

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: J71M
Facility ID: 00113

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245435		3. NAME AND ADDRESS OF FACILITY (L3) KNUTE NELSON (L4) 420 12TH AVENUE EAST (L5) ALEXANDRIA, MN (L6) 56308			4. TYPE OF ACTION: <u>7</u> (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint	
2.STATE VENDOR OR MEDICAID NO. (L2) 178540100		5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)			7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE	
6. DATE OF SURVEY 02/04/2016 (L34)		8. ACCREDITATION STATUS: <u> </u> (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other			FISCAL YEAR ENDING DATE: (L35) 09/30	
11. LTC PERIOD OF CERTIFICATION From (a) : To (b) :		10. THE FACILITY IS CERTIFIED AS: A. In Compliance With Program Requirements Compliance Based On: <u> </u> 1. Acceptable POC B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: A (L12)			And/Or Approved Waivers Of The Following Requirements: <u> </u> 2. Technical Personnel <u> </u> 6. Scope of Services Limit <u> </u> 3. 24 Hour RN <u> </u> 7. Medical Director <u> </u> 4. 7-Day RN (Rural SNF) <u> </u> 8. Patient Room Size <u> </u> 5. Life Safety Code <u> </u> 9. Beds/Room	
12.Total Facility Beds 85 (L18)		13.Total Certified Beds 85 (L17)			14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID 85 (L37) (L38) (L39) (L42) (L43)	
15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)		16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):				

17. SURVEYOR SIGNATURE Beth Nowling, HFE NEII Date : 03/10/2016 (L19)		18. STATE SURVEY AGENCY APPROVAL <i>Mark Meath</i> Enforcement Specialist Date: 03/17/2016 (L20)	
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PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <u> X </u> 1. Facility is Eligible to Participate <u> </u> 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : <u> </u>	
22. ORIGINAL DATE OF PARTICIPATION 02/01/1987 (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)			
26. TERMINATION ACTION: (L30) <u>VOLUNTARY</u> <u>00</u> 01-Merger, Closure 02-Dissatisfaction W/ Reimbursement 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal		<u>INVOLUNTARY</u> 05-Fail to Meet Health/Safety 06-Fail to Meet Agreement <u>OTHER</u> 07-Provider Status Change 00-Active			
28. TERMINATION DATE:		29. INTERMEDIARY/CARRIER NO. 03001 (L28)		30. REMARKS (L31)	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE 02/05/2016 (L33) DETERMINATION APPROVAL			



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

CMS Certification Number (CCN): 245435

March 17, 2016

Ms. Angela Urman, Administrator
Knut Nelson
420 12th Avenue East
Alexandria, Minnesota 56308

Dear Ms. Urman:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program.

Effective January 16, 2016 the above facility is certified for:

85 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 85 skilled nursing facility beds.

You should advise our office of any changes in staffing, services, or organization, which might affect your certification status.

If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and Medicaid provider agreement may be subject to non-renewal or termination.

Feel free to contact me if you have questions related to this letter.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath".

Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Email: mark.meath@state.mn.us
Telephone: (651) 201-4118 Fax: (651) 215-9697



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered

March 10, 2016

Ms. Angela Urman, Administrator
Knut Nelson
420 12th Avenue East
Alexandria, Minnesota 56308

RE: Project Number F5435024

Dear Ms. Urman:

On February 4, 2016, we informed you that the following enforcement remedy was being imposed:

- Mandatory denial of payment for new Medicare and Medicaid admissions, effective March 10, 2016. (42 CFR 488.417 (b))

Also, we notified you in our letter of February 19, 2016, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from March 10, 2016.

This was based on the deficiencies cited by this Department for a standard survey completed on December 10, 2015, and lack of verification of substantial compliance with the Life Safety Code (LSC) deficiencies at the time of our February 19, 2016 notice. The most serious LSC deficiencies in your facility at the time of the standard survey were found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G), whereby corrections were required.

On February 29, 2016, the Minnesota Department of Public Safety completed a Post Certification Revisit (PCR) to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on December 10, 2015. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of January 16, 2016. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on December 10, 2015, as of January 16, 2016.

As a result of the PCR findings, this Department recommended to the Centers for Medicare and Medicaid Services (CMS) Region V Office the following actions related to the remedies outlined in our letter of February 19, 2016. The CMS Region V Office concurs and has authorized this Department to notify you of these actions:

Knute Nelson
March 10, 2016
Page 2

- Mandatory denial of payment for new Medicare and Medicaid admissions, effective March 10, 2016, be rescinded. (42 CFR 488.417 (b))

The CMS Region V Office will notify your fiscal intermediary that the denial of payment for new Medicare admissions, effective March 10, 2016, is to be rescinded. They will also notify the State Medicaid Agency that the denial of payment for all Medicaid admissions, effective March 10, 2016, is to be rescinded.

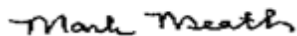
In our letter of February 19, 2016, we advised you that, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(l)(b) and 1919(f)(2)(B)(iii)(l)(b), your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from March 10, 2016, due to denial of payment for new admissions. Since your facility attained substantial compliance on January 16, 2016, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded.

Please note, it is your responsibility to share the information contained in this letter and the results of this PCR with the President of your facility's Governing Body.

Posted electronically is a copy of the Post Certification Revisit Form, (CMS-2567B) from this visit.

Feel free to contact me if you have questions related to this eNotice.

Sincerely,



Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Email: mark.meath@state.mn.us

Telephone: (651) 201-4118
Fax: (651) 215-9697

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245435	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/4/2016	Y3
NAME OF FACILITY KNUTE NELSON			STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix F0241	Correction	ID Prefix F0282	Correction	ID Prefix F0312	Correction
Reg. # 483.15(a)	Completed	Reg. # 483.20(k)(3)(ii)	Completed	Reg. # 483.25(a)(3)	Completed
LSC	01/07/2016	LSC	01/07/2016	LSC	01/07/2016
ID Prefix F0314	Correction	ID Prefix F0441	Correction	ID Prefix	Correction
Reg. # 483.25(c)	Completed	Reg. # 483.65	Completed	Reg. #	Completed
LSC	01/07/2016	LSC	01/07/2016	LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) GA/mm	DATE 02/19/2016	SIGNATURE OF SURVEYOR 34088	DATE 02/04/2016
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/10/2015		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

POST-CERTIFICATION REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 245435	Y1	MULTIPLE CONSTRUCTION A. Building 01 - MAIN BUILDING 01 B. Wing	Y2	DATE OF REVISIT 2/29/2016	Y3
NAME OF FACILITY KNUTE NELSON			STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308		

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction, that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed	Reg. # NFPA 101	Completed
LSC K0014	12/30/2015	LSC K0025	12/29/2015	LSC K0029	12/29/2015
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # NFPA 101	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC K0056	01/16/2016	LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	
ID Prefix _____	Correction	ID Prefix _____	Correction	ID Prefix _____	Correction
Reg. # _____	Completed	Reg. # _____	Completed	Reg. # _____	Completed
LSC _____		LSC _____		LSC _____	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) TL/mm	DATE 03/10/2016	SIGNATURE OF SURVEYOR 36536	DATE 02/29/2016
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE

FOLLOWUP TO SURVEY COMPLETED ON 12/8/2015

CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? YES NO



PROTECTING, MAINTAINING AND IMPROVING THE HEALTH OF ALL MINNESOTANS

Electronically delivered
February 19, 2016

Ms. Angela Urman, Administrator
Knut Nelson
420 12th Avenue East
Alexandria, Minnesota 56308

Re: Reinspection Results - Project Number S5435026

Dear Ms. Urman:

On February 4, 2016 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on December 10, 2015, with orders received by you on December 30, 2015. At this time these correction orders were found corrected and are listed on the accompanying Revisit Report Form submitted to you electronically.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions related to this eNotice.

Sincerely,

A handwritten signature in black ink that reads "Mark Meath".

Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Email: mark.meath@state.mn.us

Telephone: (651) 201-4118
Fax: (651) 215-9697

STATE FORM: REVISIT REPORT

PROVIDER / SUPPLIER / CLIA / IDENTIFICATION NUMBER 00113	Y1	MULTIPLE CONSTRUCTION A. Building B. Wing	Y2	DATE OF REVISIT 2/4/2016	Y3
NAME OF FACILITY KNUTE NELSON			STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308		

This report is completed by a State surveyor to show those deficiencies previously reported that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the State Survey Report (prefix codes shown to the left of each requirement on the survey report form).

ITEM Y4	DATE Y5	ITEM Y4	DATE Y5	ITEM Y4	DATE Y5
ID Prefix 20565	Correction	ID Prefix 20900	Correction	ID Prefix 20920	Correction
Reg. # MN Rule 4658.0405 Subp. 3	Completed	Reg. # MN Rule 4658.0525 Subp. 3	Completed	Reg. # MN Rule 4658.0525 Subp. 6 B	Completed
LSC	01/07/2016	LSC	01/07/2016	LSC	01/07/2016
ID Prefix 21375	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. # MN Rule 4658.0800 Subp. 1	Completed	Reg. #	Completed	Reg. #	Completed
LSC	01/07/2016	LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	
ID Prefix	Correction	ID Prefix	Correction	ID Prefix	Correction
Reg. #	Completed	Reg. #	Completed	Reg. #	Completed
LSC		LSC		LSC	

REVIEWED BY STATE AGENCY <input checked="" type="checkbox"/>	REVIEWED BY (INITIALS) GA/mm	DATE 02/19/2016	SIGNATURE OF SURVEYOR 34088	DATE 02/04/2016
REVIEWED BY CMS RO <input type="checkbox"/>	REVIEWED BY (INITIALS)	DATE	TITLE	DATE
FOLLOWUP TO SURVEY COMPLETED ON 12/10/2015		<input type="checkbox"/> CHECK FOR ANY UNCORRECTED DEFICIENCIES. WAS A SUMMARY OF UNCORRECTED DEFICIENCIES (CMS-2567) SENT TO THE FACILITY? <input type="checkbox"/> YES <input type="checkbox"/> NO		

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL
PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: J71M
Facility ID: 00113

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245435		3. NAME AND ADDRESS OF FACILITY (L3) KNUTE NELSON			4. TYPE OF ACTION: <u>2</u> (L8)	
2.STATE VENDOR OR MEDICAID NO. (L2) 178540100		(L4) 420 12TH AVENUE EAST			1. Initial 3. Termination 5. Validation 7. On-Site Visit	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		(L5) ALEXANDRIA, MN			2. Recertification 4. CHOW 6. Complaint 9. Other	
6. DATE OF SURVEY 12/10/2015 (L34)		(L6) 56308			8. Full Survey After Complaint	
8. ACCREDITATION STATUS: <u> </u> (L10) 0 Unaccredited 2 AOA		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA			FISCAL YEAR ENDING DATE: (L35) 09/30	
11. LTC PERIOD OF CERTIFICATION From (a): To (b):		10.THE FACILITY IS CERTIFIED AS: A. In Compliance With Program Requirements Compliance Based On: <u> </u> 1. Acceptable POC			And/Or Approved Waivers Of The Following Requirements: <u> </u> 2. Technical Personnel <u> </u> 3. 24 Hour RN <u> </u> 4. 7-Day RN (Rural SNF) <u> </u> 5. Life Safety Code	
12.Total Facility Beds 85 (L18)		X B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: B* (L12)			<u> </u> 6. Scope of Services Limit <u> </u> 7. Medical Director <u> </u> 8. Patient Room Size <u> </u> 9. Beds/Room	
13.Total Certified Beds 85 (L17)		14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 19 SNF ICF IID 85 (L37) (L38) (L39) (L42) (L43)			15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)	

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE <u>Denise Erickson, HFE NE II</u>	Date : 01/21/2016 (L19)	18. STATE SURVEY AGENCY APPROVAL <u>Kate JohnsTon, Program Specialist</u>	Date: 02/04/2016 (L20)
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PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY <input checked="" type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible (L21)		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : _____	
22. ORIGINAL DATE OF PARTICIPATION 02/01/1987 (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		24. LTC AGREEMENT ENDING DATE (L25)	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)		26. TERMINATION ACTION: (L30) VOLUNTARY <u>00</u> 01-Merger, Closure 02-Dissatisfaction W/ Reimbursement 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	
28. TERMINATION DATE:		29. INTERMEDIARY/CARRIER NO. 03001 (L28)		30. REMARKS	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)		DETERMINATION APPROVAL	



Electronically delivered
December 24, 2015

Ms. Angela Urman, Administrator
Knut Nelson
420 12th Avenue East
Alexandria, Minnesota 56308

RE: Project Number S5435026

Dear Ms. Urman:

On December 10, 2015, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs. In addition, at the time of the December 10, 2015 standard survey the Minnesota Department of Health completed an investigation of complaint number .

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constitute actual harm that is not immediate jeopardy (Level G) a pattern of deficiencies that constitute actual harm that is not immediate jeopardy (Level H) widespread deficiencies that constitute actual harm that is not immediate jeopardy (Level I), as evidenced by the attached CMS-2567 whereby corrections are required. A copy of the Statement of Deficiencies (CMS-2567) is enclosed. In addition, at the time of the December 10, 2015 standard survey the Minnesota Department of Health completed an investigation of complaint number that was found to be unsubstantiated.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

This letter provides important information regarding your response to these deficiencies and addresses the following issues:

Opportunity to Correct - the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed;

Electronic Plan of Correction - when a plan of correction will be due and the information to be contained in that document;

Remedies - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS) if substantial compliance is not attained at the time of a revisit;

Potential Consequences - the consequences of not attaining substantial compliance 3 and 6 months after the survey date; and

Informal Dispute Resolution - your right to request an informal reconsideration to dispute the attached deficiencies.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

DEPARTMENT CONTACT

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:

Gail Anderson, Unit Supervisor
Fergus Falls Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Email: gail.anderson@state.mn.us

Phone: (218) 332-5140

Fax: (218) 332-5196

OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by January 19, 2016, the Department of Health will impose the following remedy:

- State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by January 19, 2016 the following remedy will be imposed:

- Per instance civil money penalties. (42 CFR 488.430 through 488.444)

ELECTRONIC PLAN OF CORRECTION (ePoC)

An ePoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your ePoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable ePoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, an onsite revisit of your facility will be conducted to verify that substantial compliance with the regulations has been attained. The revisit will occur after the date you identified that compliance was achieved in your plan of correction.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

Original deficiencies not corrected

If your facility has not achieved substantial compliance, we will impose the remedies described above. If the level of noncompliance worsened to a point where a higher category of remedy may be imposed, we will recommend to the CMS Region V Office that those other remedies be imposed.

Original deficiencies not corrected and new deficiencies found during the revisit

If new deficiencies are identified at the time of the revisit, those deficiencies may be disputed through the informal dispute resolution process. However, the remedies specified in this letter will be imposed for original deficiencies not corrected. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed.

Original deficiencies corrected but new deficiencies found during the revisit

If new deficiencies are found at the revisit, the remedies specified in this letter will be imposed. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed. You will be provided the required notice before the imposition of a new remedy or informed if another date will be set for the imposition of these remedies.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by March 10, 2016 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 10, 2016 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

INFORMAL DISPUTE RESOLUTION

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process
Minnesota Department of Health
Health Regulation Division
P.O. Box 64900
St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

Knute Nelson
December 24, 2015
Page 6

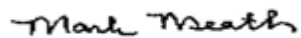
Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

Tom Linhoff, Fire Safety Supervisor
Health Care Fire Inspections
Minnesota Department of Public Safety
State Fire Marshal Division
445 Minnesota Street, Suite 145
St Paul, Minnesota 55101-5145
Email: tom.linhoff@state.mn.us

Phone: (651) 430-3012
Fax: (651) 215-0525

Feel free to contact me if you have questions related to this eNotice.

