

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>INITIAL COMMENTS</p> <p>*****ATTENTION*****</p> <p>BOARDING CARE HOME LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS: On October 19, 2022, the Minnesota Department of Health conducted a licensing order follow-up related to correction orders issued for complaint #HL007885060C.</p> <p>The following correction order is re-issued for</p>	{3 000}	<p>The Minnesota Department of Health documents the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes. The assigned tag number appears in the</p>	

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

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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 945.	{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}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 2</p> <p>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. In addition, the licensee failed to provide R1 emergency care when R1 experienced difficulty breathing during his course of COVID-19 infection.</p> <p>Findings include:</p> <p>ADEQUATE CARE The licensee failed to ensure adequate and accurate vital sign monitoring for four of five residents (R1, R2, R3, R5) reviewed whom had a diagnosis of COVID-19. Additionally, the licensee failed to provide emergency services for R1, after he reported worsening COVID-19 symptoms, yet nursing staff failed to adequately assess.</p> <p>The CDC webpage titled, Symptoms of COVID-19, updated August 11, 2022, indicated under section titled, When to Seek Emergency Medical Attention, patients with COVID-19 emergency warning signs include:</p> <ul style="list-style-type: none"> " Trouble breathing " Persistent pain or pressure in the chest " New confusion " Inability to wake or stay awake " Pale, gray, or blue-colored skin, lips, or nail 	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 3</p> <p>beds, depending on skin tone</p> <p>R1's record was reviewed. R1 admitted to the facility on February 6, 2014. R1's diagnoses included schizophrenia, hyperlipidemia (high cholesterol), and diabetes type 2.</p> <p>R1 R1's care plan, last updated October 21, 2021, indicated R1 received assistance with medication management and meals. R1 received staff encouragement to exercise, verbalize his needs and concerns with staff, and attend all medical appointments. R1 indicated he would, "have my medical and social needs met" while living at the facility.</p> <p>R1's vital record dated October 3, 2022, at 11:41 a.m. indicated R1's temperature was 97.7f (forehead).</p> <p>R1's progress note on October 3, 2022 at 1:38 p.m., indicated R1 tested positive for COVID-19. This progress note did not include a COVID-19 assessment.</p> <p>R1's progress note on October 4, 2022, at 1:40 p.m., indicated R1's symptoms included a sore throat and chills. R1's nursing COVID-19 assessment indicated R1's oxygen saturation (O2) was 92%.</p> <p>R1's progress note dated October 4, 2022, at 9:42 p.m., indicated R1 went to the nurse's station to request a COVID-19 assessment. R1 told nursing staff he had a sore throat. R1's nursing COVID-19 assessment indicated R1 vital signs were WNL.</p> <p>R1's progress note dated October 5, 2022, at</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 4</p> <p>10:56 a.m., indicated R2 appeared, "a little under the weather." R1's nursing COVID-19 assessment indicated R1 vital signs were within normal limits (WNL).</p> <p>R1's progress note dated October 6, 2022, at 12:43 p.m., indicated R1 had a sore throat. R1's nursing COVID-19 assessment indicated R1 vital signs were WNL.</p> <p>R1's progress note dated October 7, 2022 at 8:35 a.m., indicated R1 told nursing staff he had the following symptoms: sore throat and fatigue. R1 told nursing staff, "it hurt to breathe." R1's COVID-19 nursing assessment, indicated R1's lung sounds were clear and vital signs were WNL, and he appeared at baseline.</p> <p>R1's vitals record indicated: October 4, 2022, at 1:39 p.m.: Temperature-98.2f (forehead). at 8:41 p.m.: Temperature-98.6f; O2-92% RA October 5, 2022, at 10:59 a.m.: Temperature-97.0f ; O2-90% RA. 11:01 p.m.: Temperature-97.6f; 11:02 p.m.: Temperature-97.6f. October 6, 2022, at 12:44 p.m.: Temperature-98.2f; O2-91% RA October 7, 2022, at 8:34 a.m.: Temperature-98.0f; O2-95% RA</p> <p>R1's progress note dated October 7, 2022, at 2:12 p.m. indicated R1 died.</p> <p>R1's death certificate indicated R1 died from natural causes due to acute coronavirus SARS-COV2 infection.