STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00788	A. BUILDING: _____ B. WING _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME HASTINGS	1200 EAST 18TH STREET HASTINGS, MN 55033

(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) COMPLETE DATE
3 000	INITIAL COMMENTS *****ATTENTION****** BOARDING CARE HOME LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On October 12, 2022, the Minnesota Department of Health initiated an investigation of complaint HL007885060C. The following correction order is issued. The following correction order is issued for	3 000	The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes. The assigned tag number appears in the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00788	A. BUILDING: _____ B. WING _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME HASTINGS	1200 EAST 18TH STREET HASTINGS, MN 55033

(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) COMPLETE DATE
3 000	Continued From page 1 HL007885060C, tag identification 0945.	3 000	far left column entitled "ID Prefix Tag. " The state statute/rule number and the corresponding text of the state statute/rule number out of compliance are 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 investigators ' findings is the Time Period for Correction. 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/RULES.	
3 945	MN Rule 4655.6400 Subp. 1 Adequate Care; Care in General Subpart 1. Care in general. Each patient or resident shall receive nursing care or personal and custodial care and supervision based on individual needs. Patients and residents shall be encouraged to be active, to develop techniques for self-help, and to develop hobbies and interests. Nursing home patients shall be up and out of bed as much as possible unless the attending physician states in writing on the patient ' s medical record that the patient must remain in bed.	3 945		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00788	A. BUILDING: _____ B. WING _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME HASTINGS	1200 EAST 18TH STREET HASTINGS, MN 55033

(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) COMPLETE DATE
3 945	Continued From page 2 This MN Requirement is not met as evidenced by: Based on observation and interview, the licensee failed to ensure each resident received nursing care, custodial care, and supervision based on individual needs, when the facility failed to have an infection control program that complied with current guidelines for COVID-19 safety. The facility failed to ensure staff used appropriate protective equipment while interacting with residents and quarantine COVID positive residents. Findings include: On October 12, 2022, the licensee's current census was 111 residents. On October 12, 2022, at 10:15 a.m., administrator (AD)-A stated the licensee was in the midst of a COVID-19 outbreak. The licensee had 57 COVID-19 positive residents and 10 staff members. AD-A stated the campus included 2 residential buildings with residents' rooms. Both residential buildings housed COVID-19 positive residents' amongst COVID-19 negative residents. AD-A stated the licensee did not have the physical room or ability to cohort positive residents to a designated area. The licensee provided list of COVID-19 positive residents indicated 60 residents tested positive for COVID from October 3 through October 12, 2022 Isolation Precautions:	3 945		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00788	A. BUILDING: _____ B. WING _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME HASTINGS	1200 EAST 18TH STREET HASTINGS, MN 55033

(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) COMPLETE DATE
3 945	Continued From page 3 The licensee failed to place positive COVID-19 residents on isolation precautions. The Center for Disease Control (CDC) website for COVID-19, page titled: Interim Infection Prevention and Control Recommendations for Healthcare Personnel (HCP) During the COVID-19 Pandemic, updated Sept. 23, 2022, indicated empiric Transmission-Based Precautions include, patients residing on a unit with others who are moderately to severely immunocompromised and/or patients residing on a unit experiencing ongoing SARS-CoV-2 transmission that is not controlled with initial interventions. The CDC indicated patients with suspected or confirmed SARS-CoV-2 infection should reside in a single-person room. The door should be kept closed (if safe to do so). Ideally, the patient should have a dedicated bathroom. Limit transport and movement of the patient outside of the room to medically essential purposes. Criteria to end isolation precautions include: At least 10 days have passed since symptoms first appeared or first tested positive AND; at least 24 hours have passed since fever without the use of fever-reducing medications and other symptoms have improved. On October 12, 2022, at 10:22 a.m., during a tour the licensee had a designated health services area in building 24. AD-A stated both COVID positive and negative residents left their rooms to go to health services for nurse assessments and to receive medications at the medication window. Outside health services signage observed posted that indicated "COVID Positive Vets Only." In the COVID positive designated area in health services, a resident sat in a chair and wore a cloth facemask. In the same area a fabric	3 945		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00788	A. BUILDING: _____ B. WING _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME HASTINGS	1200 EAST 18TH STREET HASTINGS, MN 55033

(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) COMPLETE DATE
3 945	Continued From page 4	3 945		

partition observed. On the other side of the fabric partition signage posted that indicated "COVID Negative Vets Only." The health services area had two different entrances off a communal hallway. In front of the entrance designated for COVID positive residents, seven armchairs observed. In the other hallway with the entrance for COVID negative residents eight armchairs observed.