Sincerely,



Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Email: mark.meath@state.mn.us

Telephone: (651) 201-4118
Fax: (651) 215-9697

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/21/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2015
NAME OF PROVIDER OR SUPPLIER KNUTE NELSON			STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308		
(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	
F 000	INITIAL COMMENTS 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. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 241 SS=D	483.15(a) DIGNITY AND RESPECT OF INDIVIDUALITY The facility must promote care for residents in a manner and in an environment that maintains or enhances each resident's dignity and respect in full recognition of his or her individuality. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to provide a dignified dining experience for 7 of 7 residents (R208, R209, R204, R143, R198, R211, R201) who were observed during the lunch meal. Findings include: During observation of the noon meal in the main dining room on 12/7/15, at 12:23 p.m. R204, R208, R209, R143, R190, R211 and R201 remained seated at tables in the dining room, eating their lunch. Dietary aid (DA)-A approached	F 241	a. The facility has developed and implemented a policy in which staff will be educated and trained on proper procedure during dining services. Staff will not remove dirty dishes and clean the tables while other residents are still eating. For R208, R209, R204, R143, R198, R211, R201 dignity during dining which will include procedures allowing the residents time to eat in a dignified manner and not to feel rushed. b. All residents have the potential to be affected by this, due to clearing and	1/7/16	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

12/30/2015

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 241	<p>Continued From page 1</p> <p>R204's table with gloves on both hands and began to pickup glasses and silverware off the table, then piled them on top of the dirty plate placed directly across from R204. DA-A then proceeded to carry the dirty dishes into the kitchen and placed them on the counter.</p> <p>-At 12:25 p.m. DA-A returned to R204's table, picked up a dirty saucer which contained red jello, then proceeded to walk to the back of the dining room to the table in the far right corner and began to stack dirty dishes on top of a dirty plate while R211 and R198 continued to eat their lunch at a nearby table. DA-A picked up the dirty dishes and carried them into the kitchen.</p> <p>-At 12:27 p.m. R201 and family member were seated at a table eating their meal. DA-A returned to the dining room, walked to a nearby table and began to stack dirty dishes from the table and carried the dirty dishes into the kitchen.</p> <p>-At 12:28 p.m. DA-A returned from the dirty kitchen holding a wet rag, walked over to R204's table and proceeded to wipe the top of the table down around R204 while she continued to eat her lunch. DA-A returned the wet rag to the kitchen, walked to R211's and R198's table and removed a dirty coffee cup and a glass off of R211's and R198's table while they continued to eat their lunch.</p> <p>-DA-A proceeded to stack dirty dishes off of the table, directly in front of R143 while R143 remained seated at the table drinking coffee and while R208, seated at a nearby table, continued to eat his lunch. DA-A continued to clean the dishes off the tables in the dining room area in the same manner while residents continued to eat their lunch until 12:43 p.m.</p> <p>On 12/10/15, at 2:46 p.m. DA-B stated staff were to use a bus cart to clean off the tables after</p>	F 241	<p>washing tables before residents are finished with their meal.</p> <p>c. Director of Dining Services will hold educational meeting reviewing dignity during dining policy, that staff will not remove dirty dishes and clean the table while other residents are still eating at that table, with on-going training with current/new staff. The in-service will be held on 12/30/2015.</p> <p>d. Quality assurance audits will be done to ensure that the facility policy and procedure on dignity during dining is being followed. These audits will be completed weekly for four weeks, then randomly by Director of Dining services and/or designee. Results of the audits will be taken to the Quality Assurance committee for further recommendation.</p> <p>e. Completion date January 7, 2016</p>		

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F 241	Continued From page 2 residents are done eating. DA-B confirmed the meal was not provided in a dignified manner and indicated the usual facility policy was to wait until the residents were done eating, before cleaning the dirty dishes and tables. On 12/10/15, at 2:55 p.m. dietary manager (DM) confirmed staff should not clear off and wash tables while residents were still eating. DM stated, " they should should be able to finish their meal without feeling rushed." On 12/10/15, at 3:00 p.m. a facility dignity policy was requested, DM confirmed the facility did not have a policy for dignity during dining. Review of facility policy titled, Dietary Policy And procedure revised on 3/22/2006, indicated the dining experience will enhance the resident's quality of life and recognize the resident's needs during dining.	F 241			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to implement care plan interventions for toileting and positioning for 1 of 1 residents (R16) reviewed for urinary incontinence and pressure ulcers.	F 282	F 282 A. For resident R 16 facility will ensure resident receives timely assistance with toileting and repositioning and follow the plan of care for management of urinary incontinence and pressure ulcers.	1/7/16	

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F 282	<p>Continued From page 3</p> <p>Findings include:</p> <p>Review of R16's care plan dated 5/7/15, identified R16 was at high risk for pressure ulcers related to urinary incontinence and an open area on the right hip. R16's care plan directed facility staff to assist R16 with repositioning every 2 hours while in bed and chair. R16's care plan did not address lying down R16 after meals. The care plan also indicated R16 was incontinent of urine and no longer aware of the urge to void so wore an incontinent brief. Interventions on the care plan directed facility staff to check and change R16 as needed.</p> <p>On 12/09/15, during continuous observations from 1:10 p.m. to 4:17 p.m., R16 was observed seated in a wheelchair without being offered, or assisted, to reposition or toilet.</p> <p>- At 1:10 p.m. R16 was observed wearing sweat pants and a shirt, seated in a wheelchair in the Pines unit dining room next to the table. Nursing assistant (NA)-F walked up to R16's wheelchair and wheeled R16 to the Pines common area, located across from the nurses' station. The common area was observed to have two openings in which to enter and exit the area. R16 sat briefly in the commons area prior to propelling himself with his feet around in a circle in one opening of the common area and out the other opening.</p> <p>-At 1:35 p.m. a restorative aid (RA)-A approached R16, who had continued to propel himself with his feet around the commons area, and offered to bring him to exercises. RA-A stated R16 received exercises of active range of motion (AROM) to both lower extremities 5-6 times a week. RA-A</p>	F 282	<p>B. All residents were reviewed and those who receive assistance with toileting and repositioning have the potential to be affected by this.</p> <p>C. The nursing staff will be instructed on following the care plans timely with toileting and repositioning. The nursing assistants will use worksheets to document when repositioning and toileting occurred, and verbally report this to the oncoming shift as well. All nursing staff will attend in-service training on following the plan of care for each resident's individualized toileting and repositioning schedules on 12/30/15.</p> <p>D. Quality assurance audits will be done to ensure the care plans are being followed, by interviewing staff, observing cares and reviewing the care plans. These audits will be completed weekly for 4 weeks, then randomly by Director of Nursing and/or designee. The nursing assistant worksheets will be reviewed each shift by the Charge nurse to ensure that these are completed and that they are reporting to oncoming shift. Results of the audits will be taken to the Quality Assurance Committee for further recommendations.</p> <p>E. completion date January 7, 2016</p>		

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F 282	<p>Continued From page 4</p> <p>stated R16 needed a mechanical lift for transfers and was unable to reposition himself without staff assistance. RA-A assisted R16 in a wheelchair to a exercise room in an unused hall of the facility and completed exercises to both of R16's lower extremities, but did not offload or reposition the resident.</p> <p>-At 2:00 p.m. RA-A assisted R16, who remained seated in the wheelchair, to a table by the Pines nurses' station. RA-A placed a cup of coffee and juice next to R16 at the table, and exited the area.</p> <p>-At 2:45 p.m. NA-G briefly approached R16 who remained seated at the table. NA-G stood near R16 and asked R16 if he was alright. When R16 nodded his head, NA-G immediately walked away from the area. NA-G was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 3:01 p.m. R16 was observed seated in a wheelchair at the table by the nurses' station. No staff were observed during that time to offer/attempt to assist R16 with repositioning of toileting needs.</p> <p>-At 3:27 p.m. R16 continued to be seated in a wheelchair at the table by the nurses' station. NA-G and NA-D walked past R16 and were not observed to attempt/offer to assist R16 with repositioning to toileting needs.</p> <p>-At 3:49 p.m. R16 was observed to continue to be seated in a wheelchair at the table by the nurses station. NA- was observed to walk over to resident and greeted R16. NA-G proceeded to walk away from R16 without offering or attempting to provide assistance with</p>	F 282			

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F 282	<p>Continued From page 5 repositioning or toileting needs.</p> <p>-At 3:51 p.m. R16 was observed to be seated in a wheelchair, NA-D approached R16 and questioned how he was. R16 gave no verbal response and NA-D walked away from R16. NA-D was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:02 p.m. R16 remained seated in a wheelchair at the table by the nurses station, NA-C approached R16 and asked R16 if she could give him a ride. R16 was observed to shake his head and NA-C walked away. R16 remained seated in the wheelchair.</p> <p>-At 4:06 p.m. NA-G approached R16, who continued to be seated in the wheelchair, and asked R16 how he was. R16 gave no verbal or non-verbal response to NA-G. NA-G stated to R16 she was checking on him and walked away from R16. NA-G did not offer or attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:14 p.m. the nurse manager (NM)-A was notified by the surveyor that R16 had not been repositioned or offered assistance with toileting for a total of 3 hours and 4 minutes. NM-A approached R16 and asked R16 if she could bring him to his room. R16 initially shook his head no, NM-A asked R16 again if she could bring him to his room to change his position, R16 then nodded affirmatively and allowed NM-A to assist him to his room via wheelchair. NM-A requested the assistance of NA-C to aid in R16's cares.</p> <p>-At 4:17 p.m. NM-A and NA-C utilized a mechanical lift to transfer R16 out of the wheelchair. During the transfer, R16's bottom</p>	F 282			

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F 282	Continued From page 6 area of the pants were noted to be wet. The wet area was approximately 12 centimeters (cm) by 12 cm and circular in shape. NA-C and NM-A donned gloves and assisted R16 to move side to side in order to remove his sweat pants. R16 was wearing a white incontinent brief which upon removal was noted to be saturated with blood tinged, amber colored urine. NM-A confirmed R16's brief was saturated with urine and confirmed R16's incontinence had saturated his brief and onto his sweat pants. R16 was then assisted to move to his right side towards NA-C by NM-A and NA-C. R16 was observed to have a Primapore (an adhesive dressing consisting of a breathable non-woven top layer and a low-adherent absorbent pad,) dressing on his right buttocks gluteal fold. NM-A removed R16's Primapore dressing, which was wet with urine on the outside, and R16 was observed to have an open area on the right side of his coccyx. -At 4:26 p.m. NM-A confirmed R16 had a stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured blister,) on his coccyx. NM-A stated R16 had a current urinary tract infection and indicated R16's skin under the Primapore dressing was dry. NM-A changed gloves and cleansed R16's pressure ulcer. NM-A confirmed R16's stage 2 pressure ulcer measured 1.8 cm x 1.0 cm and was circular in shape. NM-A also confirmed R16's wound bed was covered with granulation tissue (red tissue with " cobblestone " or bumpy appearance, bleeds easily with injured) and had very little depth. NM-A then applied cream and dressed R16's wound with a new dressing. After pericare were completed and a clean brief applied, R16 was assisted to turn onto his left side. A scabbed wound was observed on	F 282			

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F 282	<p>Continued From page 7</p> <p>R16's right hip area. NM-A stated the scab on R16's right hip was a stage 2 pressure ulcer and was left open to air. The pressure ulcer on R16's hip measured approximately 0.5 cm x 0.5 cm and had no redness.</p> <p>R16 had not been observed to be assisted or offered to reposition/offload and not checked and changed for a total of 3 hours and 7 minutes. On 12/9/15, at 4:32 p.m. NA-C stated R16 needed extensive assistance with all cares which included repositioning and toileting needs. NA-C stated R16 was on an every 2 hour repositioning schedule and was supposed to be checked and changed for urinary incontinence as R16 was frequently incontinent of urine. NA-C stated she was not aware of the last time R16 was repositioned or checked and changed. NA-C stated she had attempted to care for R16 at around 4:00 p.m. by asking him to go for a ride, however R16 refused. NA-C stated the staff was unable to offer toileting or repositioning directly to R16 as he would refuse cares. NA-C stated R16 was often more compliant when they asked him to go for a ride. NA-C stated she was aware R16 had a pressure ulcer on his right hip and a newly developed pressure ulcer on the right side of the buttocks crease. NA-C stated R16 had always been on an every 2 hour repositioning schedule and there had been no change. NA-C stated they often would increase the frequency of repositioning of residents when they had pressure ulcers though R16's repositioning schedule had not changed. NA-C stated R16 was unable to make his needs known and staff needed to anticipate R16's needs such as toileting and repositioning.</p> <p>On 12/9/15, at 5:01 p.m. NM-A confirmed R16's current care plan and stated she was unaware of</p>	F 282			

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F 282	<p>Continued From page 8</p> <p>when R16 was last repositioned and had assistance with incontinence care. NM-A stated she thought R16 had refused assistance at 1:30 p.m. NM-A stated R16 had 2 current pressure ulcers, one on his right hip which was healing and one on his right gluteal fold which was first noted on 12/7/15. NM-A stated the intervention put in place at the time the new stage 2 pressure ulcer developed was to lay R16 in bed after meals on his left side or back. NM-A stated R16 often rolled onto his right side independently in bed. NM-A stated she expected R16 to be assisted with repositioning at least every 2 hours, and indicated R16 was often resistive with cares. NM-A stated staff were also expected at that time to check and change R16 for urinary incontinence. NM-A stated R16 was no longer able to feel the urge to void and was frequently incontinent of urine. NM-A confirmed R16 was at high risk for skin breakdown.</p> <p>On 12/09/15, at 5:08 p.m. NA-D stated he was unaware of when R16 had last been repositioned or assisted with incontinence cares. NA-D stated he had not attempted to assist R16 with repositioning or incontinence cares since he'd arrived on shift, around 2:00 p.m. NA-D stated R16 was dependent on staff for his needs and was on a every 2 hour repositioning plan and had current pressure ulcers. NA-D also stated R16 was on a check and change plan for incontinence which was to correlate with repositioning. NA-D stated R16 was often resistive with cares such as toileting and repositioning. NA-D stated R16 was not able to verbalize his needs and staff needed to anticipate needs.</p> <p>On 12/10/15, at 9:49 a.m. the director of nursing (DON) stated R16 was often resistive with cares</p>	F 282			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245435	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/10/2015
NAME OF PROVIDER OR SUPPLIER KNUTE NELSON			STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308		
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F 282	<p>Continued From page 9</p> <p>so staff were encouraged to use alternative approaches for cooperation such as offering to take R16 for a ride. The DON stated R16 had continued to lose weight and refuse cares which increased his risk for pressure ulcers. She stated she thought R16's pressure ulcers may be unavoidable. In addition, the DON stated although R16 resisted cares at times, she expected staff to assist R16 with repositioning and checking/changing for incontinence every 2 hours. The DON verified she was aware R16 had a newly developed pressure ulcer to the right gluteal fold and had decided at that time to not increase R16's repositioning frequency due to R16's continued resistance with cares. The DON stated they were lucky if they could reposition R16 every 2 hours as R16 was unpredictable. The DON again confirmed R16 was at very high risk for skin breakdown and stated R16's overall condition was declining. The DON confirmed R16 had developed a pressure ulcer on the right hip 10/27/15, which was almost healed and at the present had another pressure ulcer on the right gluteal fold.</p> <p>On 12/10/15, at 10:18 a.m. NA-E stated she had offered cares to R16 on 12/9/15, at 1:30 p.m., this however was not observed by the surveyor. NA-E stated R16 required assistance with all cares which included repositioning and check and changing every 2 hours. NA-E stated R16 was at high risk for skin breakdown and at present had 2 pressure ulcers, one on the right hip and right buttocks (gluteal fold.) NA-E stated the last time R16 was assisted with cares on 12/9/15 day shift was 11:00 a.m., prior to the noon meal. NA-E stated R16 was frequently incontinent of urine and was not able to verbalize the need to void or other need. NA-E stated staff needed to</p>	F 282			

