DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

ID: MKNW

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

PA	RT I - TO BE COMPI	THE STAT	TATE SURVEY AGENCY Facility ID: 00175				
MEDICARE/MEDICAID PROVIDER NO. (L1) 245203 2.STATE VENDOR OR MEDICAID NO. (L2) 1780028878	3. NAME AND AE (L3) THE VILLA (L4) 275 PENN A (L5) MINNEAPO	AT BRYN MA	AWR	(L6) 55405	4. TYPE OF ACTION: 7 (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint		
5. EFFECTIVE DATE CHANGE OF OWNERSHI (L9) 08/01/2013			GORY 09 ESRD	02 (L7) 13 PTIP 22 CLIA	7. On-Site Visit 9. Other 8. Full Survey After Complaint		
6. DATE OF SURVEY 08/14/2014 (1) 8. ACCREDITATION STATUS:		06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/IID 12 RHC	14 CORF 15 ASC 16 HOSPICE	FISCAL YEAR ENDING DATE: (L35) 12/31		
	(L18) Complianc 1. A L17) B. Not in Com		gram	And/Or Approved Waivers Of 2. Technical Personnel 3. 24 Hour RN 4. 7-Day RN (Rural SI 5. Life Safety Code * Code: A5	7. Medical Director		
112	9 SNF ICF	IID (L43)		15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1):	(L15)		
16. STATE SURVEY AGENCY REMARKS (IF A The facility's request for a continui 17. SURVEYOR SIGNATURE Gayle Lantto, Supervisor	ng waiver involving t		ey cited at	t K67 is recommended. 18. STATE SURVEY AGENCY Anne Kleppe, Enforce			
PART II - TO	O BE COMPLETED I	BY HCFA RE	(L19) EGIONAL	OFFICE OR SINGLE S			
DETERMINATION OF ELIGIBILITY _X 1. Facility is Eligible to Participate 2. Facility is not Eligible	20. COM	IPLIANCE WITH		21. 1. Statement of Fina	ncial Solvency (HCFA-2572) ol Interest Disclosure Stmt (HCFA-1513)		
OF PARTICIPATION BEGING 10/01/1978 (L24) (L41) 25. LTC EXTENSION DATE: 27. ALTE A. Su	INNING DATE CRNATIVE SANCTIONS spension of Admissions:	4. LTC AGREEM ENDING DAT (L25)		26. TERMINATION ACTION VOLUNTARY 01-Merger, Closure 02-Dissatisfaction W/ Reimburs 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	D INVOLUNTARY 05-Fail to Meet Health/Safety nement 06-Fail to Meet Agreement		
B. Re	scind Suspension Date:	(L45)					
28. TERMINATION DATE: (L28)	29. INTERMEDIARY/ 00270	CARRIER NO.	(L31)	30. REMARKS			
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION 08/12/2014	OF APPROVAL	DATE (L33)	DETERMINATION APP	ROVAL		



Protecting, Maintaining and Improving the Health of Minnesotans

CMS Certification Number (CCN): 24-5203

September 16, 2014

Ms. Patsy Voelker, Administrator The Villa at Bryn Mawr 275 Penn Avenue North Minneapolis, Minnesota 55405

Dear Ms. Voelker:

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 the Minnesota Department of Human Services that your facility is recertified in the Medicaid program.

Effective July 29, 2014 the above facility is certified for or recommended for:

112 - Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 112 skilled nursing facility beds,

Your request for waiver of Life Safety Code Requirement K067 has been approved based on the submitted documentation.

If you are not in compliance with the above requirements at the time of your next survey, you will be required to submit a Plan of Correction for these deficiency(ies) or renew your request for waiver in order to continue your participation in the Medicare and Medicaid Program.

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.

The Villa At Bryn Mawr September 16, 2014 Page 2

Please contact me if you have any questions.

Sincerely,

Dire Klegge

Anne Kleppe, Enforcement Specialist Licensing and Certification Program Division of Compliance Monitoring Minnesota Department of Health

Email: anne.kleppe@state.mn.us

Telephone: (651) 201-4124 Fax: (651) 215-9697



Protecting, Maintaining and Improving the Health of Minnesotans

September 15, 2014

Ms. Patsy Voelker, Administrator The Villa at Bryn Mawr 275 Penn Avenue North Minneapolis, Minnesota 55405

RE: Project Number S5203023

Dear Ms. Voelker:

On July 2, 2014, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on June 13, 2014. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required.

On August 14, 2014, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of your plan of correction and on July 31, 2014 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on June 13, 2014. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of July 29, 2014. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on June 13, 2014, effective July 29, 2014 and therefore remedies outlined in our letter to you dated July 2, 2014, will not be imposed.

Your request for a continuing waiver involving the deficiencies cited under K067 at the time of the June 13, 2014 standard survey has been forwarded to CMS for their review and determination. Your facility's compliance is based on pending CMS approval of your request for waiver.

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. Enclosed is a copy of the Post Certification Revisit Form, (CMS-2567B) from this visit. Feel free to contact me if you have questions.

Sincerely,

Dire Klegge

Anne Kleppe, Enforcement Specialist

Licensing and Certification Program

Division of Compliance Monitoring, Minnesota Department of Health

Email: anne.kleppe@state.mn.us Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

Form Approved OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1)	Provider / Supplier / CLIA / Identification Number 245203	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 8/14/2014
Name	of Facility		Street Address, City, State, Zip Code	
ТН	E VILLA AT BRYN MAWR		275 PENN AVENUE NORTH	
			MINNEAPOLIS MN 55405	

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).

(Y4) Item		(Y5) Date	(Y4) Item		(Y5)	Date	(Y4) Item		(Y5)	Date
ID Prefix	F0156	Correction Completed 07/23/2014	ID Prefix	F0157		Correction Completed 07/23/2014	ID Prefi	x F0160		Correction Completed 07/23/2014
Reg. # LSC	483.10(b)(5) - (10), 483. <mark>10(t</mark>	Reg. # LSC	483.10(b)(11)			Reg.	# 483.10(c)(6)		
	F0225 483.13(c)(1)(ii)-(ii	Correction		_F0226 483.13(c)		Correction Completed 07/23/2014		# 483.15(e)(1)		Correction Completed 07/23/2014
ID Prefix	F0248	Correction Completed 07/23/2014	ID Prefix			Correction Completed 07/23/2014	ID Prefi	x F0253		Correction Completed 07/23/2014
LSC	483.15(f)(1)		LSC	483.15(g)(1)			LS(# 483.15(h)(2)		_
ID Prefix Reg. # LSC	F0279 483.20(d), 483.20	Correction Completed 07/23/2014 (k)(1)	ID Prefix Reg. # LSC	F0280 483.20(d)(3), 483.		Correction Completed 07/23/2014	ID Prefi Reg. LS	# 483.20(k)(3)((ii)	Correction Completed 07/23/2014
ID Prefix Reg. # LSC	F0309 483.25	Correction Completed 07/23/2014	ID Prefix Reg. # LSC	_F0311 483.25(a)(2)		Correction Completed 07/23/2014	ID Prefi Reg. LS(# 483.25(h)		Correction Completed 07/23/2014
Reviewed I	, — GD	riewed By	Date: 09/15/20	Signature	of Sur	veyor:	31223		Date: 08/1	4/2014
Reviewed I	-	riewed By	Date:	Signature	of Sur	veyor:			Date:	

Form Approved OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1)	Provider / Supplier / CLIA / Identification Number 245203	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 8/14/2014
Name	e of Facility		Street Address, City, State, Zip Code	
T⊢	IE VILLA AT BRYN MAWR		275 PENN AVENUE NORTH	
• • •			MINNEAPOLIS. MN 55405	

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).

(Y4) Item		(Y5)	Date	(Y4) Item		(Y5)	Date	(Y4)	Item		(Y5)	Date
ID Prefix Reg. # LSC	F0328 483.25(k)		Correction Completed 07/23/2014	ID Prefix Reg. # LSC	F0329 483.25(I)		Correction Completed 07/23/2014		ID Prefix Reg. # LSC	483.30(a)		Correction Completed 07/23/2014
ID Prefix Reg. # LSC	F0412 483.55(b)		Correction Completed 07/23/2014	ID Prefix Reg. # LSC	F0428 483.60(c)		Correction Completed 07/23/2014		ID Prefix Reg. # LSC	483.60(b), (d)	, (e)	Correction Completed 07/23/2014
ID Prefix Reg. # LSC	F0441 483.65		Correction Completed 07/23/2014	ID Prefix Reg. # LSC	F0463 483.70(f)		Correction Completed 07/23/2014					
Reviewed E	Зу	Reviewed	Ву	Date:	Signatu	re of Sur	veyor:				Date:	
State Agen	су	GD/AK		09/15/2	014			31	223			/2014
Reviewed E	Зу	Reviewed	Ву	Date:	Signatu	re of Sur	veyor:				Date:	
Followup t	o Survey Co 6/13	mpleted on /2014	:							Summary of the Facility?	YES	NO

Form Approved OMB NO. 0938-0390

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 245203	(Y2) Multiple Cons A. Building B. Wing	IN BUILDING 01	(Y3) Date of Revisit 7/31/2014
Name of Facility		Street Address, City, State, Zip Code	
THE VILLA AT BRYN MAWR		275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	

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).

(Y4) Item	(Y:	5) Date	(Y4) Item	(Y5)	Date	(Y4)	Item	(Y5)	Date
ID Prefix		Correction Completed 07/23/2014	ID Prefix		Correction Completed 07/23/2014		ID Prefix		Correction Completed
•	NFPA 101	_		NFPA 101			Reg. # LSC		
LSC	K0045	_	LSC	K0066			LSC		
ID Prefiv		Correction Completed	ID Prefix		Correction Completed		ID Prefix		Correction Completed
	-	_							
Reg. # LSC	-	_	Reg. # LSC				Reg. # LSC		<u></u>
ID Prefix		Correction Completed			Correction Completed		ID Prefix		Correction Completed
Reg. #		_	Reg. #	-			Reg. #		
LSC		_	LSC				LSC		
ID Prefix Reg. #		Correction Completed	Reg. #		Correction Completed		ID Prefix		Correction Completed
LSC		_	LSC				Reg. # LSC		
Reg. #			Reg. #				ID Prefix Reg. # LSC		
Reviewed E	By Reviewe	d By	Date:	Signature of Sur	veyor:			Date:	
State Agend		-	09/15/20		-	28	8120		31/2014
Reviewed E			Date:	Signature of Sur	veyor:			Date:	
CMS RO		-		-	-				
Followup t	o Survey Completed of 6/11/2014	n:		Check for any Uncol Uncorrected Defic			es. Was a Summa 67) Sent to the Fac		NO

Event ID: MKNW12

State Form: Revisit Report									
(Y1)	Provider / Supplier / CLIA / Identification Number 00175	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 8/14/2014					
Name	e of Facility		Street Address, City, State, Zip Code						
TH	IE VILLA AT BRYN MAWR		275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405						

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).

(Y4) Item		(Y5) Date	(Y4) Item		(Y5)	Date	(Y4)	Item		(Y5)	Date
		Correction			Co	orrection					Correction
ID Prefix	20265	Completed 08/14/2014	ID Prefix	20500		ompleted 8/14/2014		ID Prefix	20560		Completed 08/14/2014
	MN Rule 4658.00			MN Rule 4658.						4658.0405	
LSC	MIN Rule 4050.00	103	LSC	WIN Kule 4030.	0275 Subp			LSC	WIN Kule	4030.0403	Subp.
			<u> </u>								_
		Correction			Co	orrection					Correction
ID Des fire	00505	Completed	ID Des fee	00570		ompleted		ID Des for	00000		Completed
ID Prefix		08/14/2014	ID Prefix			3/14/2014			20800		08/14/2014
	MN Rule 4658.04			MN Rule 4658.		. 1				4658.0510	Subp.
		<u></u>	LSC					LSC			
		Correction			C	orrection					Correction
		Completed				ompleted					Completed
ID Prefix	20830	08/14/2014	ID Prefix	20915		3/14/2014		ID Prefix	21325		08/14/2014
	MN Rule 4658.05			MN Rule 4658.						4658.0725	
LSC			LSC					LSC			
		Correction			C	orrection					Correction
		Completed			_	ompleted					Completed
ID Prefix	21375	08/14/2014	ID Prefix	21426		3/14/2014		ID Prefix	21450		08/14/2014
Reg. #	MN Rule 4658.08	800 Subp.	Reg. #	MN St. Statute	144A.04 S	ul				4658.0900	
LSC			LSC					LSC			
		Correction				orrection					Correction
ID Prefix	21475	Completed 08/14/2014	ID Prefix	21530		ompleted 3/14/2014		ID Prefix	21535		Completed 08/14/2014
Reg. #	MN Rule 4658.10	005 Subp.	Reg. #	MN Rule 4658.	1310 A.B.C			Reg. #	MN Rule4	1658.1315	Subp.1
LSC			LSC					LSC			
Reviewed E	By Re	viewed By	Date:	Signatu	re of Surve	vor:				Date	
State Agen		D/AK	09/15/20	_		•	31	223			14/2014
Reviewed E		viewed By	Date:	Signatu	re of Surve	vor:				Date	•
CMS RO		• • •		3.3		-				_ 5.30	

State Form: Revisit Report									
(Y1)	Provider / Supplier / CLIA / Identification Number 00175	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 8/14/2014					
Name	of Facility		Street Address, City, State, Zip Code						
TH	E VILLA AT BRYN MAWR		275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405						

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).

Y4) Item	(Y5	5) Date	(Y4) Item	(Y5)) Date	(Y4)	Item	(Y	′5) D	ate
		Correction			Correction					Correction
ID Doctor	04040	Completed	ID Desfer	04005	Completed		ID Des fire	04000		Completed
	21610	08/14/2014	ID Prefix		08/14/2014		ID Prefix	-		08/14/2014
Reg. # LSC	MN Rule 4658.1340 Su	ıbp.	Reg. # LSC	MN Rule 4658.1415 Su	bp.		Reg. # LSC	MN St. Statute	144.651	Sub
		Correction			Correction					Correction
ID Prefix	21810	Completed 08/14/2014	ID Prefix	21995	Completed 08/14/2014		ID Prefix	22000		Completed 08/14/2014
	MN St. Statute 144.651	_		MN St. Statute 626.557	_			MN St. Statute	626.557	_
Reviewed E	CD/AL	-	Date: 09/15/2	Signature of Su	rveyor:	312	223		Date: 08/14/	2014
State Agend Reviewed E CMS RO	-,		Date:	Signature of Su	rveyor:	J 12			Date:	
Followup t	o Survey Completed o 6/13/2014 M: REVISIT REPORT (Check for any Unco Uncorrected Defi				the Facility?	YES KNW12	NO



Protecting, Maintaining and Improving the Health of Minnesotans

September 16, 2014

Ms. Patsy Voelker, Administrator The Villa at Bryn Mawr 275 Penn Avenue North Minneapolis, Minnesota 55405

Re: Enclosed Reinspection Results - Project Number S5203023

Dear Ms. Voelker:

On August 14, 2014 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 June 13, 2014. At this time these correction orders were found corrected and are listed on the attached Revisit Report Form.

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.

Please feel free to call me with any questions.

Sincerely,

Anne Kleppe, Enforcement Specialist

Licensing and Certification Program

Division of Compliance Monitoring

Minnesota Department of Health

Email: anne.kleppe@state.mn.us

Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility

Dire Klegge

Licensing and Certification File

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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

ID: MKNW Facility ID: 00175

					=======================================		1 delini, 12. 00172		
1. MEDICARE/MEDICAID PROVIDI (L1) 245203 2.STATE VENDOR OR MEDICAID N (L2) 1780028878		3. NAME AND AD (L3) THE VILLA (L4) 275 PENN A	AT BRYN M VENUE NOR	AWR	(L6) 55405	4. TYPE OF ACTI 1. Initial 3. Termination 5. Validation	ON: 2 (L8) 2. Recertification 4. CHOW 6. Complaint		
5. EFFECTIVE DATE CHANGE OF (L9) 08/01/2013		7. PROVIDER/SU	IPPLIER CATEC	09 ESRD	02 (L7) 13 PTIP 22 CLIA	7. On-Site Visit 9. Other 8. Full Survey After Complaint			
6. DATE OF SURVEY 06/13 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	3/ 2014 (L34) (L10)	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/III 12 RHC	14 CORF 15 ASC 16 HOSPICE	FISCAL YEAR END	ING DATE: (L35)		
11LTC PERIOD OF CERTIFICATION	N	10.THE FACILITY	' IS CERTIFIED	AS:					
From (a):		A. In Complian			And/Or Approved Waivers C	_			
To (b):			equirements e Based On:		2. Technical Personne 3. 24 Hour RN	el 6. Scope of S 7. Medical D			
12.Total Facility Beds	112 (L18)	1. A	cceptable POC		4. 7-Day RN (Rural S X 5. Life Safety Code		om Size		
13.Total Certified Beds	112 (L17)		npliance with Progents and/or Appli		* Code: B , 5 *	(L12)			
14. LTC CERTIFIED BED BREAKDO	WN				15. FACILITY MEETS				
18 SNF 18/19 SNF 112	19 SNF	ICF	IID		1861 (e) (1) or 1861 (j) (1):	(L15)			
(L37) (L38)	(L39)	(L42)	(L43)						
16. STATE SURVEY AGENCY REM The facility's request for a contin	,			,	reviously forwarded. App	roval of the waiver re	equest was recommended.		
17. SURVEYOR SIGNATURE		Date :			18. STATE SURVEY AGENC		Date:		
Kathy Sass, HPR Dietary	Specialist	0	07/25/2014	(L19)	Anne Kleppe, Enforc	ement Specialist	08/06/2014 (L20)		
PAI	RT II - TO BE	COMPLETED I	BY HCFA RI	EGIONAI	COFFICE OR SINGLE	STATE AGENCY			
19. DETERMINATION OF ELIGIBIL	ITY		IPLIANCE WITI HTS ACT:	H CIVIL		nancial Solvency (HCFA-25 trol Interest Disclosure Stm			
1. Facility is Eligible to F	_				3. Both of the Abo	ve:			
2. Facility is not Eligible	(L21)								
22. ORIGINAL DATE	23. LTC AGREED	MENT 24	4. LTC AGREEN	MENT	26. TERMINATION ACTION	N:	(L30)		
OF PARTICIPATION 10/01/1978	BEGINNING	G DATE	ENDING DA	TE	VOLUNTARY 01-Merger, Closure	00 INVOLU	NTARY Meet Health/Safety		
(L24)	(L41)		(L25)		02-Dissatisfaction W/ Reimbur		Meet Agreement		
25. LTC EXTENSION DATE:	27. ALTERNATI	VE SANCTIONS	(220)		03-Risk of Involuntary Terminat	tion OTHER			
		n of Admissions:			04-Other Reason for Withdrawa		ler Status Change		
(L27)	D.D. : 10		(L44)			00-Activ			
(221)	B. Rescind Si	aspension Date:	(L45)						
28. TERMINATION DATE:	29). INTERMEDIARY/	CARRIER NO.		30. REMARKS				
		00270							
	(L28)			(L31)					
31. RO RECEIPT OF CMS-1539	32	. DETERMINATION	OF APPROVAL	DATE					
	(L32)			(L33)	DETERMINATION API	PROVAL			



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7013 2250 0001 6356 5187

July 2, 2014

Ms. Patsy Voelker, Administrator The Villa at Bryn Mawr 275 Penn Avenue North Minneapolis, Minnesota 55405

RE: Project Number S5203023

Dear Ms. Voelker:

On June 13, 2014, 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.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the attached CMS-2567 whereby corrections are required. A copy of the Statement of Deficiencies (CMS-2567) is enclosed.