</p> <p>R1's record indicated R1 never had a fever and his oxygen saturation was trending down (below</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 5</p> <p>90% would be abnormal). On October 7, 2022, R1's O2 was documented at 95% although, R1 died approximately six hours later.</p> <p>R1's record lacked communication to R1's provider about his worsening symptoms and "hurt to breathe" symptom.</p> <p>On October 20, 2022, at 10:43 a.m., a licensed health professional stated they would admit a resident to a hospital if the resident told them it hurt to breathe.</p> <p>R2 R2's medical record was reviewed. R2 admitted to the facility on March 17, 2015. R2's diagnoses included hyperlipidemia and bipolar disorder.</p> <p>R2's care plan updated May 19, 2020, indicated R2 received assistance with medication reminders. R2 indicated he was alert and oriented and would let his needs be known.</p> <p>R2's progress note dated October 5, 2022 at 2:46 p.m., indicated R2's heart rate was increased (unknown rate) due to walking upstairs. R5's COVID-19 nursing assessment indicated overall, R2 was at his normal baseline. Nursing staff reminded R2 to isolate.</p> <p>R2's vital record dated October 5, 2022, at 1:45 p.m., indicated R2 had a temperature of 98.3f (oral) and O2-95% RA. R2's vital record failed to include R2's heart rate.</p> <p>R2's progress note dated October 5, 2022, at 8:25 p.m., indicated R2 appeared tired with nasal congestion. R2's COVID-19 nursing assessment indicated R2 was assessed to be at his normal</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 6</p> <p>baseline.</p> <p>R2's progress note dated October 6, 2022, at 12:06 p.m., indicated R2's symptoms included cough, nasal congestion, and a fast heart rate; 107 beats per minute (bpm); normal heart rate-between 80-100 bpm. Facility nursing staff assessed R2 to be at his normal baseline.</p> <p>R2's vital record dated October 6, 2022 indicated, no vital signs were recorded.</p> <p>R2's progress note dated October 7, 2022, at 8:31 p.m., indicated R2 had mild congestion and a fast heart rate; 107 bpm. Facility nursing staff assessed R2 to be at his normal baseline.</p> <p>R2's vital record dated October 7, 2022, indicated R2's temperature was 98.2f (forehead) and R2's O2 was 95% RA.</p> <p>R2's progress note dated October 8, 2022, at 10:30 a.m., indicated R2 stated he felt "fine," but nursing staff indicated his vital signs were abnormal. R2's COVID-19 nursing assessment indicated R2 appeared pale with a fast heart rate, and R2 stated he had not urinated much or often.</p> <p>R2's vital sign record dated October 8, 2022, at 11:30 a.m., indicated R2's temperature was elevated to 99.6f (forehead), at 7:37 p.m. R2's temperature was 98.0f (forehead) and at 9:02 p.m. R2's temperature was 97.3f (forehead). No other vital signs were recorded.</p> <p>R2's progress note dated October 9, 2022 at 9:04 p.m., indicated R2's heart was elevated. R2's COVID-19 nursing assessment indicated R2 was assessed to be at his normal baseline except for his congestion.</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 7</p> <p>R2's vital sign record dated October 9, 2022, at 8:46 a.m., indicated R2's temperature was 97.9f and O2 was 97.9% RA, at 9:05 p.m. R2's temperature was 97.8f and O2 was 97% RA.</p> <p>R2's progress note dated October 10, 2022 at 7:39 a.m., indicated R2 presented with a cough and nasal congestion. R2's COVID-19 nursing assessment indicated R2 had a pulse of 118. This assessment indicated R2 felt tired but all other areas of the assessment were okay.</p> <p>R2's progress note dated October 10, 2022 at 8:12 p.m., indicated R2 presented to the nursing department and denied any symptoms. The rest of this COVID-19 assessment remained blank, including all body systems.</p> <p>R2's vital sign record dated October 10, 2022, at 7:24 a.m., indicated R2's temperature was 98.1f and O2 was 95% RA.</p> <p>R2's progress note dated October 11, 2022 at 12:18 p.m., indicated R2 had no symptoms. This COVID-19 assessment indicated a pulse of 105 and O2 of 95%.</p> <p>R2's vital sign record dated October 11, 2022, at 12:16 p.m., R2's temperature was 98.2f and O2 was 95% RA.</p> <p>R2's vital sign record dated October 12, at 8:41 a.m., indicated R2's temperature was 97.6f and O2 was 96% RA, at 8:13 p.m. R2's temperature was 97.1f (oral) and O2 was 99% RA.