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F 282	Continued From page 10 anticipate R16's needs A facility policy titled, Urinary Incontinence revised 1/2015, revealed the purpose of the policy was for staff to provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections. The policy directed facility staff to complete urinary assessments of residents and based on the assessment a plan was to be implemented to provide residents with incontinence management. The policy directed facility staff to follow the residents individualized care plan to maintain comfort and skin integrity. A facility policy titled, Care Planning, revised 3/2015, revealed a statement which directed facility staff to develop an individual, comprehensive care plan for each resident. The policy further revealed it was the staffs responsibility to follow resident care plans and to report any changes which would prevent a staff member from following the care plan.	F 282			
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide timely incontinence cares for a check and change	F 312	F 312 a. For resident R 16 facility will ensure resident receives timely assistance with	1/7/16	

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F 312	<p>Continued From page 11</p> <p>program for 1 of 1 residents (R16) reviewed for urinary incontinence.</p> <p>Findings include:</p> <p>Review of R16's annual Minimum Data Set (MDS) dated 9/30/15, identified R16 had severe cognitive impairment and had diagnoses which included dementia, arthritis and anxiety. The MDS also identified R16 needed extensive assistance with activities of daily (ADL's) and was frequently incontinent of urine. The MDS further identified R16 was at risk for pressure ulcers and was on a repositioning program to prevent pressure ulcers.</p> <p>Review of R16's annual Care Area Assessment for assessment reference date of 9/30/15, identified R16 had severe cognitive impairment, required extensive physical assistance of 2 staff for ADL's and was frequently incontinent of urine requiring staff to assist with toileting needs. The CAA summary also revealed R16 required assistance with pericare's after each incontinence and had recurrent urinary tract infections (UTI's.) The CAA summary further revealed R16 was resistive to cares and non-compliant with medications which included antibiotics for UTI's.</p> <p>Review of R16's Bladder Assessment dated 9/30/15, identified R16 was incontinent of a moderate to large amount of urine. The assessment also identified R16 had severe cognitive impairment and required assistance of 2 staff for transfers with use of a full mechanical lift. The assessment revealed R16 was to receive assistance with toileting between 2300-2400 and 0500-0600 daily. The assessment further revealed R16 wore an incontinent brief and</p>	F 312	<p>repositioning as directed by the plan of care for prevention and management of residents pressure ulcer. Staff will follow residents toileting plan to check and change incontinent product per the plan of care for management of urinary incontinence.</p> <p>b. All residents were reviewed and those needing assistance with toileting and who are at risk for developing pressure ulcers have the potential to be affected by this.</p> <p>c. All nursing staff will attend an in-service training on timely following individualized toileting plans for management of urinary incontinence and providing repositioning per residents plan of care for the prevention and management of pressure ulcers. The nursing assistants will use worksheets to document when toileting and repositioning occurred, and verbally report this to the oncoming shift as well. Facility policy and procedures on toileting and repositioning will be reviewed during scheduled in-service on 12/30/15.</p> <p>d. Quality Assurance audits will be done to ensure the resident individualized care plans are being followed, by interviewing staff, observing cares and reviewing the care plans. These audits will be completed weekly for 4 weeks, then randomly by Director of Nursing and/or designee. The nursing assistant worksheets will be reviewed each shift by the Charge nurse to ensure that these are completed and that they are reporting to oncoming shift. Results of these audits will be taken to the Quality Assurance Committee for further recommendations.</p> <p>e. Completion date January 7, 2106</p>		

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F 312	<p>Continued From page 12 required staff assistance with incontinence cares.</p> <p>Review of R16's care plan dated 5/7/15, identified R16 was at high risk for pressure ulcers related to urinary incontinence and open area on right hip. R16's care plan directed facility staff to assist R16 with repositioning every 2 hours while in bed and chair. R16's care plan also revealed R16 was incontinent of urine and R16 was no longer aware of the urge to void. R16's care plan also revealed R16 wore an incontinent brief and directed facility staff to check and change as needed.</p> <p>On 12/09/15, during continuous observations from 1:10 p.m. to 4:17 p.m., R16 was observed seated in a wheelchair without being offered, or assisted, to reposition or toilet.</p> <p>- At 1:10 p.m. R16 was observed wearing sweat pants and a shirt, seated in a wheelchair in the Pines unit dining room next to the table. Nursing assistant (NA)-F walked up to R16's wheelchair and wheeled R16 to the Pines common area, located across from the nurses' station. The common area was observed to have two openings in which to enter and exit the area. R16 sat briefly in the commons area prior to propelling himself with his feet around in a circle in one opening of the common area and out the other opening.</p> <p>-At 1:35 p.m. a restorative aid (RA)-A approached R16, who had continued to propel himself with his feet around the commons area, and offered to bring him to exercises. RA-A stated R16 received exercises of active range of motion (AROM) to both lower extremities 5-6 times a week. RA-A stated R16 needed a mechanical lift for transfers and was unable to reposition himself without staff</p>	F 312			

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F 312	<p>Continued From page 13</p> <p>assistance. RA-A assisted R16 in a wheelchair to a exercise room in an unused hall of the facility and completed exercises to both of R16's lower extremities, but did not offload or reposition the resident.</p> <p>-At 2:00 p.m. RA-A assisted R16, who remained seated in the wheelchair, to a table by the Pines nurses' station. RA-A placed a cup of coffee and juice next to R16 at the table, and exited the area.</p> <p>-At 2:45 p.m. NA-G briefly approached R16 who remained seated at the table. NA-G stood near R16 and asked R16 if he was alright. When R16 nodded his head, NA-G immediately walked away from the area. NA-G was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 3:01 p.m. R16 was observed seated in a wheelchair at the table by the nurses' station. No staff were observed during that time to offer/attempt to assist R16 with repositioning of toileting needs.</p> <p>-At 3:27 p.m. R16 continued to be seated in a wheelchair at the table by the nurses' station. NA-G and NA-D walked past R16 and were not observed to attempt/offer to assist R16 with repositioning to toileting needs.</p> <p>-At 3:49 p.m. R16 was observed to continue to be seated in a wheelchair at the table by the nurses station. NA- was observed to walk over to resident and greeted R16. NA-G proceeded to walk away from R16 without offering or attempting to provide assistance with repositioning or toileting needs.</p>	F 312			

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F 312	<p>Continued From page 14</p> <p>-At 3:51 p.m. R16 was observed to be seated in a wheelchair, NA-D approached R16 and questioned how he was. R16 gave no verbal response and NA-D walked away from R16. NA-D was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:02 p.m. R16 remained seated in a wheelchair at the table by the nurses station, NA-C approached R16 and asked R16 if she could give him a ride. R16 was observed to shake his head and NA-C walked away. R16 remained seated in the wheelchair.</p> <p>-At 4:06 p.m. NA-G approached R16, who continued to be seated in the wheelchair, and asked R16 how he was. R16 gave no verbal or non-verbal response to NA-G. NA-G stated to R16 she was checking on him and walked away from R16. NA-G did not offer or attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:14 p.m. the nurse manager (NM)-A was notified by the surveyor that R16 had not been repositioned or offered assistance with toileting for a total of 3 hours and 4 minutes. NM-A approached R16 and asked R16 if she could bring him to his room. R16 initially shook his head no, NM-A asked R16 again if she could bring him to his room to change his position, R16 then nodded affirmatively and allowed NM-A to assist him to his room via wheelchair. NM-A requested the assistance of NA-C to aid in R16's cares.</p> <p>-At 4:17 p.m. NM-A and NA-C utilized a mechanical lift to transfer R16 out of the wheelchair. During the transfer, R16's bottom area of the pants were noted to be wet. The wet area was approximately 12 centimeters (cm) by</p>	F 312			

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F 312	Continued From page 15 12 cm and circular in shape. NA-C and NM-A donned gloves and assisted R16 to move side to side in order to remove his sweat pants. R16 was wearing a white incontinent brief which upon removal was noted to be saturated with blood tinged, amber colored urine. NM-A confirmed R16's brief was saturated with urine and confirmed R16's incontinence had saturated his brief and onto his sweat pants. R16 was then assisted to move to his right side towards NA-C by NM-A and NA-C. R16 was observed to have a Primapore (an adhesive dressing consisting of a breathable non-woven top layer and a low-adherent absorbent pad,) dressing on his right buttocks gluteal fold. NM-A removed R16's Primapore dressing, which was wet with urine on the outside, and R16 was observed to have an open area on the right side of his coccyx. -At 4:26 p.m. NM-A confirmed R16 had a stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured blister,) on his coccyx. NM-A stated R16 had a current urinary tract infection and indicated R16's skin under the Primapore dressing was dry. NM-A changed gloves and cleansed R16's pressure ulcer. NM-A confirmed R16's stage 2 pressure ulcer measured 1.8 cm x 1.0 cm and was circular in shape. NM-A also confirmed R16's wound bed was covered with granulation tissue (red tissue with " cobblestone " or bumpy appearance, bleeds easily with injured) and had very little depth. NM-A then applied cream and dressed R16's wound with a new dressing. After pericarees were completed and a clean brief applied, R16 was assisted to turn onto his left side. A scabbed wound was observed on R16's right hip area. NM-A stated the scab on R16's right hip was a stage 2 pressure ulcer and	F 312			

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F 312	<p>Continued From page 16</p> <p>was left open to air. The pressure ulcer on R16's hip measured approximately 0.5 cm x 0.5 cm and had no redness.</p> <p>R16 had not been observed to be assisted or offered to reposition/offload or to be checked and changed for a total of 3 hours and 7 minutes. On 12/9/15, at 4:32 p.m. NA-C stated R16 needed extensive assistance with all cares which included repositioning and toileting needs. NA-C stated R16 was on an every 2 hour repositioning schedule and was supposed to be checked and changed for urinary incontinence as R16 was frequently incontinent of urine. NA-C stated she was not aware of the last time R16 was repositioned or checked and changed. NA-C stated she had attempted to care for R16 at around 4:00 p.m. by asking him to go for a ride, however R16 refused. NA-C stated the staff was unable to offer toileting or repositioning directly to R16 as he would refuse cares. NA-C stated R16 was often more compliant when they asked him to go for a ride. NA-C stated she was aware R16 had a pressure ulcer on his right hip and a newly developed pressure ulcer on the right side of the buttocks crease. NA-C stated R16 had always been on an every 2 hour repositioning schedule and there had been no change. NA-C stated they often would increase the frequency of repositioning of residents when they had pressure ulcers though R16's repositioning schedule had not changed. NA-C stated R16 was unable to make his needs known and staff needed to anticipate R16's needs such as toileting and repositioning.</p> <p>On 12/9/15, at 5:01 p.m. NM-A confirmed R16's current care plan and stated she was unaware of when R16 was last repositioned and had assistance with incontinence care. NM-A stated</p>	F 312			

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F 312	<p>Continued From page 17</p> <p>she thought R16 had refused assistance at 1:30 p.m. NM-A stated R16 had 2 current pressure ulcers, one on his right hip which was healing and one on his right gluteal fold which was first noted on 12/7/15. NM-A stated the intervention put in place at the time the new stage 2 pressure ulcer developed was to lay R16 in bed after meals on his left side or back. NM-A stated R16 often rolled onto his right side independently in bed. NM-A stated she expected R16 to be assisted with repositioning at least every 2 hours, and indicated R16 was often resistive with cares. NM-A stated staff were also expected at that time to check and change R16 for urinary incontinence. NM-A stated R16 was no longer able to feel the urge to void and was frequently incontinent of urine. NM-A confirmed R16 was at high risk for skin breakdown.</p> <p>On 12/09/15, at 5:08 p.m. NA-D stated he was unaware of when R16 had last been repositioned or assisted with incontinence cares. NA-D stated he had not attempted to assist R16 with repositioning or incontinence cares since he'd arrived on shift, around 2:00 p.m. NA-D stated R16 was dependent on staff for his needs and was on a every 2 hour repositioning plan and had current pressure ulcers. NA-D also stated R16 was on a check and change plan for incontinence which was to correlate with repositioning. NA-D stated R16 was often resistive with cares such as toileting and repositioning. NA-D stated R16 was not able to verbalize his needs and staff needed to anticipate needs.</p> <p>On 12/10/15, at 10:18 a.m. NA-E stated she had offered cares to R16 on 12/9/15, at 1:30 p.m., this however was not observed by the surveyor. NA-E stated R16 required assistance with all cares</p>	F 312			

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F 312	Continued From page 18 which included repositioning and check and changing every 2 hours. NA-E stated R16 was at high risk for skin breakdown and at present had 2 pressure ulcers, one on the right hip and right buttocks (gluteal fold.) NA-E stated the last time R16 was assisted with cares on 12/9/15 day shift was 11:00 a.m., prior to the noon meal. NA-E stated R16 was frequently incontinent of urine and was not able to verbalize the need to void or other need. NA-E stated staff needed to anticipate R16's needs A facility policy titled, Urinary Incontinence revised 1/2015, revealed the purpose of the policy was for staff to provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections. The policy directed facility staff to complete urinary assessments of residents and based on the assessment a plan was to be implemented to provide residents with incontinence management. The policy directed facility staff to follow the residents individualized care plan to maintain comfort and skin integrity. A facility policy titled, Perineal Care for Incontinence revised 1/2015, revealed a statement which identified the facility used incontinent products designed to pull moisture away form the skin. The statement further revealed prolonged exposure to urine could compromise skin integrity. The policy directed facility staff to provide complete perineal cares after each incontinence.	F 312			
F 314 SS=G	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314		1/7/16	

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F 314	<p>Continued From page 19</p> <p>Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide timely interventions of repositioning for 1 of 3 (R16) residents reviewed for pressure ulcers. This deficient practice resulted in actual harm for R16 identified with recurrent or multiple stage 2 pressure ulcers.</p> <p>Findings include:</p> <p>R16's annual Minimum Data Set (MDS) dated 9/30/15, indicated R16 had severe cognitive impairment and had diagnoses which included dementia, arthritis and anxiety. The MDS also indicated R16 needed extensive assistance with activities of daily (ADL's), was frequently incontinent of urine, and was at risk for pressure ulcers. The MDS also indicated R16 was on a repositioning program to prevent pressure ulcers, but did not have a pressure ulcer at the time of the assessment.</p> <p>R16's annual Care Area Assessment dated 9/30/15, also identified R16 had diagnoses which included dementia, arthritis and depression. The CAA identified R16 had severe cognitive</p>	F 314	<p>F 314</p> <p>a. For R 16 the nursing staff will provide timely repositioning per residents care plan for the prevention and management of pressure ulcers. R 16 care plan will be updated to reflect that staff place resident in bed after meals to relieve pressure. Repositioning policy has been updated to reflect the use of repositioning logs.</p> <p>b. All residents were reviewed and those that have the potential for development of pressure ulcers can be affected by this.</p> <p>c. Nursing assistants will complete repositioning worksheets each shift, times will be relayed to oncoming shift of the last time the residents were repositioned to ensure continuity of care. Charge Nurses and Nurse Manager will review these worksheets each shift for compliance. All nursing staff will attend in-service training to include the importance of following resident's plan of care for timely repositioning. In-service will include education on pressure ulcer prevention, care of pressure ulcers and repositioning policy will be reviewed with nursing staff.</p>		