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:

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

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

<u>Remedies</u> - 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:

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

<u>Informal Dispute Resolution</u> - 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:

Gloria Derfus, Unit Supervisor Minnesota Department of Health P.O. Box 64900 St. Paul, Minnesota 55164-0900 Telephone: (651) 201-3792 Fax: (651) 201-3790

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 July 23, 2014, 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 July 23, 2014 the following remedy will be imposed:

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

PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your PoC 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,

- Include signature of provider and date.

If an acceptable PoC 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 PoC 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 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. In order for your allegation of compliance to be acceptable to the Department, the PoC 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 PoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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. A Post Certification Revisit (PCR) 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 PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the PoC.

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 September 13, 2014 (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 December 13, 2014 (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 Division of Compliance Monitoring P.O. Box 64900 St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting a PoC 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.

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:

Mr. Patrick Sheehan, Supervisor Health Care Fire Inspections State Fire Marshal Division 444 Cedar Street, Suite 145 St. Paul, Minnesota 55101-5145

Telephone: (651) 201-7205

Fax: (651) 215-0541

Feel free to contact me if you have questions.

Sincerely,

A 171 F 6

Are Klegge

Anne Kleppe, Enforcement Specialist Licensing and Certification Program Division of Compliance Monitoring Minnesota Department of Health Email: anne.kleppe@state.mn.us

Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

PRINTED: 07/02/2014 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	I DESCRIPTION SHOWING 1		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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F 156 SS=D	On 6/9/14, through Department's staff, the following corrections are commake a copy of the original to the Minn Division of Complia Certification Program MN 55164-0900 483.10(b)(5) - (10), RIGHTS, RULES, and in writing in a launderstands of his regulations governing responsibilities dur facility must also protice (if any) of the \$1919(e)(6) of the made prior to or up resident's stay. Resident's stay.	27	FO FO	Please accept the following as the Facility's credible allegation of compliance. Please note that this POC is submitted per State and Federal requirements only and should not be considered as the facility's admission of non-compliance with any Stat or Federal standard, requirem or regulation:	ė	
	entitled to Medicald of admission to the resident becomes items and services facility services unwhich the resident other items and se and for which the r the amount of chainform each reside the items and services.	form each resident who is it benefits, in writing, at the time enursing facility or, when the eligible for Medicaid of the that are included in nursing der the State plan and for may not be charged; those rvices that the facility offers esident may be charged, and rges for those services; and int when changes are made to ices specified in paragraphs (5)	3	No further action could be take to correct the practice for R15. guardian signed the notice of Medicare non-coverage on 1/7/	R15's	
LABORATOE	Y DIRECTOR'S OR PROVI	DEN/SUPPLIER REPRESENTATIVE'S SIG	NATURE	TITLE		(X6) DATE

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.

Facility ID: 00175

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	(X3) DATE SUR COMPLETE	
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F 156	(i)(A) and (B) of this The facility must in at the time of admit the resident's stay, facility and of chargincluding any chargunder Medicare or The facility must fullegal rights which is A description of the funds, under parage A description of the for establishing eligithe right to request 1924(c) which detenon-exempt resour institutionalization spouse an equitable cannot be consider toward the cost of medical care in his down to Medicaid A posting of names numbers of all pergroups such as the agency, the State ombudsman progradvocacy network unit; and a statement of the formulation of the form	form each resident before, or ssion, and periodically during of services available in the ges for those services, ges for services not covered by the facility's per diem rate. Innish a written description of includes: Including the requirements and procedures gibility for Medicaid, including the an assessment under section armines the extent of a couple's rose at the time of and attributes to the community leshare of resources which red available for payment the institutionalized spouse's are of resources of spending eligibility levels. Includes: Includes: Includes: Including the section and the process of spending eligibility levels. Includes:		the facility receing benefits however the facility however the policy as having the policy by the same alle RN -A no longer therefore no further business off	er residents entitled to ts have been identified tential to be affected ged deficient practice. works in the facility ther action can be taken ice manager has gon the procedure entation inducted weekly onthly x 2 enotification of coverage mely. be reviewed by the to determine the dules and	13/14

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F 156	name, specialty, ar physician responsib The facility must pr written information, applicants for admi information about h Medicare and Medi	form each resident of the dway of contacting the ble for his or her care. cominently display in the facility and provide to residents and ssion oral and written low to apply for and use caid benefits, and how to previous payments covered by	F	156			
	by: Based on interview facility failed to pro- rights notices on a termination of all M of 3 residents (R15 and beneficiary app	NT is not met as evidenced v and document review, the vide proper liability and appeal timely manner prior to edicare skilled services for 1) reviewed for liability notice peal rights.		a consideration and the constant of the consta			
	currently resided at Medicare Non-cove services ending da signed by the guard eleven days later a addition a undated indicated "Per photoeen signed by the was in-charge of is bill notice.	to the facility on 10/29/12, and the facility. A Notice of erage indicated R15's skilled te was 12/27/13', but was dian on 1/7/14, which was fter the services had ended. In note under the signature ne conversation" which had registered nurse (RN)-A who suing the liability and demand on 6/11/14, at 11:45 a.m. RN-A					П.

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phone and had writ reviewing R15's Proshe had not docum stated "I cannot find wish I had put the offurther stated "My roconversation which When interviewed administrator stated dated." F 157 483.10(b)(11) NOT (INJURY/DECLINE A facility must immedensult with the resident involving to injury and has the printervention; a sign physical, mental, or deterioration in heast tatus in either lifeclinical complication significantly (i.e., a existing form of treatment); or a dethe resident from the \$483.12(a). The facility must all and, if known, the por interested family change in room or	ken to the guardian on the ten on the form/sheet but after ogress Notes RN-A verified ented the conversation. RN-A d the note! did not put a note. I date of the conversation." RN-A outine is to put the date of the I did not." on 6/12/14, at 8:27 a.m. the d "All conversations need to be IFY OF CHANGES		R108 returned from the hotherefore no further action Facility staff met with faminotifications and re-assure this practice will be monitor by the facility. Document of subsequent hospitalizations for R108 indicate family vinotified. Residents who have a chain condition or require hot transfer will have family/responsible party notifications.	ospital 2/26/14 In can be taken. Ily to discuss It them Ored Intion Itions Ivas		

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F 157	resident rights und regulations as spetthis section. The facility must rethe address and plegal representation. This REQUIREMED by: Based on interviet facility failed to implegal representation member when restored to facility failed to implegal representation member when restored to fange. Findings include: On 6/10/14, at 10 (F)-A was asked in R108 condition with F-A stated R108 in times. On 6/10/14, at 10 the staff had not if No. He has been and one time the on his way back funacceptable. An him and found ou one had called to all." Review of R108's	der Federal or State law or ecified in paragraph (b)(1) of ecord and periodically update hone number of the resident's we or interested family member. ENT is not met as evidenced aw and document review, the mediately notify the resident's we or an interested family sident had a significant change (R108) reviewed for notification (R108) reviewed for notification there had been change in thin the past several months had been to the hospital several times facility called me when he was rom the hospital this is other time I called to check on the was at the hospital and no tell me and I don't like this at	F 15	Nursing staff have been educated on the facility policy regarding family/ responsible party notificati when a resident has a char condition or requires trans a hospital. Audits will be completed with x 4 weeks, then monthly ximonths for residents who been sent to the hospital, thave had changes of condition assure family/responsible party notification is documented in the resident record. Audit results will be review by the QA Committee to determine ongoing audit schedules and intervention. The DON/designee is responsible to maintain compliance.	reekly 2 have or tion ole
	had been sent to beginning of the y	the hospital five times since the rear as listed:			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	IPLE CONSTRUCTION VG		(X3) DATE SURVEY COMPLETED	
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F 157	-On 3/11/14, returne-On 3/31/14, returne-On 3/31/14, returne-On 5/15/14, returne-On four of the five time reverses Notes exprogress Notes exprogress Notes exprogress Notes and been unable to slees sit in the dining rooun-comfortable, has ankles, stomach, hwriter had activated the hospital around the nurse practition the daughter Progress Noted direction returned from hospital around from hospital conditive impairments of the first cardiomy mild cognitive impairments of the first congestive heart fallows noted to have	ed to facility 2/26/14. ed to facility 3/16/14. ed to facility 4/3/14. ed to facility 4/3/14. ed to facility 4/11/14, and ed to facility 5/16/14. realed F-A had been notified imes as documented on the cept on 2/19/14. During further view it was revealed: ted 2/19/14, noted R108 had ep during the night, continue to m on his wheelchair, was difficulty breathing, his feet, ands were all swollen and the difficulty breathing, his feet, ands were all swollen and the difficulty breathing his feet, ands were all swollen and the difficulty breathing his feet, ands were all swollen and the difficulty breathing his feet, and seen notified but not ated 2/26/14, indicated R108 bital his abdomen was included lower extremity liney disease stage II, alcoholic ongestive heart failure, opathy, diabetes mellitus, and airment and hypertension Medicine Discharge Summary Discharge Summary dated R108 had been admitted on Cower extremity [LE] edema ver" most consistent with acute allure [CHF] exacerbation."	F 1	57			
	had mild troponin e removed was trans	elevations and had excess fluid sitioned to a stable dose of					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
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F 157	started on two new (used to treat fluid to treat CHF) 5 mg R108's cognitive lossessment (CAA) had long/short term judgment and the dappointed guardian making. The cognit 2/20/13, identified Frammory loss and had long-term director of redughter had not been sent to the hour "They should have should have docum with the daughter wout resident was refacility policy is farm with change in state Facility notification requested on 6/12/483.10(c)(6) CONV FUNDS UPON DEUPON DEUPON DEUPON DEUPON DEUPON DEUPON DEUPON DEUPON days the saccounting of those	milligrams (mg) twice daily, medications Spironolactone retention) and Lisinopril (used daily. ss/dementia Care Area dated 3/11/14, Identifled R108 memory loss, had poor laughter was his court assisting with decision ive loss care plan dated R108 with long/short term ad impaired decision making. on 6/12/14, at 10:55 a.m. the tursing (IDON) verified R108's een notified when R108 had espital. IDON further stated updated the daughter and mented the phone conversation when she had called and found turning to the facility. The illy to be notified all the time us or anything immediately." of change policy was 14, but was not provided. VEYANCE OF PERSONAL	F1	60 F160 R200's trust account has bee closed. Residents who have dischar or expired within the past 9	ged	
	1		manga anadak da danada ra	days have had their trust	#	

V3 L. 141 L. 1	163 1 CALLIAICTA CALLIA	TO WILLDION TO COMPRESSED	r		1	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 160	by: Based on interview facility failed to confunds and a final actindividual (or probathe resident's estat reviewed for personal final facility's "Action reviewed on 6/11/1 the residents who hearlier. During review of th 6/12/14, it was revented to the fact R2 the funds were still approximately five. When interviewed business office states office since Januar lot of work to clean I have not gotten to am just disappointed told me yesterday on the trust accour management was there to do at her naware one can do.	NT is not met as evidenced v and document review, the vey within 30 days, resident ecounting of those funds to the te jurisdiction) administering e for 1 of 3 residents (R200)	F 160	accounts reviewed to assure funds were managed within the 30 day timeframe. The Business Office Manager received training on the policy of refunding residents trust after discharge. The closing of the resident trust has been added to the month-end review which is done by the Administrator. Audits of the Resident Statement Form showing account status will be conducted weekly x 4, then monthly x2. Audit results will be reviewed by the QA Committee to determine ongoing audit schedules and interventions. The Administrator/designee is responsible for maintaining compliance.	,	7/23/14
		a the time regulation is thirty	-	The partition of the latest the l		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRU	UCTION	(X3) DATE SURVEY COMPLETED	
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F 160	Funds policy dated deceased resident, of the private reside estate or the responsersonal funds of a resident, the facility for final settlement. to report to the couraccount balance ar spouse" 483.13(e)(1)(ii)-(iii),	lance Reporting For Trust 01/2014, directed "For the the remaining personal funds ent shall be payable to his/her unsible party. For the remaining deceased medical assistance shall contact the host county It is the facility's responsibility unty a resident's death, the end if there is a surviving (c)(2) - (4)	F1			- Au	
SS=E	been found guilty or mistreating residenthad a finding enteroregistry concerning of residents or misa and report any known court of law agains indicate unfitness for the facility staff to or licensing authorion. The facility must error involving mistreatm including injuries of misappropriation of immediately to the to other officials in through established State survey and of the facility must have a find the facility of the facility must have a find t	olvIDUALS It employ individuals who have f abusing, neglecting, or its by a court of law; or have ed into the State nurse aide abuse, neglect, mistreatment appropriation of their property; wledge it has of actions by a san employee, which would or service as a nurse aide or the State nurse aide registry ties. Issure that all alleged violations ent, neglect, or abuse, unknown source and it resident property are reported administrator of the facility and accordance with State law it procedures (including to the		was co R47, F R102 : Repor taker Any ir of unl to-res requi repor The V Preve revie	dit of reportable incidents onducted for R78, R57, R116, R59, and and have been found to have ted. No further actions can at this time. Incident involving injuries known origin or resident-sident altercation ring a report will have the et submitted timely. Vulnerable Adult Abuse and cention Plan has been ewed by the Medical etor. Tesponsible for filing the		

CENTER	15 FUR MEDICARE	. & MEDICAID SERVICES			JIVIB NV.	U936-U391
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F 225	investigation is in p The results of all into the administrator	ential abuse while the rogress. vestigations must be reported or his designated	F 22	initial report to the SA has been re-educated on the policy including timely reporting of the incident. Staff have received re-educatio	n .	
	with State law (includent certification agency incident, and if the	to other officials in accordance uding to the State survey and within 5 working days of the alleged violation is verified ive action must be taken.		on the Vulnerable Adult Abuse and Prevention Plan.	,	
٠				The internal Instruction Checklist/Incident Investigation Tool utilized by staff for filing	l	
	This REQUIREMENT by:	NT is not met as evidenced		a report has been updated to include immediate SA and		
	•	and document review, the		Administrator notification.		
		ure alleged violations involving		The VA Report Log is reviewed		
		source and resident to swere immediately reported		by the Administrator/		
, .	to the State agency of 8 residents (R47	(SA) and administrator for 7, R78, R57, R117, R59, R102,	-	designee.		
	R18) incidents revie	ewed.		Audits to review timeliness of		
	Findings include:			reporting to Administrator and		
,				SA will be conducted weekly x		
		omy bag in the face of R78, immediately report to the SA.		4 and monthly x 2.		
				Audit results will be reviewed		
		is of schizophrenia listed on		by the QA Committee to		
		ord dated 6/13/14. The annual (MDS) dated 4/28/14,	***************************************	determine ongoing audit		
	indicated R47 was	cognitively intact. A Care Area details detailed 4/28/14, indicated R47		schedules and interventions.		
	had cognitive impai	rment related to diagnosis of		The Administrator/designee is		:
		ohrenia, and cerebral vascular		Responsible for maintaining		:
		s identified R47 was verbally vill throw his colostomy bag		compliance.		7/23/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG	(X3) DATE SURVEY COMPLETED	
		245203	B. WING.		06/	13/2014
ĺ	PROVIDER OR SUPPLIER LA AT BRYN MAWR	I		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 225	identified R47 exhit behavior daily, was approached to clea angered daily, structured and the second	of care dated 11/20/09, bited socially unacceptable verbally abusive when in his room, was easily on neighbor on 3/18/13, and when he was angry about his tar. Is of schizoaffective disorder on the Admission Record quarterly MDS dated 4/14/14, cognitively intact. A CAA dated R78 had cognitive impairment of schizophrenia and was purt order for commitment as gerous. Istated 2/16/14, indicated R47 lounge and at 1:15 p.m. The leated R47 stated, "He's [R78] to me. I told him to stop or he bag of shit to his face, he kept we him a bag of shit to his it at R78's face and left the abuse was not submitted to on 6/13/14, at 12:42 p.m. the ursing (IDON) stated the	F 22			
		on 2/16/14, at 1:40 p.m. and point (CEP) was notified on				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING			06/13/2014	
	PROVIDER OR SUPPLIER			27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE :	(X5) COMPLETION DATE
F 225	2/16/14 at 1:38 p.m administrator was reported by administrator was reported to the SA immediately about the R78, however, she report to the SA immediately about the R78, however, she report to the SA immediately and did educed administrator stated policy and did educed Although the facility resident altercation did not notify the SA R57 suffered a hip fall and the incident administrator or the R57 required extension with all transfers an impatient waiting four tried to transfer herself from and fell on the floor staff to the room. The right side of her trying to get in my well as the SA was a single to the room. The right side of her trying to get in my well as the SA was a single to the room. The right of the room of the floor staff to the room. The right side of her trying to get in my well as the SA was a single to the room. The right of the room of the floor staff to the room. The right side of her trying to get in my well as the SA was a single transfer herself from and fell on the floor staff to the room. The right side of her trying to get in my well as the SA was a single transfer herself from and fell on the floor staff to the room. The right side of her trying to get in my well as the same transfer herself from a staff to the room.	i. IDON stated the notified by phone immediately, as not notified until the next the administrator and SA mmediately. on 6/13/14, at 1:14 p.m. the disher received a call the incident between R47 and verified the facility did not mediately as required. The di, "We just changed the abuse ation on 3/20/14." was aware of the resident to between R47 and R78, they a immediately.	E.	225			