</p> <p>R2's progress note dated October 12, 2022, at 8:14 p.m., indicated R2 stated he felt great. R2's COVID-19 nursing assessment indicated R2 was</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 8</p> <p>prescribed an antibiotic for his diagnosis of pneumonia.</p> <p>R2's recorded vitals indicated R2 never had a fever or decreased O2 saturation although R2 experienced a cough, congestion and diagnosed with pneumonia.</p> <p>R3 R3's medical record was reviewed. R3 admitted to the licensee November 17, 2015. R3's diagnoses included chronic obstructive pulmonary disease. R3's care plan dated August 30, 2022 identified R3 as independent with activities of daily living and walking with an assistive device.</p> <p>A licensee-provided document, untitled and undated, indicated R3's symptoms started on September 25, 2022 and tested positive for COVID-19 on September 27, 2022. R3 admitted to the hospital October 13, 2022.</p> <p>R3's vital sign record dated October 1, 2022 through October 31, 2022, indicated the following:</p> <p>On October 2, 2022, R3's record lacked respiration, O2 saturation and temperature monitoring.</p> <p>On October 3, 2022, R3's record lacked respiration, O2 saturation and temperature monitoring.</p> <p>On October 4, 2022, R3's record lacked respiration, O2 saturation and temperature monitoring.</p> <p>On October 5, 2022, R3's record lacked respiration, O2 saturation and temperature monitoring.</p> <p>On October 6, 2022, R3's record lacked</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 9</p> <p>respiration, O2 saturation and temperature monitoring. On October 7, 2022 R3's record lacked respiration, O2 saturation and temperature monitoring. On October 8, 2022, R3's record lacked respiration and O2 saturation monitoring. On October 10, 2022, R3's record lacked respiration and O2 saturation monitoring. On October 11, 2022, R3's record lacked respiration monitoring. On October 12, 2022, R3's record lacked respiration and O2 saturation monitoring.</p> <p>Documented respirations lacked a second check of R3's respiration on October 8, 2022, October 9, 2022, and October 18, 2022.</p> <p>Documented O2 saturations lacked a second check of R3's O2 saturation on October 9, 2022, October 11, 2022, and October 18, 2022.</p> <p>Documented temperatures lacked a second check of R3's temperature on October 8, 2022, October 10, 2022, October 11, 2022, October 12, 2022, and October 18, 2022.</p> <p>R5 R5's medical record was reviewed. R5 admitted to the licensee August 10, 2022. R5's diagnoses included heart failure. R5's care plan dated August 10, 2022 identified R5 as independent with activities of daily living and mobility.</p> <p>A licensee-provided document, untitled and undated, indicated R5's symptoms started October 2, 2022 and tested positive for COVID-19 on October 3, 2022. R5 admitted to the hospital October 7, 2022.</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 10</p> <p>R5's vital sign record dated October 1, 2022 through October 31, 2022, indicated the following:</p> <p>On October 3, 2022, R5's record lacked O2 saturation monitoring. On October 7, 2022 R3's record lacked respiration, O2 saturation and temperature monitoring.</p> <p>During an interview on October 19, 2022 at 12:50 p.m., RN-C stated staff monitored COVID-19 positive resident's vital signs twice daily and more often if symptoms worsened. RN-C stated he did not know of a policy addressing the monitoring of vital signs in COVID-19 positive residents.</p> <p>The licensee failed to provide a policy indicating how frequently COVID-19 positive residents' vital signs would be monitored.</p> <p>EMPLOYEEES WORKING WITH COVID-19 SYMPTOMS The licensee failed to ensure eight of eight employees (D, G, H, I, J, K, L, M) did not work while experienceing COVID-19 symptoms.</p> <p>On October 19, 2022, at 10:00 a.m., the state surveyors entered the facility.</p> <p>Review of the facility's COVID-19 staff symptom tracker spreadsheet, indicated the following employees experienced COVID-19 symptoms and continued to work:</p> <p>Employee-D: Emplyee-D's symptom onset was October 5, 2022, included chest congestion and cough. October 6, 2022, Employee-D worked and</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 11</p> <p>symptoms included cough, headache, chest congestion and fatigue. The same day, Employee-D tested positive for COVID-19 at work at the madatory antigen testing.