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F 314	<p>Continued From page 20</p> <p>impairment, needed extensive physical assistance for ADL's, was frequently incontinent of urine and was at risk for developing pressure ulcers. The CAA indicated R16 was to receive assistance with repositioning as indicated on the care plan.</p> <p>Review of R16's care plan dated 5/7/15, identified R16 was at high risk for pressure ulcers related to urinary incontinence and an open area on the right hip. R16's care plan directed facility staff to assist R16 with repositioning every 2 hours while in bed and chair. R16's care plan did not address lying down R16 after meals. The care plan also indicated R16 was incontinent of urine and no longer aware of the urge to void so wore an incontinent brief. Interventions on the care plan directed facility staff to check and change R16 as needed.</p> <p>On 12/09/15, during continuous observations from 1:10 p.m. to 4:17 p.m., R16 was observed seated in a wheelchair without being offered, or assisted, to reposition or toilet.</p> <p>- At 1:10 p.m. R16 was observed wearing sweat pants and a shirt, seated in a wheelchair in the Pines unit dining room next to the table. Nursing assistant (NA)-F walked up to R16's wheelchair and wheeled R16 to the Pines common area, located across from the nurses' station. The common area was observed to have two openings in which to enter and exit the area. R16 sat briefly in the commons area prior to propelling himself with his feet around in a circle in one opening of the common area and out the other opening.</p> <p>-At 1:35 p.m. a restorative aid (RA)-A approached</p>	F 314	<p>In-service will be on 12/30/15.</p> <p>d. Quality Assurance audits will be done to ensure compliance of following the residents care plan for timely repositioning, following care plan to lay resident down in bed after meals and audit the compliance and completion of the repositioning logs. Audits will be done for the treatment of current pressure ulcers as well as interventions for prevention of future skin breakdown. These audits will be done weekly for 4 weeks, then randomly by Director of Nursing and/or designee. Results of the audits will be taken to the Quality Assurance Committee for further recommendations.</p> <p>e. completion date January 7, 2016</p>		

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F 314	<p>Continued From page 21</p> <p>R16, who had continued to propel himself with his feet around the commons area, and offered to bring him to exercises. RA-A stated R16 received exercises of active range of motion (AROM) to both lower extremities 5-6 times a week. RA-A stated R16 needed a mechanical lift for transfers and was unable to reposition himself without staff assistance. RA-A assisted R16 in a wheelchair to a exercise room in an unused hall of the facility and completed exercises to both of R16's lower extremities, but did not offload or reposition the resident.</p> <p>-At 2:00 p.m. RA-A assisted R16, who remained seated in the wheelchair, to a table by the Pines nurses' station. RA-A placed a cup of coffee and juice next to R16 at the table, and exited the area.</p> <p>-At 2:45 p.m. NA-G briefly approached R16 who remained seated at the table. NA-G stood near R16 and asked R16 if he was alright. When R16 nodded his head, NA-G immediately walked away from the area. NA-G was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 3:01 p.m. R16 was observed seated in a wheelchair at the table by the nurses' station. No staff were observed during that time to offer/attempt to assist R16 with repositioning of toileting needs.</p> <p>-At 3:27 p.m. R16 continued to be seated in a wheelchair at the table by the nurses' station. NA-G and NA-D walked past R16 and were not observed to attempt/offer to assist R16 with repositioning to toileting needs.</p> <p>-At 3:49 p.m. R16 was observed to continue to be</p>	F 314			

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F 314	<p>Continued From page 22</p> <p>seated in a wheelchair at the table by the nurses station. NA- was observed to walk over to resident and greeted R16. NA-G proceeded to walk away from R16 without offering or attempting to provide assistance with repositioning or toileting needs.</p> <p>-At 3:51 p.m. R16 was observed to be seated in a wheelchair, NA-D approached R16 and questioned how he was. R16 gave no verbal response and NA-D walked away from R16. NA-D was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:02 p.m. R16 remained seated in a wheelchair at the table by the nurses station, NA-C approached R16 and asked R16 if she could give him a ride. R16 was observed to shake his head and NA-C walked away. R16 remained seated in the wheelchair.</p> <p>-At 4:06 p.m. NA-G approached R16, who continued to be seated in the wheelchair, and asked R16 how he was. R16 gave no verbal or non-verbal response to NA-G. NA-G stated to R16 she was checking on him and walked away from R16. NA-G did not offer or attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:14 p.m. the nurse manager (NM)-A was notified by the surveyor that R16 had not been repositioned or offered assistance with toileting for a total of 3 hours and 4 minutes. NM-A approached R16 and asked R16 if she could bring him to his room. R16 initially shook his head no, NM-A asked R16 again if she could bring him to his room to change his position, R16 then nodded affirmatively and allowed NM-A to assist him to his room via wheelchair. NM-A requested</p>	F 314			

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F 314	Continued From page 23 the assistance of NA-C to aid in R16's cares. -At 4:17 p.m. NM-A and NA-C utilized a mechanical lift to transfer R16 out of the wheelchair. During the transfer, R16's bottom area of the pants were noted to be wet. The wet area was approximately 12 centimeters (cm) by 12 cm and circular in shape. NA-C and NM-A donned gloves and assisted R16 to move side to side in order to remove his sweat pants. R16 was wearing a white incontinent brief which upon removal was noted to be saturated with blood tinged, amber colored urine. NM-A confirmed R16's brief was saturated with urine and confirmed R16's incontinence had saturated his brief and onto his sweat pants. R16 was then assisted to move to his right side towards NA-C by NM-A and NA-C. R16 was observed to have a Primapore (an adhesive dressing consisting of a breathable non-woven top layer and a low-adherent absorbent pad,) dressing on his right buttocks gluteal fold. NM-A removed R16's Primapore dressing, which was wet with urine on the outside, and R16 was observed to have an open area on the right side of his coccyx. -At 4:26 p.m. NM-A confirmed R16 had a stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured blister,) on his coccyx. NM-A stated R16 had a current urinary tract infection and indicated R16's skin under the Primapore dressing was dry. NM-A changed gloves and cleansed R16's pressure ulcer. NM-A confirmed R16's stage 2 pressure ulcer measured 1.8 cm x 1.0 cm and was circular in shape. NM-A also confirmed R16's wound bed was covered with granulation tissue (red tissue with " cobblestone " or bumpy appearance, bleeds easily with injured)	F 314			

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F 314	<p>Continued From page 24</p> <p>and had very little depth. NM-A then applied cream and dressed R16's wound with a new dressing. After pericares were completed and a clean brief applied, R16 was assisted to turn onto his left side. A scabbed wound was observed on R16's right hip area. NM-A stated the scab on R16's right hip was a stage 2 pressure ulcer and was left open to air. The pressure ulcer on R16's hip measured approximately 0.5 cm x 0.5 cm and had no redness.</p> <p>R16 had not been observed to be assisted or offered to reposition/offload for a total of 3 hours and 7 minutes.</p> <p>On 12/9/15, at 4:32 p.m. NA-C stated R16 needed extensive assistance with all cares which included repositioning and toileting needs. NA-C stated R16 was on an every 2 hour repositioning schedule and was supposed to be checked and changed for urinary incontinence as R16 was frequently incontinent of urine. NA-C stated she was not aware of the last time R16 was repositioned or checked and changed. NA-C stated she had attempted to care for R16 at around 4:00 p.m. by asking him to go for a ride, however R16 refused. NA-C stated the staff was unable to offer toileting or repositioning directly to R16 as he would refuse cares. NA-C stated R16 was often more compliant when they asked him to go for a ride. NA-C stated she was aware R16 had a pressure ulcer on his right hip and a newly developed pressure ulcer on the right side of the buttocks crease. NA-C stated R16 had always been on an every 2 hour repositioning schedule and there had been no change. NA-C stated they often would increase the frequency of repositioning of residents when they had pressure ulcers though R16's repositioning schedule had not changed. NA-C stated R16 was unable to make his needs known and staff needed to</p>	F 314			

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F 314	<p>Continued From page 25</p> <p>anticipate R16's needs such as toileting and repositioning.</p> <p>On 12/9/15, at 5:01 p.m. NM-A confirmed R16's current care plan and stated she was unaware of when R16 was last repositioned and had assistance with incontinence care. NM-A stated she thought R16 had refused assistance at 1:30 p.m. NM-A stated R16 had 2 current pressure ulcers, one on his right hip which was healing and one on his right gluteal fold which was first noted on 12/7/15. NM-A stated the intervention put in place at the time the new stage 2 pressure ulcer developed was to lay R16 in bed after meals on his left side or back. NM-A stated R16 often rolled onto his right side independently in bed. NM-A stated she expected R16 to be assisted with repositioning at least every 2 hours, and indicated R16 was often resistive with cares. NM-A stated staff were also expected at that time to check and change R16 for urinary incontinence. NM-A stated R16 was no longer able to feel the urge to void and was frequently incontinent of urine. NM-A confirmed R16 was at high risk for skin breakdown.</p> <p>On 12/09/15, at 5:08 p.m. NA-D stated he was unaware of when R16 had last been repositioned or assisted with incontinence cares. NA-D stated he had not attempted to assist R16 with repositioning or incontinence cares since he'd arrived on shift, around 2:00 p.m. NA-D stated R16 was dependent on staff for his needs and was on a every 2 hour repositioning plan and had current pressure ulcers. NA-D also stated R16 was on a check and change plan for incontinence which was to correlate with repositioning. NA-D stated R16 was often resistive with cares such as toileting and repositioning. NA-D stated R16 was</p>	F 314			

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F 314	<p>Continued From page 26</p> <p>not able to verbalize his needs and staff needed to anticipate needs.</p> <p>On 12/10/15, at 9:49 a.m. the director of nursing (DON) stated R16 was often resistive with cares so staff were encouraged to use alternative approaches for cooperation such as offering to take R16 for a ride. The DON stated R16 had continued to lose weight and refuse cares which increased his risk for pressure ulcers. She stated she thought R16's pressure ulcers may be unavoidable. In addition, the DON stated although R16 resisted cares at times, she expected staff to assist R16 with repositioning and checking/changing for incontinence every 2 hours. The DON verified she was aware R16 had a newly developed pressure ulcer to the right gluteal fold and had decided at that time to not increase R16's repositioning frequency due to R16's continued resistance with cares. The DON stated they were lucky if they could reposition R16 every 2 hours as R16 was unpredictable. The DON again confirmed R16 was at very high risk for skin breakdown and stated R16's overall condition was declining. The DON confirmed R16 had developed a pressure ulcer on the right hip 10/27/15, which was almost healed and at the present had another pressure ulcer on the right gluteal fold.</p> <p>On 12/10/15, at 10:18 a.m. NA-E stated she had offered cares to R16 on 12/9/15, at 1:30 p.m., this however was not observed by the surveyor. NA-E stated R16 required assistance with all cares which included repositioning and check and changing every 2 hours. NA-E stated R16 was at high risk for skin breakdown and at present had 2 pressure ulcers, one on the right hip and right buttocks (gluteal fold.) NA-E stated the last time</p>	F 314			

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F 314	<p>Continued From page 27</p> <p>R16 was assisted with cares on 12/9/15 day shift was 11:00 a.m., prior to the noon meal. NA-E stated R16 was frequently incontinent of urine and was not able to verbalize the need to void or other need. NA-E stated staff needed to anticipate R16's needs</p> <p>Review of R16's progress notes from 10/06/15 to 12/10/15 revealed the following:</p> <p>-A skin assessment dated 10/6/15, revealed R16 was at high risk for skin breakdown based on a Braden scale (a tool used to identify risk for developing pressure ulcers based on mobility, activity, nutrition, maceration and friction) identified R16 was at moderate risk for development of pressure ulcers. The assessment identified R16 required assistance of 2 facility staff with repositioning every 2 hours to prevent pressure areas. The assessment identified preventative measures that were in place at the time of the note including; repositioning, pressure reduction cushion in wheelchair and a standard pressure reduction mattress. The summary did not indicate R16 had pressure ulcers at the time of the assessment.</p> <p>-A weekly skin check note dated 10/14/15, revealed R16 had no pressure ulcers.</p> <p>-An initial skin/wound note dated 10/27/15, revealed R16 had a 1.0 cm x 0.5 cm open area to the right hip. The note identified R16's open area was caused by R16 laying on the right side and implemented a an air mattress on R16's bed. A daily dressing change was ordered of thera shield and Allevyn. The note lacked information of the tissue type that the ulcer had at the time of origin.</p>	F 314			

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F 314	<p>Continued From page 28</p> <p>-A skin follow-up note dated 10/28/15, revealed R16's right hip treatment included daily dressing changes, and to keep R16 repositioned off the hip when in bed. R16's right hip dressing was to be kept clean and dry. R16's right hip wound measured 1 cm x 0.5 cm.</p> <p>-A wound measurement note dated 11/2/15, identified R16's right hip wound was a stage 2 pressure ulcer, measured 0.9 cm x 0.7 cm x 0.0 cm. The note revealed R16's stage 2 pressure ulcer had 75% epithelial tissue and 25% granulation tissue present at the time of the assessment. The note further revealed a change in R16's dressing to a Primafore dressing change every 3 days until healed.</p> <p>-A weekly skin note dated 11/3/15, revealed no new skin issues.</p> <p>-An initial skin/wound note dated 11/9/15, identified R16 had an open area on the upper inner thigh under the scrotum due to R16 scratching the groin area throughout the night. The note revealed monitoring would be initiated until healed and staff was to keep R16's finger nails trimmed.</p> <p>-A wound measurement note dated 11/9/15, identified R16's stage 2 pressure ulcer measured 1 cm x 0.5 cm x 0.0 cm, had 75% epithelial tissue and 25% granulation tissue. The note revealed no changes in treatment and indicated R16's pressure ulcer was healing.</p> <p>-A skin follow-up note dated 11/9/15, identified R16's open area on the scrotum measured 0.5 cm x 0.5 cm and had no signs of infection.</p>	F 314			

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F 314	<p>Continued From page 29</p> <p>- A skin follow up note dated 11/10/15, revealed R16's open area on the scrotum continued to measure 0.5 cm x 0.5 cm and had no signs of infection. The note further revealed R16 was to receive a thera shield and Primapore dressing to the area.</p> <p>-A wound measurement note dated 11/16/15, identified R16's stage 2 pressure ulcer measured 1.5 cm x 0.5 cm x 0.0 cm, had 75% epithelial tissue and 25% granulation tissue. The note revealed the wound was slightly inflamed though had no other signs of infection. The note further revealed no treatment change to R16's stage 2 pressure ulcer.</p> <p>-A weekly skin note dated 11/18/15, revealed R16 had no new skin issues.</p> <p>-A skin/wound initial note dated 11/21/15, identified R16 had an open area to the right knee and had been determined to be caused by injury.</p> <p>-A wound measurement note dated 11/23/15, identified R16's stage 2 pressure ulcer measured 0.9 cm x 0.5 cm x 0.0 cm, had 75% epithelial tissue and 25% granulation tissue. The note identified R16's right hip had a stage 2 pressure ulcer which was healing.</p> <p>-A weekly skin note dated 11/24/15, revealed R16 had no new skin issues.</p> <p>-A wound measurement note dated 12/1/15, identified R16's stage 2 pressure ulcer measured 0.7 cm x 0.5 cm x 0.0 cm, had 100% epithelial tissue. The note revealed R16's pressure ulcer was healing and no treatment changes were made.</p>	F 314			