A BUILDING 245203 8. WING NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR CASH DEPICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) F 225 Continued From page 12 complaining of pain in her right leg. An x-ray was ordered which revealed a right femoral neck fracture. She was sent to the hospital, admitted, and scheduled for surgery on 1/3/14. Review of the incident report indicated the report was submitted to the SA on 1/3/14, two days after the unwitnessed fall occurred.			C MESTORIE SELVISES	*************************************		***************************************	[H 011211
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 225 Continued From page 12 complaining of pain in her right leg. An x-ray was ordered which revealed a right femoral neck fracture. She was sent to the hospital, admitted, and scheduled for surgery on 1/3/14. Review of the incident report indicated the report was submitted to the SA on 1/3/14, two days after the unwitnessed fall occurred.			(X1) PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	1				
THE VILLA AT BRYN MAWR 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			245203	B. WING	and the state of t		06/	13/2014
FRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 225 Continued From page 12 complaining of pain in her right leg. An x-ray was ordered which revealed a right femoral neck fracture. She was sent to the hospital, admitted, and scheduled for surgery on 1/3/14. Review of the incident report indicated the report was submitted to the SA on 1/3/14, two days after the unwitnessed fall occurred.				-	275 PENN AVENUE NORTH	CODE		,
complaining of pain in her right leg. An x-ray was ordered which revealed a right femoral neck fracture. She was sent to the hospital, admitted, and scheduled for surgery on 1/3/14. Review of the incident report indicated the report was submitted to the SA on 1/3/14, two days after the unwitnessed fall occurred.	PRÉFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREFI	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE	ON SHOULD IE APPROPF	BE	COMPLETION
A CAA dated 1/16/14, identified the resident had cognitive impairment with short/long term memory deficits and impaired judgment, and required extensive assist of two to transfer using the EZ stand lift (mechanical lift). The quarterly MDS dated 4/14/14, identified R57 had moderately impaired cognition. R57 had a diagnoses of alcohol induced dementia, muscle weakness, and psychosis as listed on the Admission Record dated 6/13/14. During an interview on 6/13/14, at 12:42 p.m. the IDON stated there was no documentation indicating the administrator was notified and verified the SA had been notified until two days after the incident occurred. During an interview on 6/13/14, at 1:14 p.m. the administrator stated she was not the facility administrator when R57 had the unwitnessed fall with injury, and there was no documentation to determine if the prior administrator had been notified. Although the R57, who had cognitive impairment, experienced a significant injury (hip fracture) from an unwitnessed fall, the facility did not notify the administrator and SA immediately.	F 225	complaining of pain ordered which reve fracture. She was s and scheduled for s Review of the incide was submitted to the unwitnessed fall A CAA dated 1/16/1 cognitive impairmen memory deficits and required extensive the EZ stand lift (more than the extensive of the EZ stand lift (more than the extensive of the	in her right leg. An x-ray was aled a right femoral neck ent to the hospital, admitted, surgery on 1/3/14. ent report indicated the report e SA on 1/3/14, two days after loccurred. 4, identified the resident had not with short/long term dimpaired judgment, and assist of two to transfer using echanical lift). dated 4/14/14, identified R57 valred cognition. es of alcohol induced veakness, and psychosis as sion Record dated 6/13/14. on 6/13/14, at 12:42 p.m. the was no documentation instrator was notified and been notified until two days courred. on 6/13/14, at 1:14 p.m. the if she was not the facility R57 had the unwitnessed fall e was no documentation to or administrator had been who had cognitive impairment, ficant injury (hip fracture) from the facility did not notify the	F 2				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	ૄ ` '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		245203	B. WING			06/	13/2014	
	PROVIDER OR SUPPLIER	And the second s	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENCE	TION SHOULD THE APPROPE	BE	(X5) COMPLETION DATE	
F 225	altercations with R5	in resident to resident 77 and R59 and the facility 87 report to the administrator	F 2	25				
	and SA. A CAA dated 1/16/1 impairment with she and impaired judgn R59 quarterly MDS diagnosis of demer	4, indicated R57 had cognitive ort/long term memory deficits nent. dated 3/20/14, included nand depression. R59 had						
	and supervision for An incident report of was found by licens holding both hands hallway by the dining release R57, and R walked away. R57 nurse's station. Dur came from the dining room, and	lated 2/22/14, indicated R117 sed practical nurse (LPN)-G) and wrists of R57 in the 19 room. LPN-G asked R117 to 117 let go of R57's hands and was taken to a secure area at 19 ing that time a loud noise 19 room area. LPN-G went to 19 dound R117 and R59				:		
	was holding her fact right hand. R59 stat hit me on the nose R117 walked away, area to care for and walking with R59 to resident down the h (unidentified) went in physically pushing a facility called the phi the hospital for assi investigative report	rway of their room, and R59 be with blood running down her sted, "She [R117] hit me, she and give me a bloody nose!" and R59 was taken to a safe if assure safety. LPN-G was provide care when another stall began to yell for help. A NA running and found R117 aresident (unknown). The sysician and R117 was sent to stall the behavior. Review of the indicated the SA was not ents until 2/24/14, two days						

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA

AND PLAN OF CORRECTION (IDENTIFICATION NUMBER:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	riple construction NG		COMPLETED		
		245203	B. WING		06	/13/2014	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 225	resident had model required cues and amaking. A CAA da cognitive loss relate abuse, long/short to judgment. R117 had diagnose psychosis, and anx Record dated 6/13/alcohol induced de psychosis as listed dated 6/13/14. The identified R57 had During interview on IDON stated there indicating the administrator state administrator when there was no indicated was notified of the Although the facility resident altercation administrator and State and State and State and State and State administrator and State administrator and State and S	S dated 4/17/14, identified the rate cognitive impairment and supervision for decision ted 4/23/14, indicated ed to dementia and alcoholerm memory loss, and poor es of Alzheimer's, depression, siety as listed on the Admission /14. R57 had diagnosis of mentia, muscle weakness, and on the Admission Record quarterly MDS dated 4/14/14, moderately impaired cognition. 16/13/14, at 12:42 p.m. the was no documentation nistrator was notified of the dishe was not the facility this incident happened and ation the prior administrator incident. If was aware of the resident to they did not notify the	F 2:	25			
1	An incident report	dated 12/15/13, indicated R102	1	4		1	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	245203	B. WING		06/	13/2014	
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
PREFIX (EACH DEFICIENCY MI	MENT OF DEFICIENCIES IUST BE PRECEDED BY FULL IDENTIFYING INFORMATION)	(D PREF)) TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
attempting to go to his clogged with a "traffic was in the middle of the to move and when R1 pushed R18 out of his investigative report incomputed to the SA or incident occurred. R18 had diagnosis of depression, and obsess The quarterly MDS date was cognitively intact. indicated the resident related to paranoid soll compulsive behaviors skills. The annual MDS date had moderate cognitively 5/1/14, indicated cogniand short term memor judgment. During interview on 6/1DON stated there was indicating the administrator stated shadministrator at the tin was no indication the poeen notified of the incomplete in the state of the poeen notified of the incomplete in the state of the state of the state of the incomplete in the state of the state of the incomplete in the state of the s	Ilway outside the kitchen is room. The hallway was jam" of residents and R18 he hallway. R102 asked R18 l8 did not move, R102 way. Review of the dicated the report was n 12/16/13, the day after the schizophrenic disorder, ssive-compulsive disorder, ated 4/7/14, indicated R18 A CAA dated 10/25/13, had cognitive impairment shizophrenia with obsessive and poor decision making and 4/28/14, indicated R102 we impairment with long ry loss and impaired with long ry loss and impaired (13/14, at 12:42 p.m. the s no documentation trator had been notified. In 6/13/14, at 1:14 p.m. the he was not facility me of the incident and there previous administrator had cident. as aware of the resident to etween R102 and R18, they	F 2				

Child I III	FO LOUGHE ENGINEE	C 141F DIOMIN OF LANCED	T*************************************		1
STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		245203	B. WING		06/13/2014
	PROVIDER OR SUPPLIER LA AT BRYN MAWR	durant de la constant	2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH NNNEAPOLIS, MN 55405	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 225 F 226 SS=E	indicated, "All susp reported to the Corpromptly. All staff a suspected maltreatheir immediate suspicion. The immediate suspicion. The immediate suspicion. The immediate to the house administrator will be resident to resident must be reported in charge of the Abbe informed of all a incidents of abuse, immediately. In the being unavailable, this timeframe. The notified immediate 483.13(c) DEVELO ABUSE/NEGLECT. The facility must depolicies and procedistreatment, negligible.	Prevention Plan dated 3/20/14, ected maltreatment will be mmon Entry Point (CEP) are required to report them of a vulnerable adult to pervisor at the time of mediate supervisor will then esupervisor and the enotified immediatelyAll tabuse, regardless of injury,the administrator is ultimately use Prohibition plan and must alleged or substantiated neglect, or maltreatment ecase of the Administrator the designee will be notified in estate agency must also be ity." DP/IMPLMENT T, ETC POLICIES evelop and implement written	F 225	An audit of reportable incidents was conducted for R47, R78, R57, R116, R59, and R102 and have been found to have Reported. No further actions car taken at this time.	ve been n be
	by: Based on intervier facility failed to impolicy for notifying administrator immonths unknown origin an altercations for 7 co	w and document review, the plement the abuse prevention the State agency (SA) and ediately regarding injury of d resident to resident of 8 residents (R47, R78, R57, R18) whose incidents were		Any incident involving injuries of unknown origin or resident-to-resident altercation requiring a report will have the report submitted timely. The Vulnerable Adult Abuse and Prevention Policy has been	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTE	AS FUH MEDICARE	: & MEDICAID SERVICES	***************************************			00000000
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION		E SURVEY PLETED
	Instance and instance	245203	8. WING _			13/2014
NAME OF	PROVIDER OR SUPPLIER	<u></u>		STREET ADDRESS, CITY, STATE, ZIP C	ODE	
THE VIL	LA AT BRYN MAWR			275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		γ
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 226	Findings include: The [Facility] Abus 3/20/14, indicated, will be reported to the promptly. All staff as suspected maltreatheir immediate sususpicion. The immediate sususpicion. The immediate sususpicion. The immediate report to the house administrator will be resident to resident must be reported in charge of the Abbe informed of all a incidents of abuse immediately. In the being unavailable, this timeframe. The notified immediate R47 threw a colost and the facility falls administrator and R47's current plantidentified R47 exhibehavior daily, is vapproached to cledaily, struck a peen next door neighbor 10/5/13, when he should guitar. An incident report ind always saying stuff was going to get as saying stuff so I gas as a saying stuff so I gas saying stuff s	e Prevention Plan dated "All suspected maltreatment the common Entry Point (CEP) are required to report tment of a vulnerable adult to pervisor at the time of nediate supervisor will then e supervisor and the ne notified immediately All t abuse, regardless of injury, the administrator is ultimately buse Prohibition plan and must alleged or substantiated neglect, or maltreatment e case of the Administrator the designee will be notified in e State Agency must also be		reviewed by the Medical Director. Staff responsible for filin initial report to the SA had been re-educated on the including timely reporting the incident. The Administrator/design responsible for maintain compliance. Staff have received trained the Vulnerable Adult Abderevention Plan. The internal Instruction Checklist/Incident Investigation Tool utilized staff for filing a report he updated to include immainistrator and SA notification. The VA report Log is revely the Administrator/designee	g the ave e policy ag of gree is along on ause and ed by as been nediate	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		245203	B. WING		. 06	/13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 226	abdomen and threv smoking room. Rev indicated the reside submitted to the Softhe incident occurred. The annual Minimu 4/28/14, indicated Care Area Assess indicated R47 had diagnosis of depreserved and was verbally incolostomy bag whe R47 had a diagnosis of the Admission Recommitment as many commitment as many commit	w it at R78's face and left the view of the investigative report ent to resident abuse was not a until 2/17/14, one day after ed. Im Data Set (MDS) dated R47 was cognitively intact. A ment (CAA) dated 4/28/14, cognitive impairment related to ssion, schizophrenia, and accident. The CAA identified mappropriate and will throw his en agitated.		Audits to review timely notification of the Admirand SA will be conducted weekly x 4 week, month x 2 months. Audit results will be review by the QA Committee to determine ongoing audit schedule and intervention. The Administrator/design is responsible for compliance of the compli	d ly ewed t ons.	7/23/14
Ī	During an interview	w on 6/13/14, at 1:14 p.m. the		,		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
I	245203		B. WING	30.	06/13/2014	
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR				STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OBE	(X5) COMPLETION DATE
F 226	administrator state immediately about R78, however, she report to the state a required. The admi changed the abuse 3/20/14." Although the facility resident altercation did not notify the S facility policy. R57 suffered a hip fall and the incident administrator or the directed by facility. The current care p R57 required exter with all transfers a impatient waiting for tried to transfer he remInders to use the remInders to use the tright side of he trying to get in my incident report indicomplaining of paid ordered which reverse fracture. She was and scheduled for	d she received a call the incident between R47 and verified the facility did not agency immediately as nistrator stated, "We just policy and did education on was aware of the resident to between R47 and R78, they A immediately according to fracture after an unwitnessed t was not reported to the e state agency immediately as	F 226			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		X3) DATE SURVEY COMPLETED	
		245203	B. WING		06.	/13/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 226	submitted to the Sunwitnessed fall of a CAA dated 1/16/cognitive impairmed memory deficits are required extensive the EZ stand lift (a). The quarterly MDS had moderately important to the EZ stand lift (a). The quarterly MDS had moderately important to the EZ stand lift (a). The quarterly MDS had moderately important to the properties of the EZ stand lift (a). The quarterly MDS had moderately important to the properties of the State at the state at two days after the verified the state at two days after the verified the facility should be notifying immediately. During an interview administrator whe with injury, and the determine if the protified. Although the R57, experienced a signal unwitnessed face.	A on 1/3/14, two days after the courred. 14, identified the resident had ent with short/long term and impaired judgment, and assist of two to transfer using mechanical lift). 3 dated 4/14/14, identified R57 apaired cognition. 5 of alcohol induced dementia, and psychosis as listed on the dated 6/13/14. 6 w on 6/13/14, at 12:42 p.m. the was no documentation inistrator was notified and agency had been notified until incident occurred. IDON abuse policy instructs staff at the administrator and SA 6 w on 6/13/14, at 1:14 p.m., the end she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was no documentation to do she was not the facility in R57 had the unwitnessed fallere was not the facility in R57 had the unwitnessed fallere was no documentation to	F 2:	26			

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 245203 B. WING 06/13/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 PENN AVENUE NORTH THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 226 F 226 Continued From page 21 R117 was involved in resident to resident altercations with R57 and R59 and the facility failed to immediately report to the administrator and state agency as directed by facility policy. An incident report dated 2/22/14, indicated R117 was found by licensed practical nurse (LPN)-G) holding both hands and wrists of R57 in the hallway by the dining room. LPN-G asked R117 to release R57, and R117 let go of R57's hands and walked away. R57 was taken to a secure area at nurse's station. During that time a loud noise came from the dining room area. LPN-G went to the dining room, and found R117 and R59 standing in the doorway of their room, and R59 was holding her face with blood running down her right hand, R59 stated, "She [R117] hit me, she hit me on the nose and give me a bloody nose!" R117 walked away, and R59 was taken to a safe area to care for and assure safety. LPN-G was walking with R59 to provide care when another resident down the hall began to yell for help. A NA (unidentified) went running and found R117 physically pushing a resident (unknown). The facility called the physician and R117 was sent to the hospital for assaultive behavior. Review of the investigative report indicated the SA was not notified of the incidents until 2/24/14, two days later. R117's admission MDS dated 4/17/14, identified the resident had moderate cognitive impairment and required cues and supervision for decision making. A CAA dated 4/23/14, indicated cognitive loss related to dementia and alcohol abuse, long/short term memory loss, and poor judgment.

Record dated 6/13/14.

R117 had diagnoses of Alzheimer's, depression, psychosis, and anxiety as listed on the Admission PRINTED: 07/02/2014

06/13/2014
(X5) COMPLETION E DATE

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• •	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245203	B. WING:_			13/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DE		
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F 226	5/1/14, indicated co and short term me judgment. R102 ha injury (TBI), alcoho the Admission Rec	ognitive impairment with long mory loss and impaired ad diagnosis of traumatic brain slism, and epilepsy as listed on	F 2:	26			
	schizophrenia with behaviors and poo had diagnosis of s depression, and of	obsessive compulsive r decision making skills. R18 chizophrenic disorder, osessive-compulsive disorder.	1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-				
	R102 was walking kitchen attempting was clogged with a R18 was in the mi R18 to move and pushed R18 out of investigative report	ort dated 12/15/13, indicated in the hallway outside the to go to his room. The hallway a "traffic jam" of residents and ddle of the hallway. R102 asked when R18 did not move, R102 if his way. Review of the tindicated the report was A on 12/16/13, the day after the		· ·			
	was cognitively int During interview o IDON stated there	DS dated 4/7/14, indicated R18 act. n 6/13/14, at 12:42 p.m. the was no documentation inistrator had been notified.	- Margar Agran				
	administrator state administrator at the was no indication been notified of the	•	111		÷ .	14 m	
1.	Although the facili	ity was aware of the resident to					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION		PLETED
		245203	B. WING			06/1	3/2014
	PROVIDER OR SUPPLIER			275	REET ADDRESS, CITY, STATE, ZIP CODE S PENN AVENUE NORTH NNEAPOLIS, MN 55405		and Prince and Associated
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 226 F 246 SS=D	resident altercation did not notify the adimmediately as directly	between R102 and R18, they diministrator and state agency ected by facility policy. ONABLE ACCOMMODATION ERENCES	F 2	- Andrewson	F246 R15 had his call light immediately adjusted to be within reach. A call light audit was conducted to ensure all residents had call lig placed within reach.	,	
	by: Based on observa review, the facility was within reach a residents (R15), w	NT is not met as evidenced tion, interview, and document failed to ensure the call light and available for use for 1 of 3 no were reviewed who utilized ssistance from staff.	And the second s	And in the second secon	Direct care staff have been educated on the Call Light Policy, Procedure. Audits will be conducted to obse call light placement daily x 1 wee weekly x 4 weeks, then monthly months.	rve k, x 2	
	p.m. R15's call light on top of the mattr and was not within call the staff for as On 6/9/14, at 3:00 yelling for help. -At 3:05 p.m. licen entered R15's root yelling and LPN-C call light within rea	om his room on 6/9/14, at 2:45 at was observed to be resting ess behind the residents head, reach for the resident to use to sistance. p.m. R15 was again overheard sed practical nurse (LPN)-C and to responded to the resident verified R15 did not have the ch. LPN-C stated R15 was able he was holding it, and R15 was	A contraction of the contraction	And Comments and the Comments of the Comments	Audit results will be reviewed by QA Committee to determine ong audit schedules and intervention The Director of Nursing/designee Responsible to maintain complia	oing s. e is	7/23/14

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245203	B, WING		Market Control on the	06/1	13/2014
	PROVIDER OR SUPPLIER A AT BRYN MAWR			27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		:
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 246	able to put the call- the call light was hat 3:10 p.m. R15 to nursing assistant (National R15's room. NA-Control of the control of the contro	light on for assistance when anded to him. urned on his call-light and NA)-C was observed entering was in the residents room ut and stated R15 just wanted himum Data Set (MDS) dated e resident had diagnoses brain injury, seizure disorder, alopathy, personality disorder, quired extensive to total e to two staff for all activities of p.m. during the environment ping and laundry manager ght should be within reach at all	F2	446			
F 248 SS=D	administrator state reach." The facility policy ti And Procedure dat staff will be respon call light will be with bed or in a chair." 483.15(f)(1) ACTIVINTERESTS/NEED The facility must prof activities design the comprehensive	in 6/13/14, at 8:22 a.m. the d "All call-lights need to be at ditled [Facility] Call Light Policy and 6/10, instructed "All nursing sible to ensure each resident's hin reach when he/she is in ditles MEET DS OF EACH RES rovide for an ongoing program ed to meet, in accordance with assessment, the interests and all, and psychosocial well-being	F	248	F248 R114 had a care conference with Significant other and the IDT to dithis individualized activities plan ocare.	scuss	

