p> <p>The following correction order is issued for #HL20004010C, tag identification 1252.</p>	0 000	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Home Care Providers. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute number and the corresponding text of the state statute out of compliance are listed in the "Summary Statement of Deficiencies" column. This column also includes the findings that are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the surveyors' findings is the Time Period for Correction.</p> <p>Per Minnesota Statute § 144A.474, Subd. 8(c), the home care provider must document any action taken to comply with the correction order. A copy of the provider's records documenting those actions may be requested for follow-up surveys. The home care provider is not required to submit a plan of correction for approval; please disregard the heading of the fourth column, which states "Provider's Plan of Correction."</p> <p>The letter in the left column is used for tracking purposes and reflects the scope and level issued pursuant to Minn. Stat. § 144A.474, Subd. 11 (b).</p>	
01252 SS=I	<p>144A.4798, Subd. 3 Infection Control Program</p> <p>Subd. 3. Infection control program. A home care provider must establish and maintain an effective</p>	01252		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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01252	<p>Continued From page 1</p> <p>infection control program that complies with accepted health care, medical, and nursing standards for infection control.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the licensee failed to establish and maintain an effective COVID-19 (coronavirus disease-2019) infection control program that complies with accepted health care, medical and nursing standards for infection control. At the time of the infection control survey, four COVID-19 positive clients were isolated to their apartments. The facility did not take precautions to reduce the risk of cross contamination of COVID-19 in its facility. The deficient practices had the potential to affect 32 out of 49 clients and facility staff. In addition, the facility failed to complete appropriate hand hygiene and use appropriate disinfectant for shared, reusable medical equipment. The deficient practices had the potential to affect 49 out of 49 clients and staff.</p> <p>This practice resulted in a level three violation (a violation that harmed a client's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at a widespread scope (when problems are pervasive or represent a systemic failure that has affected or has potential to affect a large portion or all of the clients).</p> <p>On February 17, 2021 at 1:14 p.m., immediate orders were issued to address infection control deficiencies related to cross contamination. On February 17, 2021, at 1:33 p.m., the immediate order to address immediate infection control</p>	01252	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Home Care Providers.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings, which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors' findings is Time Period for Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES.</p> <p>THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL</p>	

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01252	<p>Continued From page 2</p> <p>deficiency was removed.</p> <p>The findings include:</p> <p>Cross Contamination</p> <p>The licensee failed to ensure employees properly doffed (removed) disposable gowns after caring for COVID-19 positive clients to prevent cross contamination.</p> <p>The Centers for Disease Control and Prevention (CDC) document titled, Using Personal Protective Equipment (PPE), dated August 19, 2020, indicated staff should remove gloves and gown before exiting a patient's room.</p> <p>Upon entry to the facility on February 17, 2021 at 10:25 a.m., registered nurse (RN-A) screened the surveyor for COVID-19 symptoms. RN-A wore a blue disposable gown, eye protection and a face shield during the screening.</p> <p>During an interview on February 17, 2021, at 10:30 a.m., the Director of Housing said COVID-19 positive client apartments are intermingled throughout the building with non-COVID-19 client apartments. The Director of Housing confirmed there were four clients that were positive for COVID-19.</p> <p>During an interview on February 17, 2021 at 10:38 a.m., the surveyor observed unlicensed personnel (ULP)-B wearing a pink reusable gown. ULP-B said staff always wear the pink reusable gowns for the non-COVID-19 client rooms; the blue disposable gowns were for COVID-19 positive rooms. She said staff were trained they could continue to wear the blue disposable gowns between cares for COVID-19 positive clients.</p>	01252	ISSUED PURSUANT TO 144A.474 SUBDIVISION 11 (b)(1)(2)	