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F 314	<p>Continued From page 30</p> <p>-A weekly skin note dated 12/2/15, revealed R16 had no new skin issues.</p> <p>-A skin/wound initial note dated 12/7/15, identified R16 had a new open area on the right lower buttocks gluteal fold which measured 1.8 cm x 1 cm. The wound was assessed to have 100% slough tissue. The note revealed an analysis which identified R16 had declined and lost weight. The note identified a new intervention for R16 of staff assisting R16 to bed after meals on his left side or back.</p> <p>-A wound measurement note dated 12/7/15, identified R16's stage 2 right hip pressure ulcer, measured 0.5 cm x 1.0 cm and had 100% granulation tissue. The pressure ulcers surrounding skin assessed as red and measured 2.5 cm x 2.0 cm surrounding the open area. No treatment changes were indicated on the note.</p> <p>-A initial wound assessment note dated 12/7/15, revealed R16 had a 1.8 cm x 1 cm open area on the right gluteal fold of inner buttocks. The note identified R16 had an overall decline in condition and had lost weight. The assessment further revealed R16 was to be assisted to lay down after meals on the left side or back for pressure relief. The open area was left open to air.</p> <p>-A skin follow up note dated 12/7/15, revealed R16's open area to the right lower gluteal fold measured 1.8 cm x 1.0 cm, had no signs of infection and had been left open to air.</p> <p>-A skin follow up note dated 12/8/15, at 4:48 a.m. revealed R16's open area to the right lower gluteal fold measured 1.8 cm x 1.0 cm, had</p>	F 314			

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F 314	<p>Continued From page 31</p> <p>yellow slough noted in the center of the wound bed. The note further revealed R16's open area was left open to air and staff attempts to position R16 on the left side was ineffective as R16 would roll over to the right side.</p> <p>- An MD note dated 12/8/15, identified R16's open area to the right lower gluteal fold was a pressure ulcer and had received an order to increase R16's nutritional supplement to four times a day.</p> <p>-A skin follow up note dated 12/8/15, at 1:28 p.m. revealed R16's stage 2 pressure ulcer to the right gluteal fold was tender, had no change in measurements. The note further indicated R16 was to be encouraged to reposition and had tolerated repositioning at the present time.</p> <p>A physician progress note dated 11/6/15, revealed R16 had a stage 2 pressure ulcer to the right hip and staff were to encourage repositioning.</p> <p>Review of R16's unsigned physician orders printed 12/10/15, revealed an order with a start date of 11/7/15, to cleanse OA (open area) to R) (right) hip, change/apply Primapore dressing every 3 days until healed. R16's physician orders lacked an order for a dressing on R16's stage 2 pressure ulcer to the right gluteal fold.</p> <p>Review of the facility policy titled, Repositioning in Bed and in a Chair/Appling (sp) lift sheets dated 4/2015, revealed the purpose of the policy included prevention of skin breakdown and providing pressure relief for residents. The policy directed facility staff to follow the residents care plan for specific repositioning needs in bed and in</p>	F 314			

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F 314	Continued From page 32 a chair. Review of the facility policy titled, Comprehensive Skin Care policy, revised 7/1/15, revealed a policy statement which included, a resident who had a pressure sore was to receive the necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. The policy directed facility staff to provide skin care to keep skin clean and dry. The policy also directed facility staff to provide repositioning pressure relief per the residents care plan.	F 314			
F 441 SS=D	483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections in the facility; (2) Decides what procedures, such as isolation, should be applied to an individual resident; and (3) Maintains a record of incidents and corrective actions related to infections. (b) Preventing Spread of Infection (1) When the Infection Control Program determines that a resident needs isolation to prevent the spread of infection, the facility must isolate the resident. (2) The facility must prohibit employees with a	F 441		1/7/16	

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F 441	<p>Continued From page 33</p> <p>communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure proper infection control practices were implemented related to proper glove and handwashing techniques for 1 of 3 residents (R81) observed during personal cares.</p> <p>Findings include:</p> <p>R81's quarterly Minimum Data Set (MDS) dated 9/30/15, identified R81 had diagnoses which included diabetes and Alzheimer dementia. The MDS identified R81 had severe cognitive impairment and required extensive to total staff assistance for all activities of daily living including toileting and hygiene. The MDS further identified R81 was frequently incontinent of urine and always incontinent of bowel.</p> <p>On 12/10/2015, from 10:47 a.m. to 11:11 a.m. continual observation of personal cares for R81 was conducted. R81 was lying in bed, with</p>	F 441	<p>F 441</p> <p>a. The facility will have an infection control program which it investigates, controls and monitors that proper procedures are used to prevent infections within the facility. For R81 proper infection control procedures which include proper hand washing and glove use during the delivery of care will be used and enforced at all times.</p> <p>b. All resident have the potential to be affected by this, due to the risk of infections in a health care facility and continual contact with staff.</p> <p>c. All nursing staff will be instructed on proper hand washing and glove use when providing direct resident care. Hand washing and glove use policy will be reviewed during scheduled in-service on 12/30/15 for all nursing staff.</p> <p>d. Quality assurance audits will be done to ensure that the facility policy and</p>		

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F 441	<p>Continued From page 34</p> <p>nursing assistant (NA)-A at the bedside, and wore disposable gloves on both hand. NA-A washed and dried R81's arms and legs, and applied lotion to both legs and feet from a bottle NA-A removed for R81's bedside stand. NA-B entered R81's room, assisted R81 to position on the side, removed R81's incontinent brief and NA-A performed perineal cares. A large amount of soft, brown stool was observed in R81's brief and on R81's bottom. With gloved hands, NA-A removed the stool from R81's bottom, and perineal area. Smears of brown stool were observed on NA-A right gloved hand after personal cares were completed. NA-A picked up the soiled wipes, brief and placed the items in a garbage bag. After NA-A cleansed R81's bottom, with the same soiled gloves, NA-A immediately picked up the lotion bottle, squeezed lotion onto her gloved hands and applied lotion to R81's bottom. With the same soiled gloves, NA-A returned the lotion bottle to R81's bedside dresser.</p> <p>NA-A proceeded to remove the bathing supplies to R81's bathroom, removed both gloves and applied fresh disposable gloves. NA-A returned to R81's bedside with fresh water in a basin and washed R81's eyes, face and ears with and wash cloth and dried these areas. NA-A proceeded to reach into R81's bedside dresser, remove the soiled lotion bottle from the dresser. NA-A squeezed lotion onto both gloved hands, rubbed her hands together and applied the lotion to R81's cheeks and face.</p> <p>On 12/10/2015, at 11:31 a.m. NA-A confirmed the usual practice of providing morning cares with R81 laying in bed, and starting with the feet and moving towards the head. NA-A confirmed she</p>	F 441	<p>procedure on hand washing and glove use is being followed, by interviewing staff and observing cares. These audits will be done weekly for 4 weeks, then randomly by Director of Nursing and/or designee. Results of the audits will be taken to the Quality Assurance Committee for further recommendation.</p> <p>e. Completion date January 7, 2016</p>		

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F 441	<p>Continued From page 35</p> <p>had returned the bottle into R81's dresser with her soiled gloves and used the same bottle to apply lotion to R81's face.</p> <p>On 12/10/2015, at 3:33 p.m. the director of nursing (DON) confirmed the usual facility practice was for staff to change gloves and wash hands when the gloves become contaminated. The DON identified the following as examples when proper handwashing and glove change should be completed; when dealing with urine, a bowel movement (BM), providing pericare, and assisting with toileting. The DON stated, "of course" anything handled with gloves used to provide pericare/touch BM would be considered contaminated.</p> <p>The undated facility form titled Hand Hygiene, identified the Purpose: Hand hygiene continues to be the primary means of preventing the transmission of infection.</p>	F 441			

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K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division. At the time of this survey, Knute Nelson Memorial Home was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care.</p> <p>THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 FORM WILL BE USED AS VERIFICATION OF COMPLIANCE.</p> <p>UPON RECEIPT OF AN ACCEPTABLE POC, AN ONSITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES (K-TAGS) TO:</p> <p>HEALTH CARE FIRE INSPECTIONS STATE FIRE MARSHAL DIVISION 445 MINNESOTA STREET, SUITE 145 ST. PAUL, MN 55101-5145, or</p> <p>By e-mail to: Marian.Whitney@state.mn.us</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/30/2015
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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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K 000	<p>Continued From page 1</p> <p>or Angela.kappenman@state.mn.us</p> <p>THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:</p> <ol style="list-style-type: none"> 1. A description of what has been, or will be, done to correct the deficiency. 2. The actual, or proposed, completion date. 3. The name and/or title of the person responsible for correction and monitoring to prevent a reoccurrence of the deficiency. <p>Knute Nelson Memorial Home is a 1-story building with a partial basement. The building was constructed at 5 different times. The original building was constructed in 1958 and was determined to be of Type II(111) construction. In 1961, an addition was added to the east was determined to be of Type II(111) construction. These 2 sections of the facility are separated by 2-hour fire resistive construction and are used for administration purposes only and were no included in this survey. In 1970 an addition was added to the south that was determined to be Type II(000) construction. In 1976 an addition was added to the south that was determined to be Type V(111) construction. In 1980 additions were added to the east and south that were determined to be Type V(111) construction. Because the original building and the additions meet the construction type allowed for existing buildings, the facility was surveyed as one building.</p>	K 000		

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K 000	Continued From page 2 The entire facility is protected by a complete fire sprinkler system. The facility has a complete fire alarm system with smoke detection in the corridors and spaces open to the corridor that is monitored for automatic fire department notification. The facility has a licensed capacity of 85 beds and had a census of 72 at the time of the survey.	K 000			
K 014 SS=D	The requirement at 42 CFR Subpart 483.70(a) is NOT MET as evidenced by: NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observations and staff interview it was found that the facility failed to maintain the proper documentation for the flame spread ratings of interior finishes per LSC (2000) 19.3.3.1. This deficiency could result in a failure of residents, staff and visitors to safely exit due to unknown flame spread and smoke development of the wall finishes in the spaces affected, if they exceed the maximum amounts. Findings include: During the facility tour between 9:00 AM to 12:30 PM on 12/8/2015 it was observed that there was a corridor near the Environmental Services office	K 014	The interior finish for corridors, ceilings and hallways with fixed walls that have exposed interior finish product, known as FRP, to exit ways of our building are to meet flame spread rating. We have a Fire rating notebook of products from the past renovation projects. In November of 2003 we had installed a NUDO product Fiber-Lite Liner Panel with a class A flame spread Fire Rating on the corridor exiting outside near the Environmental Service Office. The fiberglass panels were installed on the lower half, approximately 48 inches up from the floor, with Manufacturers moldings, fasteners and	12/30/15	

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K 014	Continued From page 3 that had fiberglass reinforced plastic as a wall finish 48 inches up from the floor. This deficient condition was verified by the Maintenance Supervisor (TS) and the Facility Administrator [AU].	K 014	non-flammable FRP adhesive. This complies with Life Safety Code (2000) 19.3.3.1 to minimize flame spread and smoke impeding a safe exit of residents, staff and visitors. Responsible Person: Thomas Storer, Director of Environmental Services		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain smoke barrier wall construction that meets the requirements of NFPA 101 - 2000 edition, Sections 19.3.7.3 and 8.3. This deficient practice could affect residents, staff and visitors by allowing smoke to propagate from one smoke compartment to another. Findings include: On facility tour between 9:00 AM to 12:30 PM on 12/8/2015, observations revealed that there was	K 025	The smoke barrier wall above the smoke barrier doors on the 500 hall near room 514 had a hole penetration that could allow smoke to propagate from one smoke compartment to another smoke compartment. The Maintenance staff filled the hole with Fire Rated calking to prevent smoke from transferring to another compartment. Maintenance staff, Director of Environmental Services or Administrative Representative will provide instructions for all contractors to make	12/29/15	

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K 025	Continued From page 4 a 1 inch diameter penetration passing through the smoke barrier wall above the corridor smoke barrier doors by resident room 514. This deficient condition was verified by the Maintenance Supervisor (TS) and the Facility Administrator [AU].	K 025	sure Fire caulking is used at all times when breaking the integrity of the smoke barrier while running any products from one smoke compartment to another within the building. Responsible Person: Thomas Storer, Director of Environmental Services	12/29/15	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations and staff interview, it was revealed that the facility has failed to provide proper protection from 1 of several hazardous areas located throughout the facility in accordance with NFPA Life Safety Code 101 (00) section 19.3.2.1. This deficient conditions could in the event of a fire, allow smoke and flames to spread throughout the effected corridors and areas making them untenable, which could negatively affect the exiting capabilities for residents, staff and visitors.	K 029	The smoke barrier compartment of a mechanical room across the corridor by the Beauty Shop had several holes that could allow smoke and flames to spread and affect the corridors. This could make the areas untenable and effect residents, staff and visitors from exiting capabilities. The Maintenance staff installed appropriate sheet rock on the large hole and Fire Rated calking in other needed areas of the mechanical room so that flames and smoke could be contained in		

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K 029	Continued From page 5 Findings include: On facility tour between 9:00 AM to 12:30 PM on 12/8/2015, observation revealed that there was a penetration found in the corridor wall of the mechanical room near the beauty shop. This deficient condition was verified by the Maintenance Supervisor (TS) and the Facility Administrator [AU]	K 029	that compartment if in the event of a fire. Maintenance staff, Director of Environmental Services or Administrative representative will provide instructions all contractors to make sure Fire calking is used at all times when breaking the integrity of the smoke barrier while running any products from one smoke compartment to another smoke compartment within the building.		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observations and staff interview, it was found that the automatic sprinkler system is not installed and maintained in accordance with NFPA 13 the Standard for the Installation of Sprinkler Systems (99). The failure to maintain the sprinkler system in compliance with NFPA 13 (99) could allow the system being placed out of	K 056	The sprinkler heads located on the Pines station in the TV Lounge compartment area were standard response and didn't match the adjoining corridor quick response sprinkler heads. That could affect the fire protection systems capability in the event of an emergency for	1/16/16	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 01/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245435	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/09/2015
NAME OF PROVIDER OR SUPPLIER KNUTE NELSON			STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308		
(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	
K 056	<p>Continued From page 6</p> <p>service causing a decrease in the fire protection system capability in the event of an emergency that would affect the residents, visitors and staff of the facility.</p> <p>Findings include:</p> <p>On facility tour between 9:00 AM to 12:30 PM on 12/8/2015, observations revealed that there are two different types of sprinkler heads located in the Pines Lounge area, which is one compartment, consisting of both standard response and quick response heads.</p> <p>This deficient condition was verified by the Maintenance Supervisor (TS) and the Facility Administrator [AU].</p>	K 056	<p>residents, staff and visitors. I have contacted Summit Companies, who are a State certified Fire Protection contractor, and will be onsite approximately January 15th 2016 to replace the sprinkler heads to match the corridor sprinkler heads and provide uniform response of emergencies. This will comply with Life Safety Code NFPA 25 Standards Section 19.3.5 building fire alarm system for the required fire sprinkler system. When the project is completed a documented copy will be emailed to Robert Baumann, Deputy State Fire Marshal Inspector.</p>		



Electronically delivered
December 24, 2015

Ms. Angela Urman, Administrator
Knut Nelson
420 12th Avenue East
Alexandria, Minnesota 56308

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5435026

Dear Ms. Urman:

The above facility was surveyed on December 7, 2015 through December 10, 2015 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>. The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. The 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 Nursing Homes.

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 that are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

Knute Nelson
December 24, 2015
Page 2

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.

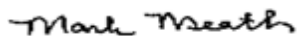
Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, **you should immediately contact Gail Anderson at: (218) 332-5140 or email: gail.anderson@state.mn.us**.

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.

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions related to this eNotice.