CTATEMENT	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION (X3			X3) DATE SURVEY	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING			PLETED
	:			en and the second se		:
		245203	B. WING		06/	13/2014
NAME OF F	PROVIDER OR SUPPLIER		1	FREET ADDRESS, CITY, STATE, ZIP CODE		
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1112 7164			I M	INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
5.040			E 040			
F 248	Continued From pa	age 26	F 248			
				Resident preferences continue to l		
		NT is not met as evidenced		reviewed and updated as indicated	i.	
	by: Based on Interview	v and document review, the		Activities Preference Books are		
	facility failed to ens	ure the staff assisted 1 of 1		available on each Station.	kiji kiji - J	
	resident (R114), wi	th in room activities of books		Letter Medical St.		131
		ooks") and music provided by		Staff will be educated		
	the family.			on the purpose and use of the	- (Tibe)	
	Findings include:			Activity Preference Books.		
	On 6/10/14, at 9:38	Ba.m. R114's family (F)-B was	:	Audits will be conducted to monito	or	same constant and the c
	asked if staff encol	uraged R114 to attend activities dassistance to attend them?		resident preferences are being offe	ered	
		ught CD [compact disc] player		to meet individual activities plan o	f	
	and books on tape	for R114, "But nobody puts		care. These audits will be conducte	ed	
	books on tape wer	114 stated the music CD and e "never used," were brand	:	weekly x 4 weeks then monthly x 2	<u>.</u> .	
	new, and were nev	ver listened to. F-B pointed to a 's bedside along with several		Audit results will be reviewed by ti	1e	
		3 stated, "He [R114] picked		QA Committee to determine ongo		
	them out." F-B stat	ted the activity staff had asked		Audit schedules and interventions.	_	
1		for the resident's room. F-B				
		puts in the Eagles Greatest leaves the facility after visiting.		The Activity Director/designee is		7/23/14
	nits CD when she	leaves the facility after visiting.		responsible for maintaining comp	liance.	· //
	During observation	on 6/11/14, from 7:08 a.m. to		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		1
	9:15 a.m. R114 wa	as observed in his room lying in				
	bed. Neither the b	pooks on tape nor music were		The state of the s		
	observed to be pla	lying or offered to R114. The		di didini		
	was turned off Afri	he resident 's bedside and hough nursing assistant (NA)-K		The state of the s		
	and licensed pract	ical nurse (LPN)-B were				
i.	observed entering	R114's room at various times,		E		and in the second
	neither staff offere	d the in room activities to R114.	.			
	At approximately 1	11:00 a.m. NA-K and LPN-B		Secretarian Control of the Control o		
	both verified they	were unaware of the books on savailable for R114.				
Į.	I tape or music UD	s available for HTT4.	1			<u>.</u>

VLIVILI	10 LOUI WILLINGTON	CHALDIOVID SCUANOES	·*····		OND 140. 0000-00
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	LLPH HL	245203	B. WING	-	06/13/2014
	PROVIDER OR SUPPLIER	Assume the second secon		STREET ADDRESS, CITY, STATE, ZIP C 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DDE
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPLETIC
F 248	•	age 27 I [nursing assistant/registered]	F2	448	
	Resident Roster (a quick guide for care identified R114 was loud noises. Althou	form carried by NA staff as a es) Updated 11/19/13, s legally blind and did not like gh the roster included ons for R114's care, the roster	THE PROPERTY OF THE PROPERTY O		
	was dependent on intellectual, physical limitations cognitive deficits. Thad diagnoses inclegally blind. The compatible with his capabilities, and acknown interests an identified R114 heamusic" and R114 "urther instructed sneeded for R114 rehowever, the care activities, such as I music.	ated 5/22/14, identified R114 staff for meeting emotional, at, and social needs related to disease process, and the care plan identified R114 uding dementia and was are plan directed staff to ded activities which were physical and mental attivities "Compatible with d preferences." The care plan ard "Well likes rock and roll used to read." The care plan taff to adapt activities as elated to his lack of vision, plan did not identify in room books on tape or playing			The second secon
· · · · · · · · · · · · · · · · · · ·	5/28/14, identified l cognitively impaired physical assistance dressing and groom	imum Data Set (MDS) dated R114 was moderately d and required extensive e with bed mobility, transfers, ning. The MDS identified vas "somewhat" important to	A CALL AND		Carrier of the control of the contro
	5/28/14, included of	Paily Preferences dated questions regarding how activities were to R114. The	productive design and the state of the state		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		DATE SURVEY COMPLETED	
	-	245203	B. WING		06/	13/2014	
	PROVIDER OR SUPPLIER	I-v-	1	STREET ADDRESS, CITY, STATE, ZIP COI 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 248	question regarding books, newspaper Was answered by authors and indicatape." Although the preferences identificate, the plan of cistaff on providing lactivities. The Care Area Ass 6/2/14) for visual formulation idevoice, but had son CAA directed to emet and directed series and directe	"How important is it have is and magazines to read?" Identifying R114's favorite ited, "Can't see; Books on e assessment regarding daily fied R114 required books on are was not revised to instruct R114 his preferred in room sessments (CAAs, all dated function identified R114 had, it and required, "Increased in the CAA regarding entified R114 spoke in a clear ne word finding difficulty. The insure R114's needs were being staff to anticipate R114's needs. Including in room activities, were					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	I COM	
		245203	B. WING		06/	13/2014
	ROVIDER OR SUPPLIER	De incidi		STREET ADDRESS, QITY, STATE, ZIP C 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	ODE	
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F 248	been made to ensuactivities according unclear when he had tape. On 6/13/14, at 11:1 nursing (IDON) state books on tape roster to include tu IDON verified the i	age 29 ritten, revisions should have ure R114 was being provided to his wishes. RT-A was ad learned about the books on 2 a.m. the interim director of ted she had "Just heard about" and updated the resident rning on the tape for R114. In room activities should have R114 was in his room	F 24	48	- Man	
F 250 SS=D	previously. IDON f activities should ha plan of care to ens resident's preferen On 6/13/14, at 11: director (RT)-B ver music were not inc recreation care pla room activities sho when he was in his 483.15(g)(1) PRO	urther verified the in room ave been included in R114's cure staff was aware of the aces. 44 a.m. the recreational therapy rified the books on tape and cluded on the therapeutic an for R114. RT-B verified the in buld have been offered to R114 is room. VISION OF MEDIÇALLY		250		
The state of the s	services to attain	rovide medically-related social or maintain the highest al, mental, and psychosocial resident.			¥	
anner - massaumuniji ilinaiii impermenengapuntuntuntun	by: Based on observ review, the facility	ENT is not met as evidenced ation, interview and record failed to provide medically vices for 1 of 1 resident (R105)		F250 R105 had a new psycho-	-social	

. N. F Cit. 1 . 4 . 1 . Mar. 1	CO 1 COLLAND CONTRACTOR	1 10 10 10 10 10 10 10 10 10 10 10 10 10	····			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/13/2014	
NAME OF F	PROVIDER OR SUPPLIER		Si	FREET ADDRESS, CITY, STATE, ZIP CODE		
			27	75 PENN AVENUE NORTH		
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F 250	Continued From pa	ige 30	F 250	assessment completed.		l
	who required psych	nosocial interventions related		She is being seen by the House		
	to pain intervention	s, community discharge and		Psychologist, is offered weekly visi	ts by	
		pliance with suspected illegal		Social Services, and a referral has k	een	
	drug use during lea	ave of absence.		made for Pool Therapy per resider		
				<u> </u>		
	Findings include:			request.	sabal	
	During observation	and interview on 6/11/14, at		She was provided a copy of the Ak	,000	
	11:35 nm R105 w	as walking independently	100	and Chemical Abuse Policy and the) LUA	
		around the room without		Contract.		
	stumbling, picking	up and tidying up items around		LOA orders were clarified by the re	esident's	
	her room. R105 sta	ated she wanted to leave the		physician.		ŀ
	facility and "get my	own place, but I've been here		A new Pain Assessment was comp	leted.	
	five and 1/2 month	s and the social worker [SW] is		A care conference was held with F	1105.	
	not helping to find	placement, they haven't talked		7, 52, 5	100	- 4
	with me about it ar	nd the guy assigned to help me anything. My shoulder hurts		Resident's requiring a LOA Contra	ct had	7
	outside isn t doing	me anything, just methadone	L. C.	their contract reviewed and upda		
	which gives me so	me relief, the Tylenol doesn't			1	
	do anything, no on	e has talked to me about		indicated.	1.4	
	chemical depende	ncy treatment, I did take Valium				
	[anti-anxiety] in Ap	ril [2014] and about two weeks		The Social Services team was edu		
	ago, when I was o	ut, I need the pool therapy."		requirements of F250 and their ro	sle with	l
		NA 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		interventions to meet the psycho	social/	1
	Review of R105's	Medical record from 4/7/14,		medical needs of the residents.		1
	going forward reve	one the rollowing: 0 p.m. the notes indicated				l
	- On 4///14, at 4.0	ng that she has to leave that		Staff have been educated on the	Policy/	
	facility and on to the	e corner store to buy		Procedure for resident LOA's.		l
	cinarettes. Staff of	fered redirection. R105 noted		Procedure for resident con s.		1
		ed phone to call somebody.		Residents with pending discharges	AO Librar	I
1	- On 4/8/14, at 3:4	8 p.m. the notes indicated		1		i
ŀ	R105 was escorte	d to Methadone clinic and		Non-Compliance are discussed du	uig .	
	stated she wanted	Lidocaine patch [used for pain]		Interdisciplinary Team Meeting.		
		PRN) basis. Call placed to		The second secon		
	medical doctor (M	U)-A.		Weekly Behavior Rounds to includ	e members	
	- On 4/10/14, at /:	28 p.m. the notes indicated a MD-A, per the nurse "Dr		of the Interdisciplinary Team have	been	1
	Imedical doctors d	oesn't think it's a good idea to		implemented.		
F .	prinedical doctory d	ocon that it is a good would	<u> </u>			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDIN	PLE CONSTRUCTION G		SURVEY PLETED
		245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
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F 250	let her have leave of time." Order was gappointment next wupset and wanted (AMA), but change the facility. - On 4/11/14, at 9:0 R105 did not want would like to have she felt more comfextended care deprimary clinic with ECD accepted car. - On 4/11/14, at 9:0 nurse from MD-A of facility got the mesorder and wanted informed them that primary physician. - On 4/11/14, at 11 R105 signed out A apartment and emgoing by bus, SW (IDON) notified of placed to ECD and - On 4/11/14, at 9:18105 returned from apartment good spirits. No osubstance was obchange and that hon 4/12/14, at 11 with uncle until 6:0 On 4/12/14, at 15 LOA. - On 4/13/14, at 11 later in the shift R change in affect from a face of the condition of the	of absences [LOAs] at this iven to schedule an veek to MD-A. R105 seemed to leave against medical advice d her mind later and stayed in 0.7 a.m. the notes indicated that MD-A as a physician and nurse practitioner (NP) and ortable with her. Call placed to artment (ECD), for ECD to be MD-B and NP as care team. e. 33 a.m. the notes indicated office wanted to make sure sage that MD-A said no to LOA to LOA at this time. Writer to R105 is requesting a different 1.07 a.m. the notes indicated MA stating she had to go to her pty it. R105 stated she was and interim director of nursing resident leaving AMA, call 1.105 NP. 28 p.m. the notes indicated m AMA with uncle, brought back ent and was noted to be in dor of ETOH (alcohol) or other served. R105 informed of MD IP would see her on Monday. I:27 a.m. R105 was on LOA	F 25	Audits to review medical related P interventions will be completed withen monthly x 2. Audit results will be reviewed by t Committee to determine ongoing schedules and interventions. The Director of Social Services/des responsible for maintaining complete.	he QA audit	al 7/23/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		ISTRUCTION		PLETED
		245203	B. WING			06/	13/2014
	PROVIDER OR SUPPLIER			275 PE	ADDRESS, CITY, STATE, ZIP CODE NN AVENUE NORTH EAPOLIS, MN 55405		
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F 250	requiring two staff where she sat with she was asleep sitt R105 had displaye while sitting in dinir fall asleep and noc - On 4/14/14, at 2:18105 was found si staff, stating her wwhile she was tryin - On 4/15/14, at 9:18105 went to the ritrained medication "I'm going to my arand will be back la and NP notified On 4/15/14, at 3:18105 had not returcalled On 4/16/14, at 1:11:15 p.m. call was R105 was at the hospital was identified back. Administrate back at 1:00 a.m. apartment, took he bed On 4/16/14, at 6:8105 stayed in be started pacing from the patio, to the didin't know where disoriented, neederoom to her. R105 encouraged to stare on 4/16/14, at 9:1016/14,	to assist her back to her room her head hanging down like ting up. The note also indicated d similar behavior on 4/12/14, ag area during meal, noted to ding off and eyes closed. Of p.m. the notes indicated titing on the floor in her room by alker rolled from under her ag to sit. 20 a.m. the notes indicated nethadone clinic with the assistant (TMA) and told her coartment to pick up some items ter." R105 signed AMA form 29 p.m. the notes indicated and from LOA and had not signed a.m. the notes indicated at a placed to uncle who stated ospital with her friend. No fied or when she's going to be or was informed. R105 came brought belongings from ar PM meds, ate and went to the form to station four, to ning room. Several times she her room was, appeared a help from staff to show her became agitated when y in bed and rest.	F 2	50			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		E SURVEY PLETED
		245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER	1	27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 250	- On 4/17/14, at 3:0 11:00 p.m. R105 w on her coat with a y hard to awake, stat she put herself on by two staff to bed, somewhat lethargic hour and then start the patio and back 2:00 a.m. - On 4/17/14, at 8:1 methadone clinic (at that R105 was taki and "was told a tow her when results of take Vallum." - On 4/21/14, at 11 R105 had a new L independent LOA and per policy LOA the nurse know pri out and back in whishe understood the - On 4/22/14, at 3: R105 returned from - On 4/3/14, at 11: R105 was found selbows by her bed knees while trying - On 5/14/14, at 8: R105 was found whith both hands of of both hands. R1	24 p.m. the notes indicated at as found sleeping on the floor pillow under her head, was ted she didn't remember why the floor. R105 was assisted appeared confused, c. R105 stayed in bed for an ted pacing from her room to where she went to bed about where she went to bed about a. The foliation of the floor of the fl	F 250			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		E SURVEY IPLETED
		245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER		27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH NNEAPOLIS, MN 55405	-	
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F 250	assisted her to pick of her bed so that so on 5/15/14, at 6:1 R105 was up most in and out of her ro and appeared to be on 5/16/14, at 5:2 staff spoke with the regarding R105's in falling asleep. They analysis] done on 5 benzo's [benzodiaz previously when shoutted out the smo was not out and shinformation as relascheduling an IDT meeting with R105 on 5/17/14, at 8:4 R105 returned to 5 Denied pain and di on 5/20/14, at 12:4 R105 left at 9:30 a Methadone Clinic at On 6/3/14, at 11:4 R105 returned from pain and discomfo on 6/7/14, at 12:4 during 11 p.m. roufloor on her knees stated she put her was in pain. She remoderate analges methadone your Fme." R105 was put somewhat lethargiconstricted and economic stated and economic constricted and economic stated she put her was in pain. She remoderate analges methadone your Fme." R105 was put somewhat lethargiconstricted and economic stated she put her was in pain. She remoderate analges methadone your Fme." R105 was put somewhat lethargiconstricted and economic stated she put her was in pain. She remoderate analges methadone your Fme." R105 was put somewhat lethargiconstricted and economic stated she put her was in pain. She remoderate analges methadone your Fme." R105 was put somewhat lethargiconstricted and economic states and she put her was in pain.	le to stand up and writer a up some of the items on top she could lay down. 2 a.m. the notes indicated that of the night shift, was pacing om aimlessly, then would stop a falling asleep standing up. 26 p.m. the notes indicated that methadone clinic on 5/15/14 acreased drowsiness and a stated "that the UA [urine 5/13/14 tested positive for tepines, anti-anxiety] and that he had gone out to smoke she ke and put it in her pocket. It he did start her bed on fire. This yed to staff. We will be [interdisciplinary team], staff and case manager." 43 p.m. the notes indicated acility from LOA at 8:41 p.m. scomfort. 202 p.m. the notes indicated am. with the TMA to go to and then left to go downtown. 16 a.m. the notes indicated in LOA at 5:25 p.m., denied	F 250			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	IPLE CONSTRUCTION	(X3) DATE SURV		
		245203	B, WING		06/13/20	14
	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COME	X5) PLETION IATE
F 250	test if possible. On 6/7/14, at 4:2 R105 was respondered pain and was obtain UA when signed return time to be 7 building, call out to idea where R105 anyone on staff. On 6/7/14, at 11 R105 came back got lost while she (a busy, congeste got someone to fix because she was resident around C brought her back using walker in robed On 6/8/14, at 12: facility nursing supperfere leaving facts sign out appropriate policy. R105 may out in sign out bowith no date. R10 and stated in an apeople she was lespecifically inform R105 refused, stachrist sake what's was tired and cryit to get back here police." R105 was agitated stating to the f*** time and	7 a.m. the notes indicated ding to voice, tried to remove sconfused. Will attempt to	F 2	50		

CENTERS FOR MEDICARE & MEDICAID SERVICES

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION		(X3) DATÉ SURVEY COMPLETED	
		245203	B. WING _		06/1	3/2014	
	PROVIDER OR SUPPLIES			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENCE	TATEMENT OF DEFICIENCIES DY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
F 250	psycho woman." A slams door. On 6/8/14, at 7:3 R105's room ched not found in room sign out either. Sular on 6/8/14, at 10 R105 returned fround returned fround returned fround R105 laying extremities in semboth elbow to sup floor. R105 stated sleep. On 6/9/14, at 3:5 found R105 laying called and notified. On 6/9/14, at 3:1 found R105 laying called and notified. On 6/10/14, at 3:1 found R105 laying called and notified that R10 independent LOA at the beginning of money. Case man to limit access to to staff, refuses to urine sample whe suspected. IDT we	As nurse exited room, R105 25 p.m. the notes indicated cked during dinner time but was or smoking area and did not upervisor notified. 24 p.m. the notes indicated m LOA, signed out since she for to leaving the facility. Denied that had night medications. 27 a.m. the notes indicated staff on the floor with upper nifowler position as she uses port herself up but buttocks on she did not fall but trying to the floor, case manager of or resident behavior. 21 p.m. the notes indicated staff on the floor, case manager of the recent behaviors and the second staff of the month when she has more mager is applying for Rep-Payee money. R105 is verbally abusive to cooperate when facility request an substance abuse is sell look at setting up a contract,		0			
	resident and staff process On 6/10/14, at 9 R105 was back from 6/10/14, at 1 10:30 p.m. writer her head bent over patio, was woken	nethadone clinic, educating, tightening up sign out and LOA 1:49 p.m. the notes indicated om LOA. 1:13 p.m. the notes indicated at found R105 sitting in chair with er her leg and sleeping on the up and encouraged to go to unable to walk back to her room.					