</p> <p>Employee-G: Employee-G's symptom onset was September 4, 2022, included cough, runny nose, sore throat and mild fever. On September 5, 2022, employee-G indicated symptoms worsened. On September 6, 2022, employee-G called in sick. On September 7, 2022, employee-G worked but left later in afternoon due to cough and fatigue. On September 8, 2022, employee-G worked with symptoms of cough, cold-like symptoms and runny nose. Employee-G attended a staff meeting but tried to distance self from others. On September 8, 2022, employee-G asked to leave work and get a COVID-19 test. Unknown date: employee-G tested positive for COVID-19.</p> <p>Employee-G had a 2nd COVID-19 symptom onset on October 17, 2022, included nausea, vomiting and congestion. The same day, employee-G did not participate in the facility wide testing. On October 18, 2022, employee-G was advised to see another COVID-19 test in the community.</p> <p>Employee H: Employee-H symptom onset was September 5, 2022, included congestion and headache. On September 6, 2022, employee-H worked. The same day, employee-H tested positive for COVID-19 at the facility mandatory COVID-19 antigen testing. Employee H indicated it was hard to distance self from other co-workers while working with symptoms.</p> <p>Employee I:</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 12</p> <p>Employee-I symptom onset was October 10, 2022, included nasal/sinus congestion. The same day employee-I worked and tested positive for COVID-19.</p> <p>Employee J: Employee-J symptom onset was October 14, 2022, included headache, congestion, cough, chills, fever, muscle/body aches, watery eyes, runny nose, sore throat and nausea. On October 14, 2022, employee-J worked but left early due to symptoms. On October 16, 2022 employee-J tested positive with two home antigen tests.</p> <p>Employee K: Employee-K symptom onset was October 3, 2022, included cough and congestion. On October 3 through 6, 2022, employee-K worked. On October 6, 2022, employee-K tested positive for COVID-19.</p> <p>Employee L: Employee-L symptom onset was October 7, 2022, included cold-like symptoms and headache. Employee-L indicated he worked with employee H who looked "visibly ill." Employee-L advised employee-H, "she needed to go home." On October 9, 2022, employee-L worked and indicated it was difficult to physically distance self from other co-workers while working with symptoms.</p> <p>Employee M: Employee-M symptom onset was October 6, 2022, included runny nose. On October 11, 2022 employee-M tested positive for COVID-19.</p> <p>On October 19, 2022, at 10:50 a.m., administrator (AD)-A stated the facility "re-offered" N-95 fit testing for all employees who</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 13</p> <p>performed direct cares for residents. AD-A stated the facility had no regulatory authority to mandate staff wore N-95 masks and full personal protective equipment while working in the COVID-19 designated buildings.</p> <p>On October 20, 2022, at 12:04 p.m., AD-A stated the employees did not report their COVID-19 symptoms to the COVID-19 symptom screeners when they entered the facility to work their shift. AD-A stated all staff received annual infection control training, including COVID-19.</p> <p>The licensee policy titled COVID-19 Awareness and Illness Preparedness Policy, updated March 31, 2022, indicated an employee who developed COVID-19 symptoms regardless of their work location, must leave the workplace as soon as possible. Employees must follow the guidelines and protocols to keep themselves and others safe to reduce the potential transmission of COVID-19.</p> <p>PERSONAL PROTECTIVE EQUIPMENT (PPE) The licensee failed to require use of N95 masks and implement transmission precautions with proper PPE usage for staff working with residents with confirmed or suspected COVID-19.</p> <p>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).</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 14</p> <p>On October 19, 2022, at 10:00 a.m., the state surveyors entered the facility. Staff lacked wearing N95 masks, gowns, and eye protection while working in the buidling, designated as a COVID unit.</p> <p>The licensee provided list of COVID-19 positive residents indicated 60 residents tested positive for COVID from October 3 through October 12, 2022. The resident census was 111. AD-A reported, 8 positive new residents were identified with testing on Monday, October 17, 2022.