Sincerely,



Mark Meath, Enforcement Specialist
Program Assurance Unit
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Email: mark.meath@state.mn.us

Telephone: (651) 201-4118
Fax: (651) 215-9697

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2015
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NAME OF PROVIDER OR SUPPLIER KNUTE NELSON	STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH 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: You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm The State licensing orders are delineated on the attached Minnesota</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 12/30/15
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Minnesota Department of Health

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2 000	<p>Continued From page 1</p> <p>Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health.</p> <p>On December 7th, to December 10th, 2015, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. Please indicate in your electronic plan of correction that you have reviewed these orders, and identify the date when they will be completed.</p> <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 Nursing Homes.</p> <p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." 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 evidence by." Following the surveyors findings are the Suggested Method of Correction and 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.</p>	2 000		

Minnesota Department of Health

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2 000	Continued From page 2 THIS WILL APPEAR ON EACH PAGE. THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.	2 000		
2 565	MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to implement care plan interventions for toileting and positioning for 1 of 1 residents (R16) reviewed for urinary incontinence and pressure ulcers. Findings include: Review of R16's care plan dated 5/7/15, identified R16 was at high risk for pressure ulcers related to urinary incontinence and an open area on the right hip. R16's care plan directed facility staff to assist R16 with repositioning every 2 hours while in bed and chair. R16's care plan did not address lying down R16 after meals. The care plan also indicated R16 was incontinent of urine and no longer aware of the urge to void so wore an incontinent brief. Interventions on the care plan directed facility staff to check and change R16 as needed.	2 565	Corrected	1/7/16

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2 565	<p>Continued From page 3</p> <p>On 12/09/15, during continuous observations from 1:10 p.m. to 4:17 p.m., R16 was observed seated in a wheelchair without being offered, or assisted, to reposition or toilet.</p> <p>- At 1:10 p.m. R16 was observed wearing sweat pants and a shirt, seated in a wheelchair in the Pines unit dining room next to the table. Nursing assistant (NA)-F walked up to R16's wheelchair and wheeled R16 to the Pines common area, located across from the nurses' station. The common area was observed to have two openings in which to enter and exit the area. R16 sat briefly in the commons area prior to propelling himself with his feet around in a circle in one opening of the common area and out the other opening.</p> <p>-At 1:35 p.m. a restorative aid (RA)-A approached R16, who had continued to propel himself with his feet around the commons area, and offered to bring him to exercises. RA-A stated R16 received exercises of active range of motion (AROM) to both lower extremities 5-6 times a week. RA-A stated R16 needed a mechanical lift for transfers and was unable to reposition himself without staff assistance. RA-A assisted R16 in a wheelchair to a exercise room in an unused hall of the facility and completed exercises to both of R16's lower extremities, but did not offload or reposition the resident.</p> <p>-At 2:00 p.m. RA-A assisted R16, who remained seated in the wheelchair, to a table by the Pines nurses' station. RA-A placed a cup of coffee and juice next to R16 at the table, and exited the area.</p> <p>-At 2:45 p.m. NA-G briefly approached R16 who remained seated at the table. NA-G stood near R16 and asked R16 if he was alright. When R16</p>	2 565		

Minnesota Department of Health

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2 565	<p>Continued From page 4</p> <p>nodded his head, NA-G immediately walked away from the area. NA-G was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 3:01 p.m. R16 was observed seated in a wheelchair at the table by the nurses' station. No staff were observed during that time to offer/attempt to assist R16 with repositioning of toileting needs.</p> <p>-At 3:27 p.m. R16 continued to be seated in a wheelchair at the table by the nurses' station. NA-G and NA-D walked past R16 and were not observed to attempt/offer to assist R16 with repositioning to toileting needs.</p> <p>-At 3:49 p.m. R16 was observed to continue to be seated in a wheelchair at the table by the nurses station. NA- was observed to walk over to resident and greeted R16. NA-G proceeded to walk away from R16 without offering or attempting to provide assistance with repositioning or toileting needs.</p> <p>-At 3:51 p.m. R16 was observed to be seated in a wheelchair, NA-D approached R16 and questioned how he was. R16 gave no verbal response and NA-D walked away from R16. NA-D was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:02 p.m. R16 remained seated in a wheelchair at the table by the nurses station, NA-C approached R16 and asked R16 if she could give him a ride. R16 was observed to shake his head and NA-C walked away. R16 remained seated in the wheelchair.</p> <p>-At 4:06 p.m. NA-G approached R16, who</p>	2 565		

Minnesota Department of Health

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2 565	<p>Continued From page 5</p> <p>continued to be seated in the wheelchair, and asked R16 how he was. R16 gave no verbal or non-verbal response to NA-G. NA-G stated to R16 she was checking on him and walked away from R16. NA-G did not offer or attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:14 p.m. the nurse manager (NM)-A was notified by the surveyor that R16 had not been repositioned or offered assistance with toileting for a total of 3 hours and 4 minutes. NM-A approached R16 and asked R16 if she could bring him to his room. R16 initially shook his head no, NM-A asked R16 again if she could bring him to his room to change his position, R16 then nodded affirmatively and allowed NM-A to assist him to his room via wheelchair. NM-A requested the assistance of NA-C to aid in R16's cares.</p> <p>-At 4:17 p.m. NM-A and NA-C utilized a mechanical lift to transfer R16 out of the wheelchair. During the transfer, R16's bottom area of the pants were noted to be wet. The wet area was approximately 12 centimeters (cm) by 12 cm and circular in shape. NA-C and NM-A donned gloves and assisted R16 to move side to side in order to remove his sweat pants. R16 was wearing a white incontinent brief which upon removal was noted to be saturated with blood tinged, amber colored urine. NM-A confirmed R16's brief was saturated with urine and confirmed R16's incontinence had saturated his brief and onto his sweat pants. R16 was then assisted to move to his right side towards NA-C by NM-A and NA-C. R16 was observed to have a Primapore (an adhesive dressing consisting of a breathable non-woven top layer and a low-adherent absorbent pad,) dressing on his right buttocks gluteal fold. NM-A removed R16's Primapore dressing, which was wet with urine on</p>	2 565		

Minnesota Department of Health

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2 565	<p>Continued From page 6</p> <p>the outside, and R16 was observed to have an open area on the right side of his coccyx.</p> <p>-At 4:26 p.m. NM-A confirmed R16 had a stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured blister,) on his coccyx. NM-A stated R16 had a current urinary tract infection and indicated R16's skin under the Primapore dressing was dry. NM-A changed gloves and cleansed R16's pressure ulcer. NM-A confirmed R16's stage 2 pressure ulcer measured 1.8 cm x 1.0 cm and was circular in shape. NM-A also confirmed R16's wound bed was covered with granulation tissue (red tissue with " cobblestone " or bumpy appearance, bleeds easily with injured) and had very little depth. NM-A then applied cream and dressed R16's wound with a new dressing. After pericare were completed and a clean brief applied, R16 was assisted to turn onto his left side. A scabbed wound was observed on R16's right hip area. NM-A stated the scab on R16's right hip was a stage 2 pressure ulcer and was left open to air. The pressure ulcer on R16's hip measured approximately 0.5 cm x 0.5 cm and had no redness.</p> <p>R16 had not been observed to be assisted or offered to reposition/offload and not checked and changed for a total of 3 hours and 7 minutes.</p> <p>On 12/9/15, at 4:32 p.m. NA-C stated R16 needed extensive assistance with all cares which included repositioning and toileting needs. NA-C stated R16 was on an every 2 hour repositioning schedule and was supposed to be checked and changed for urinary incontinence as R16 was frequently incontinent of urine. NA-C stated she was not aware of the last time R16 was repositioned or checked and changed. NA-C stated she had attempted to care for R16 at around 4:00 p.m. by asking him to go for a ride,</p>	2 565		

Minnesota Department of Health

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2 565	<p>Continued From page 7</p> <p>however R16 refused. NA-C stated the staff was unable to offer toileting or repositioning directly to R16 as he would refuse cares. NA-C stated R16 was often more compliant when they asked him to go for a ride. NA-C stated she was aware R16 had a pressure ulcer on his right hip and a newly developed pressure ulcer on the right side of the buttocks crease. NA-C stated R16 had always been on an every 2 hour repositioning schedule and there had been no change. NA-C stated they often would increase the frequency of repositioning of residents when they had pressure ulcers though R16's repositioning schedule had not changed. NA-C stated R16 was unable to make his needs known and staff needed to anticipate R16's needs such as toileting and repositioning.</p> <p>On 12/9/15, at 5:01 p.m. NM-A confirmed R16's current care plan and stated she was unaware of when R16 was last repositioned and had assistance with incontinence care. NM-A stated she thought R16 had refused assistance at 1:30 p.m. NM-A stated R16 had 2 current pressure ulcers, one on his right hip which was healing and one on his right gluteal fold which was first noted on 12/7/15. NM-A stated the intervention put in place at the time the new stage 2 pressure ulcer developed was to lay R16 in bed after meals on his left side or back. NM-A stated R16 often rolled onto his right side independently in bed. NM-A stated she expected R16 to be assisted with repositioning at least every 2 hours, and indicated R16 was often resistive with cares. NM-A stated staff were also expected at that time to check and change R16 for urinary incontinence. NM-A stated R16 was no longer able to feel the urge to void and was frequently incontinent of urine. NM-A confirmed R16 was at high risk for skin breakdown.</p>	2 565		

Minnesota Department of Health

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2 565	<p>Continued From page 8</p> <p>On 12/09/15, at 5:08 p.m. NA-D stated he was unaware of when R16 had last been repositioned or assisted with incontinence cares. NA-D stated he had not attempted to assist R16 with repositioning or incontinence cares since he'd arrived on shift, around 2:00 p.m. NA-D stated R16 was dependent on staff for his needs and was on a every 2 hour repositioning plan and had current pressure ulcers. NA-D also stated R16 was on a check and change plan for incontinence which was to correlate with repositioning. NA-D stated R16 was often resistive with cares such as toileting and repositioning. NA-D stated R16 was not able to verbalize his needs and staff needed to anticipate needs.</p> <p>On 12/10/15, at 9:49 a.m. the director of nursing (DON) stated R16 was often resistive with cares so staff were encouraged to use alternative approaches for cooperation such as offering to take R16 for a ride. The DON stated R16 had continued to lose weight and refuse cares which increased his risk for pressure ulcers. She stated she thought R16's pressure ulcers may be unavoidable. In addition, the DON stated although R16 resisted cares at times, she expected staff to assist R16 with repositioning and checking/changing for incontinence every 2 hours. The DON verified she was aware R16 had a newly developed pressure ulcer to the right gluteal fold and had decided at that time to not increase R16's repositioning frequency due to R16's continued resistance with cares. The DON stated they were lucky if they could reposition R16 every 2 hours as R16 was unpredictable. The DON again confirmed R16 was at very high risk for skin breakdown and stated R16's overall condition was declining. The DON confirmed R16 had developed a pressure ulcer on the right</p>	2 565		

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NAME OF PROVIDER OR SUPPLIER KNUTE NELSON	STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308
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2 565	<p>Continued From page 9</p> <p>hip 10/27/15, which was almost healed and at the present had another pressure ulcer on the right gluteal fold.</p> <p>On 12/10/15, at 10:18 a.m. NA-E stated she had offered cares to R16 on 12/9/15, at 1:30 p.m., this however was not observed by the surveyor. NA-E stated R16 required assistance with all cares which included repositioning and check and changing every 2 hours. NA-E stated R16 was at high risk for skin breakdown and at present had 2 pressure ulcers, one on the right hip and right buttocks (gluteal fold.) NA-E stated the last time R16 was assisted with cares on 12/9/15 day shift was 11:00 a.m., prior to the noon meal. NA-E stated R16 was frequently incontinent of urine and was not able to verbalize the need to void or other need. NA-E stated staff needed to anticipate R16's needs</p> <p>A facility policy titled, Urinary Incontinence revised 1/2015, revealed the purpose of the policy was for staff to provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections. The policy directed facility staff to complete urinary assessments of residents and based on the assessment a plan was to be implemented to provide residents with incontinence management. The policy directed facility staff to follow the residents individualized care plan to maintain comfort and skin integrity.</p> <p>A facility policy titled, Care Planning, revised 3/2015, revealed a statement which directed facility staff to develop an individual, comprehensive care plan for each resident. The policy further revealed it was the staffs responsibility to follow resident care plans and to report any changes which would prevent a staff</p>	2 565		

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2 565	Continued From page 10 member from following the care plan. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee, could develop and implement policies and procedures related to following the care plan. The DON or designee, could provide training for all nursing staff related to the timeliness of care plan implementation. The quality assessment and assurance committee could perform random audits to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 565		
2 900	MN Rule 4658.0525 Subp. 3 Rehab - Pressure Ulcers Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that: A. a resident who enters the nursing home without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.	2 900		1/7/16

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2 900	<p>Continued From page 11</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to provide timely interventions of repositioning for 1 of 3 (R16) residents reviewed for pressure ulcers. This deficient practice resulted in actual harm for R16 identified with recurrent or multiple stage 2 pressure ulcers.</p> <p>Findings include:</p> <p>R16's annual Minimum Data Set (MDS) dated 9/30/15, indicated R16 had severe cognitive impairment and had diagnoses which included dementia, arthritis and anxiety. The MDS also indicated R16 needed extensive assistance with activities of daily (ADL's), was frequently incontinent of urine, and was at risk for pressure ulcers. The MDS also indicated R16 was on a repositioning program to prevent pressure ulcers, but did not have a pressure ulcer at the time of the assessment.</p> <p>R16's annual Care Area Assessment dated 9/30/15, also identified R16 had diagnoses which included dementia, arthritis and depression. The CAA identified R16 had severe cognitive impairment, needed extensive physical assistance for ADL's, was frequently incontinent of urine and was at risk for developing pressure ulcers. The CAA indicated R16 was to receive assistance with repositioning as indicated on the care plan.</p> <p>Review of R16's care plan dated 5/7/15, identified R16 was at high risk for pressure ulcers related to urinary incontinence and an open area on the right hip. R16's care plan directed facility staff to</p>	2 900	Corrected	

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2 900	<p>Continued From page 12</p> <p>assist R16 with repositioning every 2 hours while in bed and chair. R16's care plan did not address lying down R16 after meals. The care plan also indicated R16 was incontinent of urine and no longer aware of the urge to void so wore an incontinent brief. Interventions on the care plan directed facility staff to check and change R16 as needed.</p> <p>On 12/09/15, during continuous observations from 1:10 p.m. to 4:17 p.m., R16 was observed seated in a wheelchair without being offered, or assisted, to reposition or toilet.</p> <p>- At 1:10 p.m. R16 was observed wearing sweat pants and a shirt, seated in a wheelchair in the Pines unit dining room next to the table. Nursing assistant (NA)-F walked up to R16's wheelchair and wheeled R16 to the Pines common area, located across from the nurses' station. The common area was observed to have two openings in which to enter and exit the area. R16 sat briefly in the commons area prior to propelling himself with his feet around in a circle in one opening of the common area and out the other opening.</p> <p>-At 1:35 p.m. a restorative aid (RA)-A approached R16, who had continued to propel himself with his feet around the commons area, and offered to bring him to exercises. RA-A stated R16 received exercises of active range of motion (AROM) to both lower extremities 5-6 times a week. RA-A stated R16 needed a mechanical lift for transfers and was unable to reposition himself without staff assistance. RA-A assisted R16 in a wheelchair to a exercise room in an unused hall of the facility and completed exercises to both of R16's lower extremities, but did not offload or reposition the resident.</p>	2 900		

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2 900	<p>Continued From page 13</p> <p>-At 2:00 p.m. RA-A assisted R16, who remained seated in the wheelchair, to a table by the Pines nurses' station. RA-A placed a cup of coffee and juice next to R16 at the table, and exited the area.</p> <p>-At 2:45 p.m. NA-G briefly approached R16 who remained seated at the table. NA-G stood near R16 and asked R16 if he was alright. When R16 nodded his head, NA-G immediately walked away from the area. NA-G was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 3:01 p.m. R16 was observed seated in a wheelchair at the table by the nurses' station. No staff were observed during that time to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 3:27 p.m. R16 continued to be seated in a wheelchair at the table by the nurses' station. NA-G and NA-D walked past R16 and were not observed to attempt/offer to assist R16 with repositioning or toileting needs.</p> <p>-At 3:49 p.m. R16 was observed to continue to be seated in a wheelchair at the table by the nurses station. NA- was observed to walk over to resident and greeted R16. NA-G proceeded to walk away from R16 without offering or attempting to provide assistance with repositioning or toileting needs.</p> <p>-At 3:51 p.m. R16 was observed to be seated in a wheelchair, NA-D approached R16 and questioned how he was. R16 gave no verbal response and NA-D walked away from R16. NA-D was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p>	2 900		