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	FIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245203	B. WING_		. 06	/13/2014	
	PROVIDER OR SUPPLIEF LA AT BRYN MAWR	3		STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF ((EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE	
F 250	independently, shiright away. "Admin was completed, colon 6/12/14, at 1 R105 was found selbows with head was "more comfour off floor independent of the floor, report of the cont suspected illegal community dischatterapy for pain reference (ADLs), requiring staff. In addition, R105 was feeling with no energy. A have moderate phase moderate phase moderate phase moderate phase moderate phase five days which five days which repains the five days which in the floor was current occupational the characteristics of intensity of the papain, pain effect of the floor of the flo	e was assisted and fell asleep nistrator updated, room search all placed to physician." :52 p.m. the notes indicated that standing on her knees and down to floor. R105 stated she rtable this way", was able to get endently. "Found in smoking sleeping with cigarette lit, was mand at 12:00 a.m. was found go n toilet with her head down ted to administration." The acked evidence of any type of terventions that were put into inued noncompliance with drug use during LOAs, arge and the requested pool elief. Inimum Data Set (MDS) dated if R105 was cognitively intact dent in all activities of daily living no setup or physical help from the MDS under mood indicated down and depressed. R105 of hopelessness and was tired also the MDS noted R105 to ain and have no active		50			

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	/13/2014
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 250	CAAs. The Psychonoted R105 to receand was identified due to the medicat completed the CAA responses. The CA describe the impacresident and the ra Community Discha Review of NP ordered assist pt [patient] to chronic pain." R100 the pool therapy had ordered by the NP. During an interview licensed practical rathey get an MD ordered by the NP. During an interview licensed practical rathey get an MD ordered by the NP. During an interview of supervision and making out with date areturn in the LOA bestation. There was clipboard that was who was out on LOA the computer. LPN the methadone clipby a TMA, but some going to stay out on TMA comes back of the methadon computer. LPN the methadone clipby a TMA, but some going to stay out on TMA comes back of the methadone clipby and is on methado trying to find a place stated the facility bescurity money to the money secure	potropic CAAs dated 4/15/14, eve antipsychotic medications, as having the potential to fall ion use. The licensed staff who AS noted "See above" for all AAs lacked a summary that it of the problem on the tionale to care plan. Mood and arge did not trigger a CAA. Tron 5/15/14, indicated "please of get into pool therapy for 5's medical record indicated ad not been implemented as	F2	250		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	/13/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO. 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 250	order for finding po I haven't looked as only SW for the bui one person to take policy, SW-A stated they are gone 24 h them." SW-A stated time to get a urine reverts to the drug offered chemical dragreed that this is plan together." During an interview physical theraplst a receiving physical time, but she did n participate, "she is Review of the facili Health Care Center Policy and Procedured ander procedure, see fails to return from notify the building of	ointments, "I think there is an of therapy, I'll have to find out, far as I should have, I am the ilding, it's overwhelming for care of." Regarding LOA d, "I think our guideline is that if ours we look at discharging d they have tried from time to sample, but she refuses and use. SW-A verified he had not ependency treatment and an issue, "we are trying to get a won 6/13/14, at 9:04 a.m. assistant stated R105 was therapy for a short period of ot want to come to therapy and fully functional." Ity policy titled "Bryn Mawr r Resident Leave of Absence are" dated 6/2010, indicated section 6D, "when a resident an LOA: the charge nurse will charge nurse, the building	F 2				
F 253 SS=E	the LOA will then be missing person reported to the common enture 483.15(h)(2) HOU MAINTENANCE STATES The facility must permaintenance service.	notify nursing administration, are a missing person incident, a cort will be initiated and the ry point] will be notified." SEKEEPING & SERVICES rovide housekeeping and ces necessary to maintain a and comfortable interior.	F:	F 253 R62- The bathroom was clea immediately. The missing tile			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245203	B. WING.		06/1	3/2014
	PROVIDER OR SUPPLIER LA AT BRYN MAWR	Beautiful and the second s	2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH IINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTIES OF T		(X5) COMPLETION DATE
F 253	This REQUIREME by: Based on observa review, the facility and maintenance san odor free and saprovide for 11 of 10 R6, R28, R101, R4 reviewed for environings include: A tour of the facility from 1:36 p.m. to 2 manager, houseke and the covering manager, houseke and the covering manager, but the covering manager is bathroom was in ill repair.	tion, interview, and document ailed to ensure housekeeping services necessary to maintain anitary environment were 22 residents, (R62, R105, R77, 3, R11, R125, R32, R29) enmental concerns. T was conducted on 6/12/14, 2:36 p.m. with the district eping and laundry manager, naintenance director. The were identified: as not kept free of odors and	F 253	the sink was replaced and water to audits were completed. R105 —The bathroom was cleaned immediately. Toothbrush and toothpaste are appropriately. R77- The bathroom was cleaned Immediately. R6- The bathroom was cleaned Immediately. R28- Room and bathroom were climmediately and the urinal was reand stored appropriately	eaned	*
	observed to have a the right side with a uncleanable surfact bathroom was note the toilet stool was stains all around. On 6/9/14, at 2:59 stated "Water not nine in the morning 10-15 minutes." On 6/12/14, during laundry manager a verified the malods shared bathroom, cracked wall making the facility staff and	p.m. R62's bathroom was a missing tile below the sink on cracked wall making it be. In addition R62's shared and with malodorous smell and noted with multiple brown p.m. during interview R62 warm in bathroom seven to g, got to run it a while about the tour the housekeeping and and the district manager both brous smell was urine in the and it un-cleanable surface. As d surveyor were standing in the test "The water takes long to get to get the surface and		R80-Water temperatures were au R101-The bathroom was cleaned Immediately and the 2 urinals in t bathroom were replaced and stor R43-The room and bathroom were cleaned immediately. The air conditioner was immediately clea tape was removed from around th perimeter of the air conditioner.	he shared ed approp e ned. Duct	riately

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED:	
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IHE VIL	_A AT BRYN MAWR			MINNEAPOLIS, MN 55405			
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F 253	warm in the morning been in there." The indicated there was log for water temperas the facility main vacation and I did In R105's shared bati	age 41 ag when the other people have maintenance director a preventative maintenance eratures but had no access to tenance director was on not have a password. The proof was not kept free of a leffects were not stored	F 25	R11- The bathroom was cleaned. The door and do room and bathroom have R125- The bathroom was and stored appropriatel R32- The bathroom was	oorframe to the e been repaired. s cleaned sin was replaced y		
	On 6/9/14, at 4:03 observation, a mal bathroom, a toothbe on the shelf above and further stated very good at all." R105's admission	p.m. during R105's room odorous odor in the shared brush and paste was observed sink. R105 stated it is hers "They don't clean the bathroom MDS dated 4/15/14, indicated and had intact cognition.		Immediately. The urinal replaced and stored app R29- The privacy curtain cleaned. R98- The hot water known replaced.	oropriately. I has been		
	manger verified the malodorous smell addition housekeet brush and tooth passhelve was not sughtered bathroom agive them to the respace and not in the R77's and R6's started of odors. On 6/9/14, at 7:25 room observation malodorous smell	usekeeping and laundry e shared bathroom had stated was a urine smell. In ping manager verified the tooth aste stored on the sink top oposed to be stored in the and nursing was supposed to esidents to keep them at their ne shared bathroom. hared bathroom was not kept p.m. during R77's and R6's surveyor noted a strong in the shared toilet. DS dated 5/29/14, indicated		The vent near Station 4 has been cleaned. The air handler has been by the maintenance ma Housekeeping staff have Housekeeping and Clean Staff have been educate of Maintenance Logs to that require repair/replaitems.	n repaired n. been educated ching Policy. d on the use report rooms	n the	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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THE VILL	A AT DOWN HAVED		İ	275 PENN AVENUE NORTH			
I HE VILI	_A AT BRYN MAWR		ľ	MINNEAPOLIS, MN 55405			
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F 253	R6's quarterly MDS was continent and I cognition. On 6/12/14, at 2:01 house-keeping and manager and cover the malodorous urin bathroom. R28 room and bathrodors. On 6/10/14, at 9:00 observation a stron noted in the shared R28's quarterly MD was continent and I During the tour the manger verified the smells like body od she also verified the bathroom on top of grab bar stated were there but had noted bathrooms. R101 bathroom was On 6/9/14, at 3:17 page 2:01.	and had intact cognition. I dated 3/31/14, indicated R6 had moderately impaired p.m. during the tour laundry manager, district ring maintenance all verified he smell in the shared I coom were not kept free of I a.m. during R28's room g malodorous urine smell was I room and bathroom. S dated 4/7/14, indicated R28 had memory problems. housekeeping and laundry e smell stated "The room or and the bathroom is urine " e two urinals stored in the the toilet paper holder and the re not supposed to be stored d a lot this in shared s not free of odors p.m. during room observation, m in R101's room was noted	F 2		re within Is by the QA ling audit	7/23/14	
		DS dated 4/7/14, indicated					

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	'		
		245203	B. WING		06/13/2014	
	PROVIDER OR SUPPLIER		27	REET ADDRESS, CITY, STATE, ZIP CO 5 PENN AVENUE NORTH NNEAPOLIS, MN 55405	DE	
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F 253	laundry manager valso observed wer	g the tour housekeeping and verified the smell was urine and re two urinals stored in the and verified they were not	F 253			
	and room was free R43's quarterly MI frequently inconting moderately impair On 6/10/14, at 10 observation a strong R43's room; arouse wall air conditioned duct tape with a ploosely pulled in a conditioner unit veup of fluffy gray moff with a paper to During the tour, how manager verified had been to room smell. She also worth the wall and not addition, the covering issted the taper long as the adhesis	DS indicated R43 was nent of bladder and had red cognition. 109 a.m. during R43's room and urine odor was noted in and the entire perimeter of the runit was observed with white lug in cord hanging downward and in addition the entire air ents were observed to have built atterial which was easily wiped				The control of the co
	not kept clean.	with ill repair and bathroom was		•		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE CON	(X5) MPLETION DATE
F 253	had intact cognition incontinent. On 6/10/14, at 10:3 observation noted frames to the room bathroom doors where some some some some some some some som	n and was frequently 55 a.m. during R11's room the mid corner of the door and calf level length of the ere observed to have several chipped. In addition a strong odor was noted in the shared	F 25			
	a strong malodore shared bathroom was observed store bathroom to the least teaspoon. R125's 5 day MDS continent and had On 6/12/14, during laundry manager stated the persons supposed to be stindicated nursing	as not kept clean. 8 a.m. during room observation ous smell was noted in the and a yellow plastic wash basin red at the left side of the off under the sink and inside was sindicated R125 was always moderately impaired cognition. If the tour house-keeping and verified the smell as urine and all basin with the spoon was not cored in the bathroom but was responsible to make sure swere stored at individual				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B, WING		06/1	3/2014	
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			2.	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH INNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 253	Commission	age 45 these was a shared bathroom.	F 253		etierry		
	observation the sh have a strong make smears of matter of above the sink bet noted to have white addition a urinal witrash can to the left R32's quarterly MER32 had intact cogbladder and bowel On 6/12/14, during covering maintena and laundry manaurine and the toiler covering maintena substance looked	p.m. during R32's room ared bathroom was noted to odorous smell and brown on toilet seat and several tiles ween the shelve and sink were a substance built up. In as observed hanging on the it under the sink. OS dated 3/17/14, indicated guition and was continent of					
The state of the s	On 6/9/14, at 5:49 the privacy curtain resident in the roo brown stains at th standing outside t room.	ain not kept sanitary. p.m. during room observation between R29's bed and other m was noted having multiple igh level which were visible from he hallway looking into the					

	ECH CALL DICK THE	10 11100101110 0011111000				
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	! ' '	CONSTRUCTION		SURVEY PLETED
		245203	B. WING		06/	13/2014
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 253	5/14/14, indicated I	age 46 R29 had intact cognition and vith activities of daily living	F 253			
	laundry manager v not clean and state this they are suppo	the tour house-keeping and erified the privacy curtain was ed. "When housekeeping see used to let me know. I would washed twice a year."				
	Vent					
	the survey 6/10/14 register behind Nu room below the pu	O p.m. and consecutive days of , 6/11/14, and 6/12/14, the rsing Station 4 in the dining blic phone station was multiple brown stains and was an.	The state of the s			
	maintenance direct laundry manager v clean. The covering indicated he was n	the tour the district manager, tor and housekeeping and verified the register was not g maintenance director not sure what to call it but stated en asked the name of the				
	housekeeping and had just started we months now and s staff now deep cle	on 6/12/14, at 2:44 p.m. the I laundry manager stated she orking at the facility in for two since she started she had the aning the rooms once a month eck the room to verify the work hily.				
	administrator state	on 6/13/14, at 8:13 a.m. the ed her expectation was to have ine odor/smell. "Usually there is				

FORM APPROVED OMB NO. 0938-0391

PRINTED: 07/02/2014

(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 245203 06/13/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 PENN AVENUE NORTH THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 253 Continued From page 47 not that much smell around and am surprised. The maintenance director sent me the report and I have not read it yet he was on your round." Hot water Knob R98's water faucet was in ill repair. On 6/10/14, at 8:00 a.m. and during consecutive days of the survey 6/11/14, 6/12/14, and 6/13/14, R98's shared bathroom faucet was noted to have a missing hot water knob and was only dispensing cold water for the residents in the room. R98's quarterly MDS dated 4/13/14, indicated R98 had intact cognition and required extensive physical assistance of one staff with ADL's which included personal hygiene. On 6/13/14, at 10:06 a.m. the housekeeping and laundry manager Tracy Wolf verified the missing knob and stated "I will report it to maintenance immediately so they can get the hot water." The Villa at Bryn Mawr Maintenance Policy Rev. 6/2012, each day the maintenance director and assistant will check Maintenance clipboards located at each nursing station and in each department and will cross off the assigned tasks on the clipboard when the work is completed. In addition the maintenance director and his assistant would complete daily, weekly, monthly, quarterly, semi-annually and yearly preventative maintenance work orders. The Housekeeping and cleaning policy was

requested but was not provided on 6/12/13.

STATEMENT OF DEFICIENCIES (AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	(X2) MULTIPLE CONSTRUCTION A. BUILDING		E SURVEY IPLETED
		245203	B. WING		200	12/2014
NIANE OF I	PROVIDER OR SUPPLIER		L	STREET ADDRESS, CITY, STATE, ZIP		13/2014
NAME OF I	-NOVIDER ON SUFFEIER			275 PENN AVENUE NORTH	0001	
THE VILI	LA AT BRYN MAWR			MINNEAPOLIS, MN 55405		
	24 Maria 204 20				DEDECTION	17/81
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 279 SS=E	483.20(d), 483.20(COMPREHENSIV		F 27	9 F279		
	A 4 1114	the very like of the personnent		R105 Care plan has		
		the results of the assessment and revise the resident's		been updated to reflect of	urrent 10A	
	comprehensive pla					
	Compromensive pie	an or our o.	-	status and pain managem	CIIL	∦
	The facility must d	evelop a comprehensive care		And the state of t		
		lent that includes measurable		R114 has had his care pla		
		etables to meet a resident's		address need, use, monit		
		and mental and psychosocial		maintenance and cleanin	g of his CPAP.	
	1	ntified in the comprehensive		R77 has had an updated I	all Risk	N.
	assessment.			Assessment completed. A	care plan	
	TI	ميم فمطف محدث سمم حطف مطلب حمالي		has been developed to ac		5
		st describe the services that are attain or maintain the resident's		fall risk/fall prevention		
		e physical, mental, and		· ·		V. Trip.
		being as required under		and interventions.		1,20
	8483.25: and any	services that would otherwise		R71 has had a care plan d	eveloped to	1.72
	be required under	§483.25 but are not provided		address the potential for :	kin problems.	
	due to the resident	t's exercise of rights under		·	• "	6.5
		the right to refuse treatment		R 111 urinary and bowel s	tatus has been	
	under §483.10(b)	4).		reassessed and the care p		
			1	was updated to reflect thi		NAT.
	This DECUIDENT	NT is not mot an avidenced		current urinary/bowel sta		
	I nis kequikeme bv:	ENT is not met as evidenced		Janiene at mat y/ bower sta	eug.	1 577
		ation, interview and record				[]
		failed to develop a care plan		Residents who require		
	addressing pain fo	or 1 of 3 residents (R105)		updates to the plan of car	e have	
		management and 1 of 1		been identified as having		
	resident (R105) re	viewed for leave of absence;		to be affected by this alleg	•	1 1 1
	failed to develop a	care plan to address the use		deficient practice.	geu	1 1
	of a CPAP machin	e and respiratory needs for 1 of		delicient practice.		
		reviewed for use of the CPAP;		igenerate and the second secon		No. of the last of
		care plan to address fall risk		•		
		ons for 1 of 3 residents (R77)				
		lents; failed to develop a care				1
		uises and skin issues for 1 of 2				1 30

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		E SURVEY PLETED
		245203	B. WING		06/	13/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR				STREET ADDRESS, GITY, STATE, ZIP COE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	Ē	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 279	failed to develop a incontinence for 1 for urinary incontin Findings include: R105's care pland and expectations f (LOA). R105 had been addiagnoses of opioiosteoporosis, chrodeficiency and anx Record dated 4/15 R105's medical regoing forward and - On 4/7/14, at 4:3 R105 started sayin facility and go to the cigarettes. Staff of with anger and use - On 4/8/14, at 3:4 R105 was escorte stated she wanted on an as needed (medical doctor (M - On 4/10/14, at 7: call was placed to [medical doctor] det her have leave time." Order was appointment next upset and wanted (AMA), but change the facility. On 4/11/14, at 9: R105 did not wanted incontinuation.	care plan to address urinary of 2 residents (R111) reviewed ence. Iid not outline pain interventions or pain and leave of absence mitted on 4/7/14, with d type dependence, nic pain syndrome, nutritional dety listed from the Admission i/14. cord was reviewed from 4/7/14, revealed the following: 0 p.m. the notes indicated ng that she has to leave this ne corner store to buy fered redirection. R105 noted and phone to call somebody. 8 p.m. the notes indicated d to Methadone clinic and I Lidocaine patch [used for pain] PRN) basis. Call placed to		The staff has been educated or expectation that and individual plan of with measureable goals and intervention are derfor all residents. Nursing staff has been in-serving on the CPAP cleaning schedule with policy and procedure. Staff have been re-educated or expectation that an individual of care with measurable goal interventions are developed residents. Audits will be conducted weet then monthly x 2 months to compliance with having an incare plan developed to addressive needs/strengths of the residents. Audits will be reviewed by the Committee to determine an audit schedule and interventions are specified and interventions and interventions are developed to addressive plan developed to addressive	veloped veloped led along on the lized plan s, for all kly x 4 week, letermine dividualized less the ent. e QA ongoing tions.	7/23/14