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01252	<p>Continued From page 3</p> <p>During an interview on February 17, 2021, at 10:49 a.m., RN-A said staff only wear the blue disposable gowns to work with COVID-19 positive clients, and one staff member each shift completed all cares for those COVID-19 positive clients. RN-A also stated, at times, she does not take off the blue disposable gown before leaving the COVID-19 positive room to go to another COVID-19 positive room.</p> <p>During an observation on February 17, 2021, at 11:37 a.m., a client (C1) was observed out in the hallway. C1 walked approximately 25 feet out of her room without a mask on her face.</p> <p>During an observation on February 17, 2021, at 11:40 p.m., RN-A walked out of a COVID-19 positive client room wearing a blue disposable gown. RN-A walked approximately 10 feet, took off the gown, and discarded it in a garbage can.</p> <p>During an observation and interview on February 17, 2021, at 1:08 p.m., the surveyor observed RN-A walk out of C2's (COVID-19 positive) room wearing a blue disposable gown carrying garbage and a cup. RN-A walked approximately 60 feet into the dining room and gave a cup to the kitchen staff member. RN-A then left the dining room and walked approximately 45 feet through another hallway, went outside and threw garbage in a garbage bin. When interviewed, RN-A said wearing blue isolation gown throughout the hallways is her normal practice.</p> <p>Review of the licensees' policy titled, Procedure for Using Gowns, dated March 25, 2018, did not include instructions to staff as to when disposable gowns should be removed after client cares.</p>	01252		

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01252	<p>Continued From page 4</p> <p>Hand Hygiene</p> <p>The licensee failed to ensure staff completed appropriate hand hygiene between client rooms.</p> <p>The CDC document titled, Hand Hygiene Recommendations, dated May 17, 2020, identified hand hygiene is an important part of the response to the emergence of COVID-19. Practicing hand hygiene, which includes the use of alcohol-based hand rub (ABHR) or handwashing, is an effective way to prevent the spread of pathogens and infections in healthcare settings.</p> <p>During an observation on February 17, 2021, at 11:44 p.m., the surveyor observed the dietary supervisor (DS)-C and dietary aide (DA)-D delivering meals to clients' rooms. DS-C and DA-D walked into C3, C4, and C5's rooms with gloved hands and did not change gloves or perform hand hygiene upon exiting each client's room. When interviewed, DS-C said it is their normal practice to wear the same gloves when delivering meals to the clients' rooms.</p> <p>During an interview on February 17, 2021, at 12:15 p.m., RN-A said when staff members deliver meals, they should not wear gloves, and hand hygiene should be completed between client rooms.</p> <p>Review of the licensee's hand washing policy dated, January 15, 2020, identified handwashing should be completed before and after direct contact with a resident, and after contact with environmental surfaces or equipment in the immediate vicinity of the resident.</p> <p>Disinfectant and Cleaning</p>	01252		

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01252	<p>Continued From page 5</p> <p>The licensee failed to ensure staff utilized an appropriate disinfectant from the Environmental Protection Agency's (EPA) approved list of disinfectants to clean medical equipment between client uses. The facility utilized 1" x 1" alcohol prep pads to disinfect pulse oximeters and thermometers between clients, staff, and visitor uses. The 1" x 1" alcohol prep pads are not large enough or moist enough to fully disinfect medical equipment the size of a pulse oximeter or thermometer.</p> <p>The EPA's webpage titled, List N: Disinfectants for Coronavirus (COVID-19), last updated October 5, 2020, indicated all products on this list (List N) meet EPA's criteria for use against SARS-CoV-2, the virus that causes COVID-19. Step 1 of EPA's "6 Steps for Safe & Effective Disinfectant Use" indicated to check that disinfectant products used in facilities are on EPA's 'List N' of approved disinfectants.</p> <p>During an observation on February 17, 2021, at 10:38 a.m., the surveyor observed a Ziploc bag containing a thermometer, pulse oximeter, hand sanitizer and Taylor thermometer probe 1 x 1 alcohol pads on top of an isolation cart.</p> <p>During an interview on February 17, 2021, at 2:00 p.m., RN-A said staff were instructed to use one alcohol wipe each to disinfect the thermometer and pulse oximeter between use with clients.</p> <p>Review of the licensee's policy titled, Disinfecting Reusable Equipment and Environmental Surfaces, dated May 1, 2020, identified reusable equipment and environmental surfaces will be properly disinfected after use with Century Q256. If possible, the resident will have their own</p>	01252		

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01252	Continued From page 6 reusable equipment, and the equipment will not be shared with other clients or residents. Time Period for Correction: Immediate	01252		