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2 900	<p>Continued From page 14</p> <p>-At 4:02 p.m. R16 remained seated in a wheelchair at the table by the nurses station, NA-C approached R16 and asked R16 if she could give him a ride. R16 was observed to shake his head and NA-C walked away. R16 remained seated in the wheelchair.</p> <p>-At 4:06 p.m. NA-G approached R16, who continued to be seated in the wheelchair, and asked R16 how he was. R16 gave no verbal or non-verbal response to NA-G. NA-G stated to R16 she was checking on him and walked away from R16. NA-G did not offer or attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:14 p.m. the nurse manager (NM)-A was notified by the surveyor that R16 had not been repositioned or offered assistance with toileting for a total of 3 hours and 4 minutes. NM-A approached R16 and asked R16 if she could bring him to his room. R16 initially shook his head no, NM-A asked R16 again if she could bring him to his room to change his position, R16 then nodded affirmatively and allowed NM-A to assist him to his room via wheelchair. NM-A requested the assistance of NA-C to aid in R16's cares.</p> <p>-At 4:17 p.m. NM-A and NA-C utilized a mechanical lift to transfer R16 out of the wheelchair. During the transfer, R16's bottom area of the pants were noted to be wet. The wet area was approximately 12 centimeters (cm) by 12 cm and circular in shape. NA-C and NM-A donned gloves and assisted R16 to move side to side in order to remove his sweat pants. R16 was wearing a white incontinent brief which upon removal was noted to be saturated with blood tinged, amber colored urine. NM-A confirmed R16's brief was saturated with urine and</p>	2 900		

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2 900	<p>Continued From page 15</p> <p>confirmed R16's incontinence had saturated his brief and onto his sweat pants. R16 was then assisted to move to his right side towards NA-C by NM-A and NA-C. R16 was observed to have a Primapore (an adhesive dressing consisting of a breathable non-woven top layer and a low-adherent absorbent pad,) dressing on his right buttocks gluteal fold. NM-A removed R16's Primapore dressing, which was wet with urine on the outside, and R16 was observed to have an open area on the right side of his coccyx.</p> <p>-At 4:26 p.m. NM-A confirmed R16 had a stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured blister,) on his coccyx. NM-A stated R16 had a current urinary tract infection and indicated R16's skin under the Primapore dressing was dry. NM-A changed gloves and cleansed R16's pressure ulcer. NM-A confirmed R16's stage 2 pressure ulcer measured 1.8 cm x 1.0 cm and was circular in shape. NM-A also confirmed R16's wound bed was covered with granulation tissue (red tissue with " cobblestone " or bumpy appearance, bleeds easily with injured) and had very little depth. NM-A then applied cream and dressed R16's wound with a new dressing. After pericare were completed and a clean brief applied, R16 was assisted to turn onto his left side. A scabbed wound was observed on R16's right hip area. NM-A stated the scab on R16's right hip was a stage 2 pressure ulcer and was left open to air. The pressure ulcer on R16's hip measured approximately 0.5 cm x 0.5 cm and had no redness.</p> <p>R16 had not been observed to be assisted or offered to reposition/offload for a total of 3 hours and 7 minutes.</p> <p>On 12/9/15, at 4:32 p.m. NA-C stated R16 needed extensive assistance with all cares which</p>	2 900		

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2 900	<p>Continued From page 16</p> <p>included repositioning and toileting needs. NA-C stated R16 was on an every 2 hour repositioning schedule and was supposed to be checked and changed for urinary incontinence as R16 was frequently incontinent of urine. NA-C stated she was not aware of the last time R16 was repositioned or checked and changed. NA-C stated she had attempted to care for R16 at around 4:00 p.m. by asking him to go for a ride, however R16 refused. NA-C stated the staff was unable to offer toileting or repositioning directly to R16 as he would refuse cares. NA-C stated R16 was often more compliant when they asked him to go for a ride. NA-C stated she was aware R16 had a pressure ulcer on his right hip and a newly developed pressure ulcer on the right side of the buttocks crease. NA-C stated R16 had always been on an every 2 hour repositioning schedule and there had been no change. NA-C stated they often would increase the frequency of repositioning of residents when they had pressure ulcers though R16's repositioning schedule had not changed. NA-C stated R16 was unable to make his needs known and staff needed to anticipate R16's needs such as toileting and repositioning.</p> <p>On 12/9/15, at 5:01 p.m. NM-A confirmed R16's current care plan and stated she was unaware of when R16 was last repositioned and had assistance with incontinence care. NM-A stated she thought R16 had refused assistance at 1:30 p.m. NM-A stated R16 had 2 current pressure ulcers, one on his right hip which was healing and one on his right gluteal fold which was first noted on 12/7/15. NM-A stated the intervention put in place at the time the new stage 2 pressure ulcer developed was to lay R16 in bed after meals on his left side or back. NM-A stated R16 often rolled onto his right side independently in bed. NM-A</p>	2 900		

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2 900	<p>Continued From page 17</p> <p>stated she expected R16 to be assisted with repositioning at least every 2 hours, and indicated R16 was often resistive with cares. NM-A stated staff were also expected at that time to check and change R16 for urinary incontinence. NM-A stated R16 was no longer able to feel the urge to void and was frequently incontinent of urine. NM-A confirmed R16 was at high risk for skin breakdown.</p> <p>On 12/09/15, at 5:08 p.m. NA-D stated he was unaware of when R16 had last been repositioned or assisted with incontinence cares. NA-D stated he had not attempted to assist R16 with repositioning or incontinence cares since he'd arrived on shift, around 2:00 p.m. NA-D stated R16 was dependent on staff for his needs and was on a every 2 hour repositioning plan and had current pressure ulcers. NA-D also stated R16 was on a check and change plan for incontinence which was to correlate with repositioning. NA-D stated R16 was often resistive with cares such as toileting and repositioning. NA-D stated R16 was not able to verbalize his needs and staff needed to anticipate needs.</p> <p>On 12/10/15, at 9:49 a.m. the director of nursing (DON) stated R16 was often resistive with cares so staff were encouraged to use alternative approaches for cooperation such as offering to take R16 for a ride. The DON stated R16 had continued to lose weight and refuse cares which increased his risk for pressure ulcers. She stated she thought R16's pressure ulcers may be unavoidable. In addition, the DON stated although R16 resisted cares at times, she expected staff to assist R16 with repositioning and checking/changing for incontinence every 2 hours. The DON verified she was aware R16 had a newly developed pressure ulcer to the right</p>	2 900		

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2 900	<p>Continued From page 18</p> <p>gluteal fold and had decided at that time to not increase R16's repositioning frequency due to R16's continued resistance with cares. The DON stated they were lucky if they could reposition R16 every 2 hours as R16 was unpredictable. The DON again confirmed R16 was at very high risk for skin breakdown and stated R16's overall condition was declining. The DON confirmed R16 had developed a pressure ulcer on the right hip 10/27/15, which was almost healed and at the present had another pressure ulcer on the right gluteal fold.</p> <p>On 12/10/15, at 10:18 a.m. NA-E stated she had offered cares to R16 on 12/9/15, at 1:30 p.m., this however was not observed by the surveyor. NA-E stated R16 required assistance with all cares which included repositioning and check and changing every 2 hours. NA-E stated R16 was at high risk for skin breakdown and at present had 2 pressure ulcers, one on the right hip and right buttocks (gluteal fold.) NA-E stated the last time R16 was assisted with cares on 12/9/15 day shift was 11:00 a.m., prior to the noon meal. NA-E stated R16 was frequently incontinent of urine and was not able to verbalize the need to void or other need. NA-E stated staff needed to anticipate R16's needs</p> <p>Review of R16's progress notes from 10/06/15 to 12/10/15 revealed the following:</p> <p>-A skin assessment dated 10/6/15, revealed R16 was at high risk for skin breakdown based on a Braden scale (a tool used to identify risk for developing pressure ulcers based on mobility, activity, nutrition, maceration and friction) identified R16 was at moderate risk for development of pressure ulcers. The assessment identified R16 required assistance of 2 facility</p>	2 900		

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2 900	<p>Continued From page 19</p> <p>staff with repositioning every 2 hours to prevent pressure areas. The assessment identified preventative measures that were in place at the time of the note including; repositioning, pressure reduction cushion in wheelchair and a standard pressure reduction mattress. The summary did not indicate R16 had pressure ulcers at the time of the assessment.</p> <p>-A weekly skin check note dated 10/14/15, revealed R16 had no pressure ulcers.</p> <p>-An initial skin/wound note dated 10/27/15, revealed R16 had a 1.0 cm x 0.5 cm open area to the right hip. The note identified R16's open area was caused by R16 laying on the right side and implemented a an air mattress on R16's bed. A daily dressing change was ordered of thera shield and Allevyn. The note lacked information of the tissue type that the ulcer had at the time of origin.</p> <p>-A skin follow-up note dated 10/28/15, revealed R16's right hip treatment included daily dressing changes, and to keep R16 repositioned off the hip when in bed. R16's right hip dressing was to be kept clean and dry. R16's right hip wound measured 1 cm x 0.5 cm.</p> <p>-A wound measurement note dated 11/2/15, identified R16's right hip wound was a stage 2 pressure ulcer, measured 0.9 cm x 0.7 cm x 0.0 cm. The note revealed R16's stage 2 pressure ulcer had 75% epithelial tissue and 25% granulation tissue present at the time of the assessment. The note further revealed a change in R16's dressing to a Primafore dressing change every 3 days until healed.</p> <p>-A weekly skin note dated 11/3/15, revealed no new skin issues.</p>	2 900		

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2 900	<p>Continued From page 20</p> <p>-An initial skin/wound note dated 11/9/15, identified R16 had an open area on the upper inner thigh under the scrotum due to R16 scratching the groin area throughout the night. The note revealed monitoring would be initiated until healed and staff was to keep R16's finger nails trimmed.</p> <p>-A wound measurement note dated 11/9/15, identified R16's stage 2 pressure ulcer measured 1 cm x 0.5 cm x 0.0 cm, had 75% epithelial tissue and 25% granulation tissue. The note revealed no changes in treatment and indicated R16's pressure ulcer was healing.</p> <p>-A skin follow-up note dated 11/9/15, identified R16's open area on the scrotum measured 0.5 cm x 0.5 cm and had no signs of infection.</p> <p>- A skin follow up note dated 11/10/15, revealed R16's open area on the scrotum continued to measure 0.5 cm x 0.5 cm and had no signs of infection. The note further revealed R16 was to receive a thera shield and Primapore dressing to the area.</p> <p>-A wound measurement note dated 11/16/15, identified R16's stage 2 pressure ulcer measured 1.5 cm x 0.5 cm x 0.0 cm, had 75% epithelial tissue and 25% granulation tissue. The note revealed the wound was slightly inflamed though had no other signs of infection. The note further revealed no treatment change to R16's stage 2 pressure ulcer.</p> <p>-A weekly skin note dated 11/18/15, revealed R16 had no new skin issues.</p> <p>-A skin/wound initial note dated 11/21/15,</p>	2 900		

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2 900	<p>Continued From page 21</p> <p>identified R16 had an open area to the right knee and had been determined to be caused by injury.</p> <p>-A wound measurement note dated 11/23/15, identified R16's stage 2 pressure ulcer measured 0.9 cm x 0.5 cm x 0.0 cm, had 75% epithelial tissue and 25% granulation tissue. The note identified R16's right hip had a stage 2 pressure ulcer which was healing.</p> <p>-A weekly skin note dated 11/24/15, revealed R16 had no new skin issues.</p> <p>-A wound measurement note dated 12/1/15, identified R16's stage 2 pressure ulcer measured 0.7 cm x 0.5 cm x 0.0 cm, had 100% epithelial tissue. The note revealed R16's pressure ulcer was healing and no treatment changes were made.</p> <p>-A weekly skin note dated 12/2/15, revealed R16 had no new skin issues.</p> <p>-A skin/wound initial note dated 12/7/15, identified R16 had a new open area on the right lower buttocks gluteal fold which measured 1.8 cm x 1 cm. The wound was assessed to have 100% slough tissue. The note revealed an analysis which identified R16 had declined and lost weight. The note identified a new intervention for R16 of staff assisting R16 to bed after meals on his left side or back.</p> <p>-A wound measurement note dated 12/7/15, identified R16's stage 2 right hip pressure ulcer, measured 0.5 cm x 1.0 cm and had 100% granulation tissue. The pressure ulcers surrounding skin assessed as red and measured 2.5 cm x 2.0 cm surrounding the open area. No treatment changes were indicated on the note.</p>	2 900		

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2 900	<p>Continued From page 22</p> <p>-A initial wound assessment note dated 12/7/15, revealed R16 had a 1.8 cm x 1 cm open area on the right gluteal fold of inner buttocks. The note identified R16 had an overall decline in condition and had lost weight. The assessment further revealed R16 was to be assisted to lay down after meals on the left side or back for pressure relief. The open area was left open to air.</p> <p>-A skin follow up note dated 12/7/15, revealed R16's open area to the right lower gluteal fold measured 1.8 cm x 1.0 cm, had no signs of infection and had been left open to air.</p> <p>-A skin follow up note dated 12/8/15, at 4:48 a.m. revealed R16's open area to the right lower gluteal fold measured 1.8 cm x 1.0 cm, had yellow slough noted in the center of the wound bed. The note further revealed R16's open area was left open to air and staff attempts to position R16 on the left side was ineffective as R16 would roll over to the right side.</p> <p>- An MD note dated 12/8/15, identified R16's open area to the right lower gluteal fold was a pressure ulcer and had received an order to increase R16's nutritional supplement to four times a day.</p> <p>-A skin follow up note dated 12/8/15, at 1:28 p.m. revealed R16's stage 2 pressure ulcer to the right gluteal fold was tender, had no change in measurements. The note further indicated R16 was to be encouraged to reposition and had tolerated repositioning at the present time.</p> <p>A physician progress note dated 11/6/15, revealed R16 had a stage 2 pressure ulcer to the right hip and staff were to encourage</p>	2 900		

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2 900	<p>Continued From page 23</p> <p>repositioning.</p> <p>Review of R16's unsigned physician orders printed 12/10/15, revealed an order with a start date of 11/7/15, to cleanse OA (open area) to R) (right) hip, change/apply Primapore dressing every 3 days until healed. R16's physician orders lacked an order for a dressing on R16's stage 2 pressure ulcer to the right gluteal fold.</p> <p>Review of the facility policy titled, Repositioning in Bed and in a Chair/Applyng (sp) lift sheets dated 4/2015, revealed the purpose of the policy included prevention of skin breakdown and providing pressure relief for residents. The policy directed facility staff to follow the residents care plan for specific repositioning needs in bed and in a chair.</p> <p>Review of the facility policy titled, Comprehensive Skin Care policy, revised 7/1/15, revealed a policy statement which included, a resident who had a pressure sore was to receive the necessary treatment and services to promote healing, prevent infection and prevent new sores from developing. The policy directed facility staff to provide skin care to keep skin clean and dry. The policy also directed facility staff to provide repositioning pressure relief per the residents care plan.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review/revise policies/procedures for pressure ulcer prevention and care, educate staff, and then perform audits to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty One (21) days.</p>	2 900		