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		COMPLETED	
245203		B. WING.		06/13	3/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
F 279	she felt more comfextended care depiprimary clinic with MECD accepted care - On 4/11/14, at 9:3 nurse from MD-A of facility got the mesorder and wanted rinformed them that primary physician. - On 4/11/14, at 11: R105 signed out Alapartment and emigoing by bus, SW a (IDON) notified of riplaced to ECD and - On 4/11/14, at 9:2 R105 returned from items from apartment good spirits. No od substance was obschange and that NI - On 4/12/14, at 11 with uncle until 6:00 - On 4/13/14, at 11 later in the shift R1 change in affect from cooperative to sleer requiring two staff where she sat with she was asleep sit R105 had displaye while sitting in diniting fall asleep and nocino - On 4/14/14, at 2:8 R105 was found si	ortable with her. Call placed to artment (ECD), for ECD to be MD-B and NP as care team. 33 a.m. the notes indicated office wanted to make sure sage that MD-A said no to LOA no LOA at this time. Writer 18105 is requesting a different 1807 a.m. the notes indicated MA stating she had to go to her oty it. R105 stated she was and interim director of nursing resident leaving AMA, call NP. 28 p.m. the notes indicated an AMA with uncle, brought back that and was noted to be in or of ETOH (alcohol) or other served. R105 informed of MD P would see her on Monday. 27 a.m. R105 was on LOA				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		245203	B. WING		06/	13/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR				STREET ADDRESS, CITY, STATE, 2IP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(XS) COMPLETION DATE
F 279	while she was tryin - On 4/15/14, at 9:2 R105 went to the natrained medication "I'm going to my apand will be back later and NP notified On 4/15/14, at 3:3 R105 had not return called On 4/16/14, at 1:3 11:15 p.m. call was R105 was at the haspital was identified back. Administrate back at 1:00 a.m. hapartment, took he bed On 4/16/14, at 6: R105 stayed in be started pacing from the patio, to the did didn't know where disoriented, needed room to her. R105 encouraged to state - On 4/16/14, at 9: "unable to obtain 0. On 4/16/14, at 3: urine was obtained - On 4/16/14, at 3: urine was obtained	ing to sit. 20 a.m. the notes indicated inethadone clinic with the assistant (TMA) and told her coartment to pick up some items ter." R105 signed AMA form 29 p.m. the notes indicated and from LOA and had not 30 a.m. the notes indicated at a placed to uncle who stated cospital with her friend. No fied or when she's going to be or was informed. R105 came brought belongings from er PM meds, ate and went to 40 a.m. the notes indicated do for about an hour, then in her room to station four, to ning room. Several times she her room was, appeared a help from staff to show her became agitated when y in bed and rest.	F 27	79		

· · · · · · · · · · · · · · · · · · ·	ACT OF FREE DECOME	TO IVILLE TO THE COURT OF THE COURT			<u> </u>	
AND DUAL OF CORDECTION IDENTIFICATION NUMBERS		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/-	13/2014
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
			<u> </u>	275 PENN AVENUE NORTH		
THE VILL	A AT BRYN MAWR			MINNEAPOLIS, MN 55405		
/Y4\ ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	NC	(X5)
(X4) ID PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF		COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	111/412	
F 279	Continued From pa	age 52	F 27	9 ¹		
	2:00 a.m.	•				
		57 a.m. the notes indicated the	:			
		drug clinic)called concerned				
		ng medications not prescribed				
		[toxicology] screen & will call	:			
	hor when regulte or	ome in." R105 told writer "I did		:		
	take Valium [antiar					
	On 4/21/14 at 11	:17 p.m. the notes indicated				
		OA order, "OK to go on				
	independent I OA	during the day without meds				
	and per policy LOA	A." R105 was informed to let	i.			
	the puree know pri	or to leaving and also to sign				
:		en she returns. R105 stated				
	she understood the					
	On 4/22/14 at 3:	16 p.m. the notes indicated				
	R105 returned from	n I OA at 3:15 n m				1
		19 p.m. the notes indicated				
	B105 returned from	n LOA, no abnormal behavior				
ļ.	or mood change n					
		18 a.m. the notes indicated				
		tanding on her knees and				
	elbows by her bed	R105 stated she fell on her				
		to walk without a walker.				
		34 a.m. the notes indicated	1			
	R105 was back fro					
		0:33 p.m. the notes indicated				
	R105 was found w	ith both knees on the ground				
		n the floor with her head on top			:	
		05 stated she did not fall but		th and		
		o do with those clothes on her				
	bed." R105 was al	ole to stand up and writer		5-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2-2		
		k up some of the items on top				
		she could lay down.				
	- On 5/15/14, at 6:	12 a.m. the notes indicated that			,	
<u> </u>	R105 was up mos	t of the night shift, was pacing		,		:
	in and out of her re	oom aimlessly, then would stop				
	and appeared to b	e falling asleep standing up.				
	- On 5/16/14, at 5:	26 p.m. the notes indicated that		i.		
	staff spoke with th	e methadone clinic on 5/15/14				

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: A, BUILDING ____

		245203	B, WING		06/13/2014
NAME OF PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	
THE VILLA AT BRYN MAWR				275 PENN AVENUE NORTH	
THE VILL	AAI DOINMAMI			MINNEAPOLIS, MN 55405	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION
F 279	Continued From pa	ige 53	F 2	79	
	regarding R105's ir falling asleep. They analysis] done on 5 benzo's [benzodiaz previously when sh butted out the smo was not out and sh information as related to the scheduling an IDT meeting with R105 - On 5/17/14, at 8:4 R105 returned to fa Denied pain and di - On 5/20/14, at 12:1 R105 left at 9:30 a Methadone Clinic at - On 6/3/14, at 11:1 R105 returned from pain and discomfor - On 6/7/14, at 12:1 during 11 p.m. roun floor on her knees stated she put her was in pain. She remoderate analgesi methadone your Fine." R105 was pus somewhat lethargi constricted and ed monitor resident citest if possible. - On 6/7/14, at 4:2 R105 was respond from pain and was obtain UA when stire on 6/7/14, at 10:1 R105 had signed of the side of th	roreased drowsiness and a stated "that the UA [urine 5/13/14 tested positive for repines, anti-anxiety] and that he had gone out to smoke she ke and put it in her pocket. It he did start her bed on fire. This yed to staff. We will be [interdisciplinary team], staff and case manager." As p.m. the notes indicated acility from LOA at 8:41 p.m. scomfort. 102 p.m. the notes indicated and then left to go downtown. If a.m. the notes indicated in LOA at 5:25 p.m., denied in LOA at			

PRINTED: 07/02/2014

(X3) DATE SURVEY COMPLETED

AND DUAN OF CORDECTION			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
	# :	245203	B. WING	NO CONTRACTOR OF THE PROPERTY	06/	13/2014
	PROVIDER OR SUPPLIER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH IINNEAPOLIS, MN 55405		3.0
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5). COMPLETION DATE
F 279	anyone on staff. On 6/7/14, at 11: R105 came back a got lost while she of (a busy, congested got someone to flat because she was tresident around Olstorought her back to using walker in roof bed. On 6/8/14, at 12:0 facility nursing supbefore leaving facility nursing supperformed to the facility nursing supperformed to th	ras, resident left with out telling 12 p.m. the notes indicated round 10:50 p.m. stated she ut on Olsen Memorial highway highway), was very tired and g down the police for her co tired to walk. Police found sen Memorial highway and of acility. R105 was ambulatory m arranging objects off the 8 a.m. the notes indicated ervisor informed R105 that ity for any/all LOA's she must ely as this is the facility LOA or may not have signed herself as book only has time 4pm immediately became irritable arriving. When asked who she do or the specific time she left, ang "Oh geez god all frick'n for the f'n big deal?! go upset, I g and couldn't figure out how his guy stopped, he called the very hostile and verbally nurse "I'm in so much pain all bu a*** don't do anything about ditget out of my room you s nurse exited room, R105 ap.m. the notes indicated ked during dinner time but was or smoking area and did not	F 279			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING _		.06/	13/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
	Continued From particles and cations." On 6/9/14, at 2:37 found R105 laying extremities in semily both elbow to supp floor. R105 stated sleep. On 6/9/14, at 3:04 found R105 lying or called and notified. On 6/10/14, at 3:10 for met re: R105's identified that R105 independent LOAs at the beginning of money. Case mand to limit access to make to urine sample when suspected. IDT will working with the more resident and staff, process. On 6/10/14, at 11 for on 6/1	age 55 comfort. Had night If a.m. the notes indicated staff on the floor with upper fowler position as she uses ort herself up but buttocks on she did not fall but trying to the floor, case manager of resident behavior. If p.m. the notes indicated staff in the floor, case manager of resident behaviors and the recent behaviors and suspected illegal drug use the month when she has more ager is applying for Rep-Payee and suspected illegal drug use the month when she has more ager is applying for Rep-Payee noney. R105 is verbally abusive cooperate when facility request a substance abuse is I look at setting up a contract, ethadone clinic, educating tightening up sign out and LOA 49 p.m. the notes indicated at LOA. 13 p.m. the notes indicated at ound R105 sitting in chair with the leg and sleeping on the up and encouraged to go to	F 27	DEFIGIENCY)	HOPHIATE	DAIL	
	independently; she right away. "Admin was completed, ca - On 6/12/14, at 1: R105 was found s elbows with head of was "more comfor	nable to walk back to her room was assisted and fell asleep istrator updated, room search all placed to physician." 52 p.m. the notes indicated that tanding on her knees and down to floor. R105 stated she table this way", was able to get ndently. "Found in smoking					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245203	B. WING		06/13/2014		
	PROVIDER OR SUPPLIER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID · PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 279	room and noticed shelped to her room in bathroom, sitting to the floor, reporte Progress Notes lad social services interplace for the continuity dischart therapy for pain re On 6/13/14, at 12: nursing (IDON) ve developed to addreduring LOA's. The facility's composite disconditions: "The distandards of practic conditions: "The distandards of practic conditions condit	sleeping with cigarette lit, was and at 12:00 a.m. was found to not toilet with her head down at to administration." The exed evidence of any type of erventions that were put into nued noncompliance with rug use during LOAs, are and the requested pool lief. 45 p.m. the interim director of rified there was no care plan less pain and keep R105 safe or the purpose of care plan rate identified problem areas; actors associated with identified ect currently recognized lice for problem areas and are plan policy further directed ling assessment on residents ans as information regarding	F 279				

l	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY	
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING:		COM	PLETED	
		245203	B. WING	B. WING		06/13/2014		
NAME OF F	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODE	**		
THE VILL	A AT BRYN MAWR				NNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE	
F 279	request. F-B stated arrived to the facilit R114 was not wear the interview, a CP mask attached was bedside. On 6/11/14, during a.m. and ending up at 9:15 a.m., R114 CPAP mask applied turned on. R114 was closed and remained R114's care plan did R114's respiratory use of the CPAP mount to when to apply the CPAP machine and machine. The care identification of R1 warranting the CPAP limited to monitoring condition. On 6/12/14, at 9:24 expected the CPAP to be included on the care plan lacked id R114 respiratory states.	I on mornings when she y after nights she did not visit, ing the CPAP. At the time of AP machine with tubing and s observed to be stored at the observations beginning at 7:08 from F-B's arrival to the facility was observed to have the dot his face with the machine as observed to have his eyes ed in bed. ated 5/22/14, did not address needs and did not identify the fachine, such as but not limited to CPAP, maintenance of the dicleaning of the CPAP plan further lacked 14's respiratory condition ap of R114's respiratory 4 a.m. the IDON stated she and R114s respiratory needs he care plan. IDON verified the lentification of the CPAP or tatus.	F2	279				
The state of the s	interventions to pre wheelchair while st 5/21/14.	event falls after falling from the leeping on 5/12/14, and		***************************************			The state of the s	
	form dated 5/12/14	gation and Follow-Up Actions 4 and 5/21/14, both identified wheelchair while sleeping.		4444		1		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		245203	B. WING	B. WING		06/13/2014	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI) TAG	(EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 279	Interventions to ad included "encourage R77's quarterly ME cognitive changes, indicators and a debehaviors to 1-3 per require total assist identified R77 had facility. R77's care plan da falls or fall risk. On 6/13/14, at 10: nursing (IDON) ID plan developed to	dress the fall on 5/21/14, ge" R77 to sleep in his bed. 28 dated 5/29/14, identified no an increase in mood ecrease in previously identified to ance with transfers and fallen two or more times in the ated 3/14/14, did not address 47 a.m. the interim director of ON verified there was no care keep the resident safe from heelchair and sleeping.	F 2	79			
	had diagnoses to hypertension, concentration, concentration. The risk for circulatory R71's admission of identified R71 to he communication properties and anticipators are plan also identified library.	dmission record indicated R71 nclude: cardiac dysrhythmias, gestive heart failure (CHF), dual for placement, easily inducible tes mellitus type II, and lack of se diagnoses could put R71 at and skin problems.					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	Access to the second	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405				
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F 279	REGULATORY OR LSC IDENTIFYING INFORMATION)		F 2	279			
The production of the producti	of bruise on R71's was not aware of the nurse if he wa	0 p.m. NA-G verified presence right hand. NA-G stated he the bruise and would have told s. At 2:33 p.m. surveyor heard the bruise to LPN-C.	Anna Anna Anna Anna Anna Anna Anna Anna				
And the second s	bruises "on and o and be bruised ea assessments wer	1 p.m., LPN-C stated R71 had ff" as he would bump into things isily. LPN-C stated skin e done on bath days and if skin rved, they would be monitored					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245203	B. WING		06/*	3/2014
	PROVIDER OR SUPPLIER	3	2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
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F 279	and documented ir LPN-C verified R7 Wednesdays and Swill initial in the bat LPN-C further verified R6/8/14 (Sunda not signed or initial LPN-C was not survivere completed or the nurses' progres for any skin assess bruise on R71's rig supposed bath day was no other nurse assessment as of 6/11/14, at 3:00 p. On 6/12/14, at 8:00 the progress notes p.m., identified R7 "discolor." There cause, monitoring right hand bruise. On 6/12/14, at 8:20 expected thorough bath day by nurse assessments in the On 6/13/14, at 12: updated R71's ski R71's right hand bruise centimeters by secms). LPN-D also documented in the another bruise for measured 2 cms	n the nurses' progress notes. I was scheduled on Sundays for bath days and NAs h list sheets if completed. fied the 6/4/14 (Wednesday) y) bath schedules for R71 were led to have been completed. re if baths during those days not. When surveyor reviewed ss notes, there were no entries sment or about the presence of the thand on the past weeks ys (6/4/14 and 6/8/14). There es' progress note about skin review date and time on m. O a.m., a skin/wound note in s entered on 6/11/14, at 9:42 1's top of right hand had were no details about the and/or treatment plan for R71's 2 a.m., the IDON stated she n skin assessments done every s and to document the nurses' notes. 30 p.m., LPN-D stated she n/wound note and entered bruise measurements as six yen centimeters (6 cms X 7 stated having assessed and enurses' progress notes med in R71's left hand that	F 279			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		245203	B. WING		06/	06/13/2014		
	PROVIDER OR SUPPLIE LA AT BRYN MAWR	₹	27	THEET ADDRESS, CITY, STATE, ZIP CO 75 PENN AVENUE NORTH INNEAPOLIS, MN 55405	IDE .			
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F 279	triggered from the (MDS) dated 4/1/admission MDS of was less continer. There was no car related to any incided	page 61 e quarterly minimum data set 14, as compared to R111's lated 1/23/14, indicated R111 it at 90 days than at admission, re plan developed for R111 continence of either bowel or sion MDS dated 1/23/14, as continent of B&B and ssistance of one staff for eting. The Care Area a dated 1/27/14, indicated, "He is el and bladder and cleanses ing a BM (bowel movement). He esh his wheelchair into the can reach the handicap bars to d sit on the toilet." The quarterly 4, indicated R111 was frequently dder (7 or more episodes of ince, but at least one episode of). The quarterly MDS dated ated R111 was frequently wel (2 or more episodes of bowe at least one continent bowel t/Monthly/Qtrly (quarterly) Skilled d 2/6/14, indicated the need for of one for transfers/toileting, was a per shift during the day/night continent of stool. R111's hly/Qtrly (quarterly) Skilled Nurse 14, indicated the need for of one for transfers/toileting, was as per for transfers/toileting, was as per shift during the day/night continent of stool. R111's hly/Qtrly (quarterly) Skilled Nurse 14, indicated the need for of one for transfers/toileting, was as per for transfers/toileting, was						

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F 279	(F2	279			
		one resident able to stand bathroom and toilet. Resident t this shift."	aran panakan kanan k				
		Program Screener dated R111, "never aware of need to		- T		The state of the s	
	indicated, "The res wheelchair in the d	t care plan dated 6/4/14, ident requires placement of oorway of the bathroom by 1 There was no indication of B&B ntinence.	orionana maria da la caracterización de la caracterización de la caracterización de la caracterización de la c	. Tablika delementation of the second of the			
	conducted with LP a care plan for inco stated R111 was use confirmed there was hard chart care pla	Dp.m. an interview was N-E related to R111 not having ontinence of B&B. LPN-E sually not incontinent and as nothing indicated on the an or the computer care plan ice or incontinence of B&B.					
	with registered nur chart and compute	6 p.m. an interview conducted see (RN)-A confirmed the hard er care plan for R111 did not see or incontinence of B&B.				Water and the state of the stat	
	assistant (NA)-D w R111 on both the o R111 was taken to three to five times occasionally incom	8 p.m.an interview with nursing who consistently worked with day/evening shifts revealed the bathroom approximately during the day shift, and was tinent of B&B. NA-D shared ancontinent of B&B all the time.	A Commence of the Commence of				
	R111 was assesse B&B and did not h Incontinence.	ed with some incontinence of ave a care plan to address the	- Address of the state of the s		· · · · · · · · · · · · · · · · · · ·	T MANAGEMENT CONTRACTOR CONTRACTO	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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F 280 SS=D	PARTICIPATE PLA The resident has the incompetent or othe incapacitated unde participate in plann changes in care an A comprehensive of within 7 days after comprehensive assinterdisciplinary teaphysician, a register for the resident, and disciplines as deter and, to the extent put the resident, the relegal representative	NNING CARE-REVISE CP te right, unless adjudged erwise found to be the laws of the State, to ing care and treatment or	F 2	280	F 280 R114 had his Activity care plan reviewed/revised by the Activity Di Staff caring for R114were informed of the resident preferences. Resident care plans will be reviewe for necessary revisions to reflect coneeds and preferences. Staff have been re-educated on the importance of updating/revising care plans. An Activity Preference Book has be placed at each Nursing Station to identify each resident's preference	d urrent e		
	by: Based on interview facility failed to ens revised to include I residents (R114) of Findings include: On 6/10/14, at 9:38 asked if staff encorand if staff provide F-B stated she "bro player" and books	NT is not met as evidenced v and document review, the cure the the care plan was n room activities for 1 of 3 f talking books and music. B a.m. R114's family (F)-B was uraged R114 to attend activities d assistance to attend them? bught CD [compact disc] on tape for R114 "but nobody n." R114 stated the music CD		\(\frac{1}{2}\)	for Activities. Audits will be conducted to monitoresident preferences are being off to meet individual activities plan care. These audits will be conduct weekly x 4 weeks then monthly x	or ered of ed		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING	(X3) DATE SURVEY COMPLETED	
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F 280 Continued From page 64 and books on tape were "never used," were brand new and were never listened to. F-B pointed to a CD player at the bedside and provided several books on tape from a drawer. F-B stated, "He [R114] picked them out." F-B further stated the activity staff had asked her for these items for his room. F-B stated she usually "puts in the Eagles Greatest hits CD" when she left the facility after visiling. R114's care plan dated 5/22/14, identified R114 was dependent on staff for meeting emotional, intellectual, physical, and social needs related to physical limitations, disease process, and cognitive deficits. The care plan identified R114 had diagnoses to include dementia and legally blind. Although the care plan included direction to encourage family involvement, the care plan directed to ensure R114 attended activities which were compatible with his physical and mental capabilities and activities "compatible with known interests and preferences." The care plan identified R114 head "well", "likes rock and roll music" and that R114 "used to read." The care plan further directed to adapt activities as needed to R114's lack of vision. The care plan idl not identify in room activities, such as books on tape or playing music. The admission Minimum Data Set (MDS) dated 5/28/14, indicated R114 was moderately cognitively impaired and R114 required extensive physical assistance with bed mobility, transfers, dressing and grooming. The MDS identified listening to music was "somewhat" important to R114. The Interview for Dally Preferences form dated 5/28/14, included questions regarding how	7/23/14	