On October 12, 2022, at 10:55 a.m., two residents observed seated in armchairs in front of the entrance designated for COVID positive residents. One resident wore a cloth facemask, another wore a surgical facemask.

On October 12, 2022, at 11:15 a.m., AD-A and registered nurse (RN)-B stated in building 23 on the third floor the licensee did have a COVID unit of six beds and medication cart for residents to isolate when they had their first case of COVID on September 16, 2022. Both stated the area started to overflow with additional positive cases. After contact tracing this space did not have enough beds for the positive residents. AD-A stated himself and nursing leadership made a decision to not pass medications using a medication cart to positive residents on transmission-based precautions during the outbreak because of issues with equipment, technology, and staffing. AD-A stated all COVID positive and negative residents left their rooms and went to health services for medications at the medication window in the COVID positive or negative designated area. AD-A and RN-B both stated no residents at licensee's campus had their own bathrooms or showers. Bathrooms and showers are communal and are in communal hallways. They stated they thought about providing residents commodes and urinals but

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00788	A. BUILDING: _____ B. WING _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME HASTINGS	1200 EAST 18TH STREET HASTINGS, MN 55033

(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) COMPLETE DATE
3 945	Continued From page 5	3 945		

chose not to due to not enough staff. AD-A stated the licensee was not currently in a staffing crisis, and staffing levels were the same as pre-covid outbreak. AD-A stated the licensee did not have designated assigned staff taking care of COVID positive residents. AD-A stated COVID positive residents got meals delivered to their room in disposable containers. He stated negative residents ate meals in the dining room, one resident per table. AD-A stated there were 3 COVID positive residents that still ate meals in the communal dining area with other residents, but ate at an area away from other negative residents.

On October 12, 2022, at 12:00 p.m., during a tour of building 25, the licensee's other residential building, PPE storage observed in the halls outside residents' rooms on all levels of the building. No signage posted on doors indicating transmission-based precautions. AD-A stated residents in building 25 need to leave their rooms and leave building 25 to walk across the street for nurse assessments and to receive medications at the medication window.

On October 12, 2022, at 12:45 p.m., RN-C stated COVID positive symptomatic residents left their room and go down to health services twice daily and COVID positive asymptomatic residents left their room to go down to health services once daily for assessments.

Personal Protective Equipment (PPE)

The licensee failed to require use of N95 masks and implement proper PPE usage for staff working with residents with confirmed or suspected COVID-19.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00788	A. BUILDING: _____ B. WING _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME HASTINGS	1200 EAST 18TH STREET HASTINGS, MN 55033

(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) COMPLETE DATE
3 945	Continued From page 6	3 945		

The CDC website for COVID-19, page titled: Interim Infection Prevention and Control Recommendations for HCP During the COVID-19 Pandemic, updated Sept. 23, 2022, indicated HCP who enter the room of a patient with suspected or confirmed SARS-CoV-2 infection should adhere to Standard Precautions and use a NIOSH-approved particulate respirator with N95 filters or higher, gown, gloves, and eye protection (i.e., goggles or a face shield that covers the front and sides of the face).

On October 12, 2022, at 10:22 a.m., during a tour RN-C was with the COVID positive resident. RN-C wore a surgical facemask, eye protection on top of his head, gown, and gloves. RN-C did not have on an N95 respirator. RN-C removed eye protection from on top of his head and put over his eyes.

On October 12, 2022, at 10:25 a.m., outside health services residents walked up and down halls, some residents wore cloth facemasks, and others wore surgical facemasks. During the same observation licensee staff also walked up and down halls past residents. Licensee staff wore surgical facemasks and eye protection. Staff did not have on N95 respirators.

On October 12, 2022, at 10:40 a.m., on the second floor of residential building 24, PPE storage observed in the hall in front of different residents' rooms. No signage posted on doors indicating transmission-based precautions.

On October 12, 2022, at 11:00 a.m., AD-A stated licensee staff have the option and got to choose whether to wear a surgical facemask or N95 respirator. He stated the licensee did not require staff to wear N95 respirators during the Covid-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00788	A. BUILDING: _____ B. WING _____	C 10/12/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MN VETERANS HOME HASTINGS	1200 EAST 18TH STREET HASTINGS, MN 55033

(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) COMPLETE DATE
3 945	Continued From page 7 outbreak. AD-A stated the licensee did have N95 supply available for staff. On October 12, 2022, at 12:00 p.m., during a tour of building 25, the licensee's other residential building, PPE storage observed in the halls outside residents' rooms on all levels of the building. No signage posted on doors indicating transmission-based precautions. TIME PERIOD OF CORRECTION: TWO (2) Days	3 945		