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2 920	<p>MN Rule 4658.0525 Subp. 6 B Rehab - ADLs</p> <p>Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that:</p> <p>B. a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to provide timely incontinence cares for a check and change program for 1 of 1 residents (R16) reviewed for urinary incontinence.</p> <p>Findings include:</p> <p>Review of R16's annual Minimum Data Set (MDS) dated 9/30/15, identified R16 had severe cognitive impairment and had diagnoses which included dementia, arthritis and anxiety. The MDS also identified R16 needed extensive assistance with activities of daily (ADL's) and was frequently incontinent of urine. The MDS further identified R16 was at risk for pressure ulcers and was on a repositioning program to prevent pressure ulcers.</p> <p>Review of R16's annual Care Area Assessment for assessment reference date of 9/30/15, identified R16 had severe cognitive impairment, required extensive physical assistance of 2 staff for ADL's and was frequently incontinent of urine requiring staff to assist with toileting needs. The CAA summary also revealed R16 required assistance with pericare's after each incontinence</p>	2 920	Corrected	1/7/16

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2 920	<p>Continued From page 25</p> <p>and had recurrent urinary tract infections (UTI's.) The CAA summary further revealed R16 was resistive to cares and non-compliant with medications which included antibiotics for UTI's.</p> <p>Review of R16's Bladder Assessment dated 9/30/15, identified R16 was incontinent of a moderate to large amount of urine. The assessment also identified R16 had severe cognitive impairment and required assistance of 2 staff for transfers with use of a full mechanical lift. The assessment revealed R16 was to receive assistance with toileting between 2300-2400 and 0500-0600 daily. The assessment further revealed R16 wore an incontinent brief and required staff assistance with incontinence cares.</p> <p>Review of R16's care plan dated 5/7/15, identified R16 was at high risk for pressure ulcers related to urinary incontinence and open area on right hip. R16's care plan directed facility staff to assist R16 with repositioning every 2 hours while in bed and chair. R16's care plan also revealed R16 was incontinent of urine and R16 was no longer aware of the urge to void. R16's care plan also revealed R16 wore an incontinent brief and directed facility staff to check and change as needed.</p> <p>On 12/09/15, during continuous observations from 1:10 p.m. to 4:17 p.m., R16 was observed seated in a wheelchair without being offered, or assisted, to reposition or toilet.</p> <p>- At 1:10 p.m. R16 was observed wearing sweat pants and a shirt, seated in a wheelchair in the Pines unit dining room next to the table. Nursing assistant (NA)-F walked up to R16's wheelchair and wheeled R16 to the Pines common area, located across from the nurses' station. The common area was observed to have two</p>	2 920		

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2 920	<p>Continued From page 26</p> <p>openings in which to enter and exit the area. R16 sat briefly in the commons area prior to propelling himself with his feet around in a circle in one opening of the common area and out the other opening.</p> <p>-At 1:35 p.m. a restorative aid (RA)-A approached R16, who had continued to propel himself with his feet around the commons area, and offered to bring him to exercises. RA-A stated R16 received exercises of active range of motion (AROM) to both lower extremities 5-6 times a week. RA-A stated R16 needed a mechanical lift for transfers and was unable to reposition himself without staff assistance. RA-A assisted R16 in a wheelchair to a exercise room in an unused hall of the facility and completed exercises to both of R16's lower extremities, but did not offload or reposition the resident.</p> <p>-At 2:00 p.m. RA-A assisted R16, who remained seated in the wheelchair, to a table by the Pines nurses' station. RA-A placed a cup of coffee and juice next to R16 at the table, and exited the area.</p> <p>-At 2:45 p.m. NA-G briefly approached R16 who remained seated at the table. NA-G stood near R16 and asked R16 if he was alright. When R16 nodded his head, NA-G immediately walked away from the area. NA-G was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 3:01 p.m. R16 was observed seated in a wheelchair at the table by the nurses' station. No staff were observed during that time to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 3:27 p.m. R16 continued to be seated in a</p>	2 920		

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2 920	<p>Continued From page 27</p> <p>wheelchair at the table by the nurses' station. NA-G and NA-D walked past R16 and were not observed to attempt/offer to assist R16 with repositioning to toileting needs.</p> <p>-At 3:49 p.m. R16 was observed to continue to be seated in a wheelchair at the table by the nurses station. NA- was observed to walk over to resident and greeted R16. NA-G proceeded to walk away from R16 without offering or attempting to provide assistance with repositioning or toileting needs.</p> <p>-At 3:51 p.m. R16 was observed to be seated in a wheelchair, NA-D approached R16 and questioned how he was. R16 gave no verbal response and NA-D walked away from R16. NA-D was not observed to offer/attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:02 p.m. R16 remained seated in a wheelchair at the table by the nurses station, NA-C approached R16 and asked R16 if she could give him a ride. R16 was observed to shake his head and NA-C walked away. R16 remained seated in the wheelchair.</p> <p>-At 4:06 p.m. NA-G approached R16, who continued to be seated in the wheelchair, and asked R16 how he was. R16 gave no verbal or non-verbal response to NA-G. NA-G stated to R16 she was checking on him and walked away from R16. NA-G did not offer or attempt to assist R16 with repositioning or toileting needs.</p> <p>-At 4:14 p.m. the nurse manager (NM)-A was notified by the surveyor that R16 had not been repositioned or offered assistance with toileting for a total of 3 hours and 4 minutes. NM-A approached R16 and asked R16 if she could</p>	2 920		

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2 920	<p>Continued From page 28</p> <p>bring him to his room. R16 initially shook his head no, NM-A asked R16 again if she could bring him to his room to change his position, R16 then nodded affirmatively and allowed NM-A to assist him to his room via wheelchair. NM-A requested the assistance of NA-C to aid in R16's cares.</p> <p>-At 4:17 p.m. NM-A and NA-C utilized a mechanical lift to transfer R16 out of the wheelchair. During the transfer, R16's bottom area of the pants were noted to be wet. The wet area was approximately 12 centimeters (cm) by 12 cm and circular in shape. NA-C and NM-A donned gloves and assisted R16 to move side to side in order to remove his sweat pants. R16 was wearing a white incontinent brief which upon removal was noted to be saturated with blood tinged, amber colored urine. NM-A confirmed R16's brief was saturated with urine and confirmed R16's incontinence had saturated his brief and onto his sweat pants. R16 was then assisted to move to his right side towards NA-C by NM-A and NA-C. R16 was observed to have a Primapore (an adhesive dressing consisting of a breathable non-woven top layer and a low-adherent absorbent pad,) dressing on his right buttocks gluteal fold. NM-A removed R16's Primapore dressing, which was wet with urine on the outside, and R16 was observed to have an open area on the right side of his coccyx.</p> <p>-At 4:26 p.m. NM-A confirmed R16 had a stage 2 (partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ruptured blister,) on his coccyx. NM-A stated R16 had a current urinary tract infection and indicated R16's skin under the Primapore dressing was dry. NM-A changed gloves and cleansed R16's pressure ulcer. NM-A confirmed R16's stage 2 pressure ulcer measured 1.8 cm x</p>	2 920		

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2 920	<p>Continued From page 29</p> <p>1.0 cm and was circular in shape. NM-A also confirmed R16's wound bed was covered with granulation tissue (red tissue with " cobblestone " or bumpy appearance, bleeds easily with injured) and had very little depth. NM-A then applied cream and dressed R16's wound with a new dressing. After pericare were completed and a clean brief applied, R16 was assisted to turn onto his left side. A scabbed wound was observed on R16's right hip area. NM-A stated the scab on R16's right hip was a stage 2 pressure ulcer and was left open to air. The pressure ulcer on R16's hip measured approximately 0.5 cm x 0.5 cm and had no redness.</p> <p>R16 had not been observed to be assisted or offered to reposition/offload or to be checked and changed for a total of 3 hours and 7 minutes. On 12/9/15, at 4:32 p.m. NA-C stated R16 needed extensive assistance with all cares which included repositioning and toileting needs. NA-C stated R16 was on an every 2 hour repositioning schedule and was supposed to be checked and changed for urinary incontinence as R16 was frequently incontinent of urine. NA-C stated she was not aware of the last time R16 was repositioned or checked and changed. NA-C stated she had attempted to care for R16 at around 4:00 p.m. by asking him to go for a ride, however R16 refused. NA-C stated the staff was unable to offer toileting or repositioning directly to R16 as he would refuse cares. NA-C stated R16 was often more compliant when they asked him to go for a ride. NA-C stated she was aware R16 had a pressure ulcer on his right hip and a newly developed pressure ulcer on the right side of the buttocks crease. NA-C stated R16 had always been on an every 2 hour repositioning schedule and there had been no change. NA-C stated they often would increase the frequency of repositioning of residents when they had pressure</p>	2 920		

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2 920	<p>Continued From page 30</p> <p>ulcers though R16's repositioning schedule had not changed. NA-C stated R16 was unable to make his needs known and staff needed to anticipate R16's needs such as toileting and repositioning.</p> <p>On 12/9/15, at 5:01 p.m. NM-A confirmed R16's current care plan and stated she was unaware of when R16 was last repositioned and had assistance with incontinence care. NM-A stated she thought R16 had refused assistance at 1:30 p.m. NM-A stated R16 had 2 current pressure ulcers, one on his right hip which was healing and one on his right gluteal fold which was first noted on 12/7/15. NM-A stated the intervention put in place at the time the new stage 2 pressure ulcer developed was to lay R16 in bed after meals on his left side or back. NM-A stated R16 often rolled onto his right side independently in bed. NM-A stated she expected R16 to be assisted with repositioning at least every 2 hours, and indicated R16 was often resistive with cares. NM-A stated staff were also expected at that time to check and change R16 for urinary incontinence. NM-A stated R16 was no longer able to feel the urge to void and was frequently incontinent of urine. NM-A confirmed R16 was at high risk for skin breakdown.</p> <p>On 12/09/15, at 5:08 p.m. NA-D stated he was unaware of when R16 had last been repositioned or assisted with incontinence cares. NA-D stated he had not attempted to assist R16 with repositioning or incontinence cares since he'd arrived on shift, around 2:00 p.m. NA-D stated R16 was dependent on staff for his needs and was on a every 2 hour repositioning plan and had current pressure ulcers. NA-D also stated R16 was on a check and change plan for incontinence which was to correlate with repositioning. NA-D</p>	2 920		

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2 920	<p>Continued From page 31</p> <p>stated R16 was often resistive with cares such as toileting and repositioning. NA-D stated R16 was not able to verbalize his needs and staff needed to anticipate needs.</p> <p>On 12/10/15, at 10:18 a.m. NA-E stated she had offered cares to R16 on 12/9/15, at 1:30 p.m., this however was not observed by the surveyor. NA-E stated R16 required assistance with all cares which included repositioning and check and changing every 2 hours. NA-E stated R16 was at high risk for skin breakdown and at present had 2 pressure ulcers, one on the right hip and right buttocks (gluteal fold.) NA-E stated the last time R16 was assisted with cares on 12/9/15 day shift was 11:00 a.m., prior to the noon meal. NA-E stated R16 was frequently incontinent of urine and was not able to verbalize the need to void or other need. NA-E stated staff needed to anticipate R16's needs</p> <p>A facility policy titled, Urinary Incontinence revised 1/2015, revealed the purpose of the policy was for staff to provide appropriate services and treatment to help residents restore or improve bladder function and prevent urinary tract infections. The policy directed facility staff to complete urinary assessments of residents and based on the assessment a plan was to be implemented to provide residents with incontinence management. The policy directed facility staff to follow the residents individualized care plan to maintain comfort and skin integrity.</p> <p>A facility policy titled, Perineal Care for Incontinence revised 1/2015, revealed a statement which identified the facility used incontinent products designed to pull moisture away form the skin. The statement further</p>	2 920		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2015
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NAME OF PROVIDER OR SUPPLIER KNUTE NELSON	STREET ADDRESS, CITY, STATE, ZIP CODE 420 12TH AVENUE EAST ALEXANDRIA, MN 56308
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(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
2 920	Continued From page 32 revealed prolonged exposure to urine could compromise skin integrity. The policy directed facility staff to provide complete perineal cares after each incontinence. SUGGESTED METHOD OF CORRECTION: The DON or designee(s) could review and revise as necessary the policies and procedures regarding the need for assistance with activities of daily living including repositioning and check and change programs. The DON or designee (s) could provide training for all appropriate staff on these policies and procedures. The DON or designee (s) could monitor to assure all residents are receiving adequate and appropriate care. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 920		
21375	MN Rule 4658.0800 Subp. 1 Infection Control; Program Subpart 1. Infection control program. A nursing home must establish and maintain an infection control program designed to provide a safe and sanitary environment. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to ensure proper infection control practices were implemented related to proper glove and handwashing techniques for 1 of 3 residents (R81) observed during personal cares.	21375	Corrected	1/7/16

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00113	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/10/2015
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21375	<p>Continued From page 33</p> <p>Findings include:</p> <p>R81's quarterly Minimum Data Set (MDS) dated 9/30/15, identified R81 had diagnoses which included diabetes and Alzheimer dementia. The MDS identified R81 had severe cognitive impairment and required extensive to total staff assistance for all activities of daily living including toileting and hygiene. The MDS further identified R81 was frequently incontinent of urine and always incontinent of bowel.</p> <p>On 12/10/2015, from 10:47 a.m. to 11:11 a.m. continual observation of personal cares for R81 was conducted. R81 was lying in bed, with nursing assistant (NA)-A at the bedside, and wore disposable gloves on both hand. NA-A washed and dried R81's arms and legs, and applied lotion to both legs and feet from a bottle NA-A removed for R81's bedside stand. NA-B entered R81's room, assisted R81 to position on the side, removed R81's incontinent brief and NA-A performed perineal cares. A large amount of soft,brown stool was observed in R81's brief and on R81's bottom. With gloved hands, NA-A removed the stool from R81's bottom, and perineal area. Smears of brown stool were observed on NA-A right gloved hand after personal cares were completed. NA-A picked up the soiled wipes, brief and placed the items in a garbage bag. After NA-A cleansed R81's bottom, with the same soiled gloves, NA-A immediately picked up the lotion bottle, squeezed lotion onto her gloved hands and applied lotion to R81's bottom. With the same soiled gloves, NA-A returned the lotion bottle to R81's bedside dresser.</p> <p>NA-A proceeded to remove the bathing supplies</p>	21375		

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21375	<p>Continued From page 34</p> <p>to R81's bathroom, removed both gloves and applied fresh disposable gloves. NA-A returned to R81's bedside with fresh water in a basin and washed R81's eyes, face and ears with and wash cloth and dried these areas. NA-A proceeded to reach into R81's bedside dresser, remove the soiled lotion bottle from the dresser. NA-A squeezed lotion onto both gloved hands, rubbed her hands together and applied the lotion to R81's cheeks and face.</p> <p>On 12/10/2015, at 11:31 a.m. NA-A confirmed the usual practice of providing morning cares with R81 laying in bed, and starting with the feet and moving towards the head. NA-A confirmed she had returned the bottle into R81's dresser with her soiled gloves and used the same bottle to apply lotion to R81's face.</p> <p>On 12/10/2015, at 3:33 p.m. the director of nursing (DON) confirmed the usual facility practice was for staff to change gloves and wash hands when the gloves become contaminated. The DON identified the following as examples when proper handwashing and glove change should be completed; when dealing with urine, a bowel movement (BM), providing pericare, and assisting with toileting. The DON stated, "of course" anything handled with gloves used to provide pericare/touch BM would be considered contaminated.</p> <p>The undated facility form titled Hand Hygiene, identified the Purpose: Hand hygiene continues to be the primary means of preventing the transmission of infection.</p> <p>SUGGESTED METHOD OF CORRECTION:</p>	21375		

Minnesota Department of Health

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21375	<p>Continued From page 35</p> <p>The director of nursing or designee, could review infection control practices during personal care and educate staff. The director of nursing or designee, could conduct random audits of the delivery of care to ensure appropriate care and services are implemented in order to reduce the risk of infection.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21375		