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STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 280	important various a "how important is it magazines to read favorite authors an Although the form on tape, the care p R114's preferred in The Care Area Ass 6/2/14) for visual fu "very limited vision of assistance." The identified R114 sposome word finding ensure R114's nee to anticipate R114' including in room a by the CAAs. On 6/13/14, at 8:20 (RT)-A verified F-A for R114, but state they were used. R room a lot," and caprograms three to R114 "loves menta acknowledged the use of talking book have been written books." RT-A expl music CD was browritten, the care p RT-A was unclear books on tape. On 6/13/14, at 11: of nursing (IDON)	activities were to R114. The thave books, news papers and ?" question identified R114's d "can't see Books on tape." identified R114 required books olan was not revised to reflect		280			
		include turning on the tape for					***************************************

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	i ' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 280	Continued From page 66 R114. IDON verified the in room activities should have been included on the care plan. On 6/13/14, at 11:44 a.m. the recreational therapy director (RT)-B verified the books on tape and music were not included on the therapeutic recreation care plan for R114. RT-B verified care plan should have been revised. 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			28 2	F 282 R 71's coat and clothing was sent to be laundered immediately. R 71 was shaved and nails care provided in addition, R71's care plan has bee updated to reflect current ADL groo status and current interventions.	in ming	
	with grooming for 1 directed in the plan failed to address part plan directed for 2 reviewed for pain. Findings include:	alled to provide assistance of 3 residents (R71) as of care. In addition, the facility ain management as the care of 4 residents (R57, R47)		-	R47 and R57recieved pain medication as ordered. In addition, pain assess were completed and subsequently to care plans were updated to reflect interventions to address their pain. Residents who require assistance will Grooming and are experiencing pain.	ments their th	
	had diagnoses to in diabetes mellitus ty heart failure (CHF) placement, and ea	Imission record indicated R71 nclude: cardiac dysrhythmias, pe II, hypertension, congestive, dual chamber defibrillator sily inducible tachycardia.	The same and a same and a same and a same and a same a	÷	been identified as having the potent be affected by these alleged deficient practices. The Charles Confidence of the Con	ial to nt W~~	
	identified R71 had	are plan dated 12/10/2013, potential for an activities of self-care performance deficit.				20 101	son

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F 282	The care plan direct supervision, prompt ADLs to include bathygiene. However, shaving was to be the plan also identified communication produced aware of needs. The assist and anticipate The Vulnerability As Prevention Plan for had dependence of	ted staff to provide ts and cues in most of R71's thing/showering and personal the care plan indicated totally done by staff. The care R71 to have potential for blems and was not always the care plan directed staff to the R71's needs. Seessment & Abuse and dated 3/6/14, indicated R71 the staff for ADLs, specified to mbulation, and skilled nursing	F2	282	Staff have been educated on the importance of following the interventions outline in residents care plans. Specific discussion included the importance of following the care plan for providing grooming assistance and pain management. In addition, if clothing items were needed by residents they should notify the charge nurse or social seen inserviced of the importance of administering pair medication promptly to assist in religious and pain.	rvices. on n	
	5/2014 indicated R and set up for dres extensive assist for person physical ass	num Data Set (MDS) dated 71 needed staff supervision sing; and R71 needed personal hygiene and one sist in part of bathing activity. signment dated 6/9/14, groom self but with reminders.			Audits will be conducted daily x 2 weeks, weekly x 4 weeks, and monthly x 2 months. Audit results will be reviewed by the Committee to determine ongoing at schedules and interventions.		
	- On 6/10/14 and 6 dirty shirt and coat shirt was very dirty dried liquids; and s colored coat turned long (1/4 inch) and debris observed ur face was unshaver stubbles; - On 6/12/14, at 7;4 shirt on but shirt was	noted during the observations: /11/14, R71 wore the same for the whole two days; front of from what looked like traces of leeves and front of gray d blackish with dirt; R71 had dirty fingernails. Black colored iderneath fingernails. R71's h, had approximately ¼ inch 45 a.m. R71 had a different as still observed to be dirty, dirt			Routine observations will be completed for residents who require assistance with grooming to ensure the plan of care is followed. In addition any resexperiencing pain to ensure pain management and interventions are provided as outlined in their care. Observations for those residents with made to ensure those interventions provided as listed in their care plan	e f sidents re plan	7/23/14

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	IPLE CONSTRUCTION		TE SURVEY MPLETED
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F 282	liquids; R71 also ha worn from previous remained unshaver On 6/11/14, at 2:24 (NA)-G, stated he to morning shifts on 6 R71 needed remind for bathing. NA-G volong and dirty, and nurses were responsed on 6/11/14, 2:30 p. (LPN)-C verified R7 clipped and stated because R71 was cost of 3-11 p.m. shift nurs R71's fingernails be schedule. On 6/12/14, at 10:1 facial hairs needed was dirty. When LP about his facial hair stated need to be silvesterday but was coat needed to be	ad the same very dirty coat days; and R71's face	F 28			ce.
	the Consultant Reg of specific sections dated 10/2010, as clean nail bed, kee infections; shaving provide skin care; and undressing to	or the facility's policy on ADL, pistered Nurse provided copies of the facility's ADL policy follows: care of fingernails to p nails trimmed and prevent to promote cleanliness and assist as needed with dressing promote cleanliness and staff port any clothing needs and				

COLUMN TO THE PARTY OF THE PART	A Sout 1 - South 1 - 19 Line had 3 Sout 2 had 4 had	W ME COLOTTO COMMITTED	**************************************			
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
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F 282	repairs to charge n Pain: R57 was not comp was the care plan i efficacy of the pain pain re-evaluated a excuricating pain in The quarterly Minin 4/14/14, indicated if Brief Interview for n indicated R57 had The Admission Rec diagnoses of pain i generalized osteoa Admission Record sustained a hip fran hemiarthroplasty fr pain documented f During interview wi a.m. R57 was aske any discomfort now discomfort such as hurting with no relialways have pain of to right upper oute help with the pain. During an observa 12:05 p.m. R57 wa (w/c) moving cons rubbing the sides of feet on the floor, b was moaning "Aaa	rehensively re-assessed, nor mplemented for monitoring the medications nor was R57's is she was experienced her hip, legs and feet. The moderate of the monitoring the medications nor was R57's is she was experienced her hip, legs and feet. The moderate of the moderate	F 28	2		

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F 282	sitting in her w/c kie floor, moving both I nursing assistant (I keep doing that you hurt." R57 continue to floor, wringing he head back for a few room by NA-B. -At 7:56 a.m. R57 in the dining room tapping on the table, the table, stretching eyes. - At 7:58 a.m. R57 her hands, kicking and licensed practi R57 "You need to see At 8:03 a.m. R57 w/c, and wheeling moaning "Ow,ow,out she had pain and fewer from 8:03 a.m. utoileted by NA-B are constantly move her table, push her w/c, lifting feet up a level, drumming femoaning "Awwww her back upwards backwards, wringing forth from table, lift pedestal hitting it her loud enough to her NA-B was sitting a was also in the direct of the result of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the direct of the loud enough to her NA-B was sitting a was also in the loud enough to her NA-B was sitting a was also in the loud enough to her NA-B was sitting a was also in the loud enough to her NA-B was	cking her feet up and down on hands and fingers about when NA)-B stated to R57 "If you are going to make your legs ed to kick her feet up and down er hands, and stretching her w minutes until moved to dining was observed sitting in her w/c moving hands and fingers and e, moving back and forth from g head back while closing her was tapping on the table with her feet up and down a lot, ical nurse (LPN)-B stated to stop that or your legs will hurt." was tapping her hands on her herself back from the table, ew,ow,ow!" NA-I asked R57 if R57 said "yes." antil 9:02 a.m. when R57 was and NA-I, R57 continued to be reand down almost to her knees we up and down on table legs, w!" a few times, straightening and stretching her head and her hands, moving back and ting feet up and down on table hard enough and making noise ar dishes clank on the table. It R57's table feeding R57. NA-I wheeled herself down the hall are cart lifting her legs up and each herself to the entrance door		282			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	/13/2014	
	PROVIDER OR SUPPLIER LA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 282	- At 9:10 a.m. NA-fidining room From 9:11 a.m. u lift her legs up and pushing herself ba stretching back up "Awwww!", and h pounding feet up a legs up, staring str her eyes At 9:16 a.m. R57 down the hall past entrance door pout the floor, drummin. "Awwwww,Awww At 9:18 a.m. NA-resident and states [R57]?" while R57 the floor making sc. At 9:20 a.m. survadministrator, "I down almost a state floor with her hands, wheeling stretching up her band down almost and down almost and down almost and the floor with her form the floor with her form and sat at the entrand to be wringin	and wheeled R57 back to the standard process of the standard part of the part of the standard part of the		282			

	TO LOU MEDIONNE	O MEDIONIO CENTOLO				T	
	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
	i 	245203	B. WING			06/1	3/2014
NAME OF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
THE VIL	LA AT BRYN MAWR				75 PENN AVENUE NORTH IINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 282	- At 9:36 a.m. staff - At 1:01 p.m. R57 her bed in her roon with distressed lool all around, moving agitated, stating sh surveyor. When Rt her call light, R57 s use my call light" a hand out towards le hurts" (pointing to le thigh) and then rub with her right hand distressed look on look to her eyes tur crying out, "Ow, ow had a reddened far that time crying out sides of her face v whole body up and informed by the su NA-B went to tell tf -At 1:08 p.m. LPN- and said "[R57], I s stated "Owwww", on her face, movin owwwww", rubbing loudly "Owwwwww moved R57 up in te reddened. NA-B st - At 1:11 p.m. R57 Oxycodone (a nare LPN-B At 1:19 p.m. R57 hurts all the time (outer leg and her f this time "when I g pain."	took R57 to an activity. was found by surveyor lying in a on her back, frantic looking on her face, moving her legs arms and hands constantly, he had pain when she saw of was asked if she could use stated, "No, I don't know how to not then R57 reached her left eft rail. R57 stated "my leg her right upper outer side of bing her right upper outer leg, kicking legs about with her face. R57 had a glazed ming her head towards the left of and wrung her hands. R57 be with pained expression at the gorously while moving her down in bed. NA-B was reveyor that R57 had pain and he nurse that R57 was in pain. B came into resident's room have something for pain", R57 eyes squinting, distressed look of face grimacing, and face atted to R57 "you are in pain." was given a PRN (as needed) cotic pain medication) from		282			

PRINTED: 07/02/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING _ B. WING 06/13/2014 245203 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 PENN AVENUE NORTH THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY)

F 282

LPN-B she was feeling "better."

R57's record included a Care Area Assessment (CAA) for pain dated 1/20/14, which indicated R57 had complaints of moderate pain daily in which R57 could not put a number to, utilized Oxycodone (pain medication), and positioning and therapies as she recovered from right hip fracture (fx).

Continued From page 73

F 282

The Pain MDS 3.0 Responses assessment dated 1/22/14, indicated that R57 had verbal complaints of pain, has a right hip fx, c/o pain daily, received Tylenol 650mg daily prn, and Oxycodone 2.5ml every four fours prn. The information was requested and not provided.

R57's care plan dated 3/31/09, read "Meds

[medications] as per MD [medical doctor] order. Monitor for side effects and efficacy." The careplan also noted, "Resident's needs will be met while at HCC [health care center]. Staff anticipate needs when resident is not expressing them." Also the care plan for behaviors dated 3/31/09, staff were to reorient R57 for her behaviors of hollering and kicking at desk. Staff were to remove R57 from excessive stimulation and try to calm R57 down with 1:1's. Staff were to bring R57 to her room to watch television to reduce grabbing food from peers. An addition to the care plan on 1/20/14, noted, "Potential for alteration in COMFORT related to hip fracture Jan 2014. The resident will verbalize she is comfortable through the review date. Monitor and record any indications of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow) Vocalizations (grunting, moans, yelling out, silence) Mood/behavior (changes, more irritable, restless, aggressive,

Facility ID: 00175

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 06/13/2014 245203 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 PENN AVENUE NORTH THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 282 F 282 Continued From page 74 squirmy, constant motion); Eyes (wide open/narrow slits/shut, glazed, tearing, no focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid, rocking, curled up, thrashing). In addition the careplan for alteration in comfort states, "Notify physician if interventions are unsuccessful or if current complaint is a significant change from residents past experience of pain." The care plan also lacked any evidence of any non-pharmalogical pain interventions being put into place for R57. The Pain MDS 3.0 Responses assessment dated 4/11/14, indicated no pain for R57 with no signs of pain observed or documented by staff. Under Pain Management on the pain assessment it indicated R57 received non-medication intervention for pain. Under Interventions and effectiveness: "restorative program set up after R57 completed therapy following hip fracture" and under Comments read: "denies pain." The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided. The 4/14/14, dated MDS depicted R57 as not receiving any scheduled pain medication but did use PRN medication to control the pain. Also, the 4/14/14, MDS indicated R57 received non-pharmacological pain interventions. The Pain MDS 3.0 Responses assessment dated 4/15/14, indicated "pain almost constantly, can hardly sleep at night, has limited day to day

activities, verbal descriptor scale of pain

moderate, vocal complaints of pain, resident has order for Tylenol (used for mild to moderate pain) PRN, Oxycodone (used for moderate to severe

PRINTED: 07/02/2014

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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F 282	pain) PRN" and inco "Resident has right daily." The Pain MI intensity number of The pain assessment lacked assessed for R57 at the intensity of R57 Assessment lacked identification systel information was reconstructed in the intensity of R57 Assessment lacked identification systel information was reconstructed information was reconstructed in the intensity of R57 Assessment (NP) as stated, "Interview with the she continues pain that seems to day. She notices if attempting to use that she having printially fractured he ago." NP's 4/18/14 under Assessment femoral neck fractional the intensity in	licated under Comments: In hip fx [fracture], and c/o pain DS assessment lacked the pain in a scale from 00 through 10. In a consistent pain scale in the rate R57's pain. The quested and not provided. If a consistent pain scale in the R57 was seen by nurse indicated and not provided. If a consistent pain scale in the NP's Progress Note with the patient today reveals to have occasional right hip come and go throughout the trimarily when she is in the right hip since she in the right hip since she in the right hip since she in the right hip several months in progress note also read, and Plan read "History of right ure, status post in January 2014. The patient ience pain in the right hip on ave a fall on March 2nd. We out. Oxycodone for pain in documentation was found in a involving any communication taff to NP regarding R57 having nost constantly in April 2014. If a considering the patient is not sleeping well as a result of the pain in the right hip on a constantly in April 2014.		282			
	The Progress Note	es were reviewed from 4/25/14,	1			1	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS; CITY, STATE, ZIP 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	CODE		
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F 282	forward and the following was in too much p medical record lack reported to the nutropic of ollowing was note. April 2014 MAR R57 on 4/4/14, at 8:4 8:5 slightly swollen for 0.531/14, read in right hip, she was grabbing at her right Tylenol. When ask no longer in pain." On 6/11/14, at 2:4 [complain] leg pain 2.5ml [milliliter] x 1 bed resting at this - On 6/12/14, at 15 pain this shift, promedical resting at this pain this shift, promedical of tablets (tabs) 650 needed for pain or hydrochloride (HC as needed for mode of the much p medical record lack reported to the nutropic following was note - April 2014 MAR R57 on 4/4/14, and R57 on 4/4/14, and reported to the significant record and reported to the nutropic following was note - April 2014 MAR R57 on 4/4/14, and reported to the significant record following was note - April 2014 MAR R57 on 4/4/14, and rec	lowing was noted: 20 p.m. "Right lower extremity rom hip to mid-thigh." , "Resident complained of pain s yelling she was in pain and ht hip. Nurse gave PRN ed [R57] stated that she was 42 read "Resident c/o this shift. PRN Oxycodone ② 1:10 p.m., resident is in time." 5:02 read, "Resident c/o leg at 8:30 a.m. seems to be doing dated 6/5/14, included Tylenol 2 milligrams (mg) po (oral) as dered 1/7/14, and oxycodone L) 2.5 mg po every four hours derate pain ordered 1/20/14. rative Program documentation Comments: "Resident [R57] ain in legs 6/13/14." The sked documentation if that was rse. dministration records (MARs) m April 2014 forward and the		282			
	on 5/2/14, 5/21/14 PRN Tylenol giver	notes PRN Tylenol given to R57 , and 5/31/14, noting 5/31/14, n for leg pain and noted ult on back of MAR. Also 5/2/14,					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	:	245203	B. WING		06	/13/2014	
	PROVIDER OR SUPPLIER LA AT BRYN MAWR		,	STREET ADDRESS, CITY, STATE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
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F 282	and 5/21/14, admir not followed up for medication neither progress note for F-June 2014 showe time on 6/3/14, PR 6/8/14, 6/11/14, an showed PRN Oxyo 6/12/14, for leg pai (follow up for pain LPN-B. On 6/3/14 of PRN Tylenol shomedication effectivalso could not be coxycodone was eff as the PRN medication determine when R the PRN Oxycodor PRN medications they were to be give evidence of re-assevery shift according Protocol revised 10 On 6/10/14, at 11: always had pain be moving and kickin On 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant (TMA)-A stated the protocol revised the compliant of the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant (TMA)-A stated the protocol revised the compliant of the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant (TMA)-A stated the protocol revised the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect RS if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect R5 if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect R5 if R57 kept kicking sometimes compliant the protocol revised 10 on 6/11/14, at 7:55 tried to redirect R5 if R57 k	nistration of PRN Tylenol was effectiveness of pain on back of MAR nor in a 357. In PRN Tylenol was given one N Oxycodone given once on d 6/12/14. Documentation codone given on 6/11/14, and n as 'Helpful' under Result medication effectiveness) by and 6/8/14, the administration owed no follow-up for pain reness on back of MARs. It determined if the Tylenol or the fective in managing R57's pain ation was not being fective or not. The MARs if using a consistent rating the intensity of R57's pain to as "moderate" pain to 57 needed the PRN Tylenol or the fective in manage the pain. Both lacked parameters as to when wen for pain. The MARs lacked ressing R57's pain at least and to the facility's Pain Clinical 10/10. 10 a.m. LPN-F stated that R57 recause R57 was always gher feet.	F2	282			