</p> <p>During an interview on October 19, 2022 at 10:30 a.m., AD-A stated all buildings (building 23, building 24, and building 25) were designated as a COVID unit. Additionally, AD-A stated the licensee could not require staff to wear N95 masks unless they were providing direct care, but everyone had the option to wear one. The licensee provided PPE and COVID education, and again offered N95s and fit testing.</p> <p>DISINFECTION The licensee failed to disinfect communal restrooms and shower rooms in between resident use.</p> <p>The CDC webpage titled, Interim Guidance for Managing Healthcare Personnel with SARS-CoV-2 Infection or Exposure to SARS-CoV-2, updated September 23, 2022, indicated under section titled, Environmental Infection Control, all non-dedicated, non-disposable medical equipment used for that patient should be cleaned and disinfected according to manufacturer's instructions and facility policies before use on another patient. Disinfectants used should be EPA-registered</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 15</p> <p>disinfectants that kill SARS-CoV-2.</p> <p>Building 23 and 25 together housed 111 residents at the time of the licensing order follow up visit. These housing units utilized dormitory-style living, in which residents had their own rooms but utilized communal restrooms and shower rooms.</p> <p>During an interview and facility tour on October 19, 2022 at 10:30 a.m., AD-A stated the licensee did not have a way to completely separate the residents.</p> <p>During an interview and facility tour on October 19, 2022 at 10:55 a.m., AD-A stated the licensee increased cleaning in the bathrooms and showers. During this same interview, AD-A stated the shower rooms, which had two stalls per room, were cleaned at least daily. While on floor three (3) in Building 23, AD-A stated the tub room remained locked. A resident who required a tub bath would arrange a time with a nurse. The nurse unlocked the tub room for the scheduled tub bath and cleaned it afterward.</p> <p>During an interview on October 19, 2022 at 12:06 p.m., building services foreman-(BS)-F stated staff cleaned and disinfected the bathrooms and shower rooms once per day. The cleaning and disinfecting processes did not necessarily occur consecutively and may have occurred hours apart. BS-F stated on a particular floor, twelve to thirteen residents shared two shower stalls, but every floor is different.</p> <p>During an interview on October 20, 2022 at 12:04 p.m., AD-A stated in general, half of every floor had one restroom and one shower room. Most shower rooms had two stalls, and each restroom had three to four toilet stalls. In building 23, 75</p>	{3 945}		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00788	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED R-C 10/19/2022
--	--	---	---

NAME OF PROVIDER OR SUPPLIER MN VETERANS HOME HASTINGS	STREET ADDRESS, CITY, STATE, ZIP CODE 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}	<p>Continued From page 16</p> <p>residents shared four restrooms. In building 25, 31 residents shared four shower stalls and eight toilets. In building 25, most floors had one shower room with two stalls each and one restroom with four toilets each. Three residents residing in building 23 and one in building 25 had their own restroom.</p> <p>A licensee-provided document titled, Building 25 Extra Things During Outbreak, undated, indicated all the touchable areas in the restrooms and showers, including the walls, handles, doors of the stalls, sinks, soap dispensers, paper towel dispensers, light switch, shower heads, shower curtains, chairs, and shower handles, would be cleaned with disinfectant at least once a day, sometimes twice.</p> <p>A licensee-provided document titled, COVID-19 Awareness and Illness Preparedness Policy, effective March 31, 2022, indicated the licensee would follow current CDC guidance on infection prevention and control and establish a schedule for routine cleaning of the facility to mitigate the potential transmission of COVID-19. Additionally, this document indicated CDC guidance would be followed for cleaning and disinfecting areas and items potentially contaminated by a person who is COVID-19 positive.</p> <p>A licensee-provided document titled, Policy: Environmental Cleaning and Disinfecting for COVID-19, effective August 18, 2021, indicated areas that were occupied by a COVID-19 suspected or confirmed employee or resident would be cleaned and disinfected prior to allowing occupancy of the space.</p>	{3 945}		