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FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING. 245203 B. WING 06/13/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 PENN AVENUE NORTH THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 282 Continued From page 78 F 282 her legs hurt. TMA-A stated R57's legs hurt from R57's constantly kicking out. TMA-A also stated that she would give R57 a PRN Tylenol if R57 asks for it. TMA-A verified R57 had been given PRN Tylenol in June only on 6/3/14 and 6/8/14, with no follow-up for effectiveness of pain medication noted on the back of the MAR. The TMA also verified the medical record lacked evidence of documentation for follow up for pain that was noted in progress notes 6/3/14, or 6/8/14. - At 1:30 p.m. NA-B stated that she knew when R57 had pain by R57's crying out or by R57 asking for pain medication. - At 1:41 p.m. LPN-B stated R57 had a hip fracture a couple of months ago, and that R57 used to smoke. "[R57] continues to try to get into the smoke room and [R57] kicks at the smoke door to get in." She stated that staff tried to redirect R57 when R57 did that. LPN-B stated that you would know if a resident was in pain by their facial expression. LPN-B also stated that R57 would sometimes tell you if she was in pain. R57 would not ask for pain medication but R57 would tell nurse if she was in pain if nurse asked R57. - At 1:55 p.m. LPN-B stated R57 did not complain of pain until she started kicking the door and under the table. LPN-B also stated staff tried to

table, or watch television.

redirect R57 when she kicked her feet by telling her to stop, reposition her, turn R57 away from

On 6/12/14, at 9:32 a.m. NA-I, stated R57 was on the restorative program and R57 did range of motion (ROM) legs and arms while in the w/c. NA-I stated R57 sometimes complained that her legs hurt. NA-I stated R57 had pain because R57 kicked the smoking room door and every day R57 PRINTED: 07/02/2014

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES.	ULD BE	(X5) COMPLETION DATE
F 282	kicked the smoking in to smoke three titell R57 to stop kick get in the smoke rotell her to stop kick R57 but R57 kept of kicking the door un stated R57 would repain and NA-I woul "my legs hurt." - At 10:37 a.m. LPI monitor R57's pain R57 had pain if R5 out. - At 3:17 p.m. regis reported her hip hurt. RN-B stated she ground to	door when other residents go mes a day. NA-I stated, "You king, but R57 is determined to som and won't stop when you ing." NA-I stated she redirects coming right back and kept til R57 finally gets tired. NA-I moan and groan if she was in id ask her and R57 would state N-B stated nursing did not and that staff would know if 7 kicked the door or screamed stered nurse (RN)-B stated R57 arting when she had pain. ave R57 a PRN Oxycodone for pain and said it was ted R57 would start to rub her eg hurts" and then RN-B would bain medication) and reposition RN-B was able to redirect R57 if she had time to spend with mer, distract her, reposition her, not if needed. N on 6/11/14, at 2:04 p.m. the expects staff to follow in The IDON stated "I think so" f had been provided any pain ing and was unsure about	and the second s			

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l	LTIPLE CONSTRUCTION		E SURVEY IPLETED
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F 282	harm as the facility re-assess, implement efficacy of the med	age 80 did not comprehensively ent the care plan for monitoring ications or re-evaluate R57's riencing in her hip, legs and	F2	282		
	a timely manner whaddition, R47 did n	e scheduled pain medication in nen in "unbearable pain". In ot receive requested PRN (as cation when in "unbearable" on the pain scale.	The state of the s			
	15 on the BIMS wh The Admission Re diagnoses of other (a skin disease cha	28/14, indicated R47 scored a nich indicated intact cognition. cord dated 6/13/14, included chronic pain, and hidradenitis aracterized by clusters of , epidermoid cysts, sebaceous t).	41			
	in his w/c at the me room requesting h The TMA-A stated many residents to waiting for pain me out smoking at 8:3	on 6/13/14, at 9:09 a.m. sitting edication cart in the dining is medications from TMA-A. to R47, "I can't. I have too do." R47 replied, "I've been ed [medication] before I went 0 a.m." R47 turned the w/c wheeling himself down the				
The state of the s	- At 9:11 a.m. R47 [TMA-A] said she before when I ask R47 answered he where or how muc non-pharmalogica asked about the ra	stated to surveyor, "She would have it [pain medication] ed her [TMA-A] this morning. had not been asked by TMA-A th his pain was or offered any interventions. When R47 was ating of the pain from surveyor, n was a "9" out of possible 10			,	

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LTIPLE CONSTRUCTION DING	(X3)) DATE SURVEY COMPLETED
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F 282	and that he was go get off his butt. - At 9:13 a.m. TMA overheard telling a asked for a pain meresident pain medic was too busy doing TMA-A did not ask where and how muture and his bed on his leight and his how	hat the pain was "unbearable", ing to his room to lie down and -A was observed and female resident who had edication she could not give eation at the time because she other residents' medications. The female resident either ch pain the she was having, was observed in his room lying it side. R47 stated he had not ain medication. R47 also stated call light on right when he about R47's pain. R47 also it waiting for my pain	F2	282		

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		245203	B. WING		06	/13/2014
	PROVIDER OR SUPPLIER LA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZII 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	PCODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 282	pain medications be working on other restated "everything and my open wourhad had surgery of about the pain, about "everything." tells me I have a tellong I will have it, I want to give me ar say I will drink." Resure that hose in saw R47 also stapain, it takes them [TMA/nurse] alwayelse." - At 10:46 a.m. R4 lying on his side in saw R47 groan "OR47 with guarding asked, R47 rated - At 11:41 a.m. R4 lying on his bed ar pain a "6". R47 stapain medication for was going to ask for when he can get of would want more - At 12:43 p.m. R4 room, when asked that his "testicles also stated "I asked morning for one T two Tylenol." Whe medication he had TMA-A, R47 stateme what I asked for the state of the state	was unable to give R47 his recause TMA-A was busy esidents medications. R47 hurts, my testicles, my butt, and on butt." R47 also stated he in his bottom, he felt angry, but what he was doing here, R47 also stated the "doctor errible illness, don't tell me how hydrocephus [sic], they don't hything for pain, because they are also stated his pain at "9" is inbearable" and hurts my whole ated, "I let staff know about so long to do anything, they are say they are doing somebody 7 was observed in his room his bed. Surveyor heard and wwww" and facial grimace, move slowly to sit up. When		282		

	MOTOR MEDICALIE	A MEDIONID SCHWISCO.	T			1	
10.77. 2.1.2.1.		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
	m "Bana n.e	245203	B. WING			06/1	13/2014
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE		
				27	5 PENN AVENUE NORTH		
THEVILL	.A AT BRYN MAWR			MI	NNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 282	had given to R47 w morning medication morning medication think I gave him [R about 8:45 a.m." Ther first day she had month of June. TM working on Station took her longer to pas she was not fan medications. - At 12:47 p.m. who thought R47 had not Tylenol, that R47 had a schedule At 12:55 p.m. TM told surveyor R47 PRN Tylenol earlie replied, "I will give When surveyor repyou already gave how until another shave to have one shave to have one shave to R47's roor on his side. TMA-A Tramadol this mor Tramadol, not Tyle told you Tylenol at R47 "You said Traagain he had not rhad asked TMA-A stated like he did argued with R47 h	o R47 what medications she when she gave R47 his ms. TMA-A also stated R47's as were due at 8:00 a.m. and "I 47] his meds [medications] MA-A stated to surveyor it was ad worked on Station 1 in the A-A stated she had been as 3 and 4, and also stated it bass medications on Station 1 miliar with residents' en asked TMA-A stated she of asked earlier for PRN ad asked for PRN Tramadol and told R47 "no", because led Tramadol. A-A was informed R47 had believed he had been given by TMA-A, and TMA-A him [R47] 2 p.m. Tramadol." because to TMA-A R47 thinks and PRN Tylenol this morning that comes," as we always staff in the dining room. A-A with surveyor intervention in where R47 was lying in bed a stated to R47 "I just gave you ning, not Tylenol, you said enol." R47 replied to TMA-A, "I 8:30 a.m." TMA-A argued to madol" and R47 told TMA-A equested PRN Tramadol but earlier for PRN Tylenol and every morning. TMA-A again the had not asked for prn Tylenol.		282			
:.		ed TMA-A to look at the June					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

AND DIAM OF CORPORATION		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245203	B. WING			06/1	13/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR				27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH NNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING (NFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	been getting prn Ty stated to R47, "I wi and started walking ask R47 where his rate his pain he wa other pain alternati the hall to the nurs sitting and asked L Tylenol. Without ar how much pain R4 last had a PRN Tyl answered, "Yes R4- At 1:07 p.m. with gave R47 the prn at 8:30 a.m. No quat this time to R47 R47 was having no pain offered. - At 2:12 p.m. on 6 his bottem and testicem and testicem estrong enough feel he was getting pain, "I know I'm ngel he gets to his R47 also stated he bottem and it had had told them this about it, and stated don't help." MDS Quarterly da scheduled pain medications, constantly having	MAR and seeing R47 had plenol in the mornings TMA-A II have to check with the nurse" gown the hall. TMA-A did not pain was, did not ask R47 to shaving, nor did she offer any ve to R47. TMA-A went down e's station where LPN-H was PN-H if R47 could have a PRN ny discussion about where or 7 was having or when R47 had enol for pain, LPN-H 7 can have a prn Tylenol." surveyor intervention TMA-A fylenol that he had requested estions were asked by TMA-A about where or how much pain or were any alternatives for 1/13/14, R47 rated his pain on ticles a "5" and stated his es "always hurt, they don't give stuff." R47 stated he did not got." R47 stated the morphine pottem does not help much. If had lidocaine before for his helped some. R47 stated he he but they do not listen to him distaff don't care, and they		282			
	the numeric pain r	ating scale. ted 2/13/14, reported R47					

THE REPORT OF THE PROPERTY OF		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING	and the second s	06/	13/2014
	PROVIDER OR SUPPLIER A AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5). COMPLETION DATE
F 282	received PRN pain pain, pain has mad night, pain has limit and rates R47's paid descriptor scale. MDS Annual Asses R47 on scheduled not receive PRN panon-medication interest R47 having pain al "8" on a pain scale Pain Assessment of LPN-I reports Voca Received scheduled Pain Assessment of the Pain	medications, frequently has le it hard for R47 to sleep at ted R47's day to day activities, in moderate on the verbal ssment dated 4/28/14, reported pain medication regime, did ain medication, received ervention for pain, reported most constantly rating pain an	F 2	82		

	TOT OIL WILDION	7 00 747 12 10 7 17 10 07 11 17 17 17 17 17 17 17 17 17 17 17 17			· I	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY IPLETED
		245203	B. WING		06/	13/2014
NAME OF	PROVIDER OR SUPPLIER		I	STREET ADDRESS, CITY, STATE, ZIP C	ODE	
			Į.	275 PENN AVENUE NORTH		
THE VILI	LA AT BRYN MAWR		Į.	MINNEAPOLIS, MN 55405		*1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 282	administer his med decreased activity effectiveness of me effective at controll The Pain Assessm	s as per order, encourage when pain is worse, monitor eds and update to MD if not ing pain." ent dated 4/30/14, signed by	F 2	82		
	received scheduled treatment Morphine which gently re-hyd facilitating autolytic wound [the tissue s	cal complaints of pain, I pain medication regimen, I gel [an amorphous hydrogel Irates necrotic tissue, I debridement] to sacral, peri Isurrounding the wound itself] Ind Treatment to wound."	The second secon			
	for alteration in CO pain in addition to a rectal surgery and tolerable level while (topicals prior to dr decreased activity effectiveness and tolerable pain.	dated 8/25/09, reads: Potential MFORT. Resident has chronic acute pain from extensive resident will report pain is atale at HCC. Meds as per order. sg changes) encourage when pain is worse. Monitor update to MD if not effective at dated 5/31/12, reads: Potential				
	for alteration in CC resident speaks, understood and ab say to him in a nor that resident's nee HCC and staff are	MMUNICATION related to sing a soft voice but is usually ble to understand what others mal volume. Careplan reads ds will be met while he is at the to listen carefully to what and ask him to reiterate what	The second secon			The distance of the state of th
Takan mananan manan mananan manan mananan mananan mananan mananan mananan mananan manan manan manan manan manan manan	physician, signed and the orders included and acceptance acceptance and acceptance acceptance and acceptance accept	or April 2014 unsigned by and dated by RN-E on 3/25/14. ed: 500 milligrams (mg) caplet 2 by mouth (PO) every eight or pain ordered 8/27/13,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1. '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245203	B. WING	anganaminaminaminaminaminaminaminaminaminam	06	/13/2014
	NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 282	- Flexeril 1 tablet (needed for pain or ordered 8/27/13, - Neurontin 300 m noon ordered 3/11/14, - Neurontin 300 m evening ordered 3/11/14, - Neurontin 300 m evening ordered 3/- Baclofen 10 mg PO four times daily ordered 8/27/13, - Morphine 0.1% Ir wounds every eighordered 3/6/14. The April 2014 MA Tylenol two times i with no follow up for April MAR. May 20 no PRN Tylenol for The May 2014 MA Tramadol (used fo pain one time on 5 pain effectiveness Tramadol PRN for The June 2014 MA Tylenol for pain on and 6/11/14. Docu showed follow up Result for Tylenol only. The June 20 PRN Tramadol for up for pain effectiveness Notes w forward: - 6/1/14, at 2:08 p.	(tab) PO every eight hours as ally related to muscle spasms of 1 capsule (cap) PO every (14, lig cap PO every morning of 2 caps (600mg) PO every	F 2	82		

THE RELIEF CONTROL IN THE PROPERTY OF THE PROP		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245203	B. WING			06/13/2014	
NAME OF I	PROVIDER OR SUPPLIER		L		REET ADDRESS, CITY, STATE, ZIP CODE		
THE VIL	LA AT BRYN MAWR			9	5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX (EACH CORRECTIVE ACTION SHO		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 282	pinkish drainage to for moderate to sev [before] tx done. W 6 a.m. & 12 noon to which is ok with hin - 6/2/14, 10:50 a.m room for treatment requested pain me tylenol 1g was give told the treatment writer went back to refused saying he was tramadol 50mg at - 6/3/14, at 10:10 a very foul odor & ha areas & writer state res stated 'I'm goin anything stronger f assumed you were does not help mel' doing his tx to butto - 6/5/14, at 10:49 a don't give me some to drinking & smok 'you are only hurtim morphine sulfate hid ost!' Res also to clothes on the floor - 6/10/14, at 2:30 think treatment is h - 6/12/14, at 10:43 asking to turn self-moving due to the NP progress noted was seen today for [NP] after a re-adn was transferred from the self-moving due to the was stransferred from the self-moving for the self-moving due to the last of the self-moving due to the last of the las	soiled drsg. Had ultram [used vers pain] 50 mg po b/4 'ill request ultram 50 mg po at be able to do tx after lunch on." . "Res was approached in his to his several wounds, he dication before treatment, PRN on at 9:45 a.m. per orders and will be done after an hour. Of do treatment at 11 a.m., res was still in pain. Res had taken of the two two dots are to do treatment at 11 a.m., res was still in pain. Res had taken of the two two dots are two dots are two two dots are two two dots are two two dots are two		282			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING	l _{many}	0	6/13/2014
	PROVIDER OR SUPPLIER LA AT BRYN MAWR	Account of the second of the s		STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	ODE ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		SHOULD BE	(X5) COMPLETION DATE
F 282	another patient at treports that the pat pain in his buttocks suppurativa is. Intereveals that he has buttocks where he every day for more pain is continuous the Tramadol is ne asking for Oxycodo believes the wound have been draining trouble sleeping at for a long time. Sulcer noted in the samount of serosan coming from the amount of serosan coming from the samount of serosan coming from these Assessment and F suppurativa with culcers, and colosto treatment and use management as we now scheduled. We Tylenol for breakth been running a low CBC[complete blochronic pain. As all current regimen of Tylenol."	May 30th after assaulting he nursing home. Nursing staff tient has been complaining of a where his hydradenitis riview with the patient today been having pain in the receives wound treatment than a year. He reports the in nature. He does not believe cessarily very helpful and he is one or Tylenol 3 today. He is in his groin and buttocks a slightly. He reports he has night, this has been going on kin: There is a fissure like sacral region. There is a small guineous drainage noted to be rea. There are also fissure like bilateral groins with a small guineous drainage noted to be guineous drainage noted to be	F	282		

AND DUAN OF CODDECTION IN IDENTIFICATION AND MADER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245203	B. WING		MACRATINA (MA)	06/	13/2014
	PROVIDER OR SUPPLIËR _A AT BRYN MAWR			STREET ADDRESS, CITY, S 275 PENN AVENUE NORT MINNEAPOLIS, MN 55	гн	unna comin	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD ED TO THE APPROP FICIENCY)	BE	(X5) COMPLETION DATE
F 282	County Medical Ce complained of pain retention, and stool colostomy. IDON a received any pain r before going to the stated the nurses of assessments, with with c/o pain by restassessment was downward was assessment was downward for any complete the properties of the pain of the color of the	nter Emergency Room for in rectum, chills, urinary coming out of rectum despite iso stated that R47 had not nedication for two weeks hospital for pain. The IDON in the stations do the pain medication change, and also ident, and the quarterly pain one with the quarterly MDS. 12/14, at 1:51 p.m.IDON stated aport R47 had told staff if he his pain would drink alcohol When asked IDON stated she at R47 would get alcohol or stated she had only been a last couple of weeks. 13/14, at 9:14 a.m. IDON do nurses and TMAs to clons in a timely manner per if she expected TMAs and esident where the pain is and gof pain when a resident asks cation per policy. IDON also expect a resident to wait no 0 minutes for a prn pain sident's pain rating of a "9." 13 a.m. when asked TMA-A ants ask her for pain them [residents] if it prn or have to check with the nurse, I ents] I am in the middle of it, and I will get to you [the	F	282			
1	On 6/11/14 at 2:04	I n.m. IDON stated that she		4			1

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		I ' '	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	/13/2014
	PROVIDER OR SUPPLIER LA AT BRYN MAWR		111111111111111111111111111111111111111	STREET ADDRESS, CITY, STATE, ZIP 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 282	expects staff to foll IDON stated "I thin been provided any was unsure about." On the revised Apr Medications policy Medications sha and timely manner. 3. Medications mu accordance with the required time fram. 9. Medications mu. (1) of their prescrib. As required or individual administing the resident's m. 16a. The date and administered; 16b. The dosage 16c. The route of 16e. Any complaindrug was administ. 16f. Any results a were observed; ar. 16g. The signature administering the medical states under Assembly 16c. The physician individuals who having pain. 2. The nursing served for pain upon administration and the property of the pain upon administration of the province	ow resident's care plan. The k so" when asked if staff had pain management training and when the training had been. il 2010 Administering it states: all be administered in a safe and as prescribed. st be administered in a corders, including any e. st be administered within one ped time. indicated for a medication, the tering the medication will record edical record: a time the medication was administration; ants or sympoms for which the tered; chieved and when those results and e and title of the person		32		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	245203 B. WING		06/	13/2014	
	PROVIDER OR SUPPLIER A AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 282	new pain or worser 3. The staff and p nature (characteris frequency, pattern, 3a. Staff will asse approach and a sta instrument appropr level. 3b. The staff will rest and movement example, grimacing having a wound dre4. The nursing st or interventions wh resident's pain may wound care, ambul5. The staff and p how pain is affectin living, sleep, and th including complicat disturbances, social The PainClinical I states under Monite	a, and when there is onset of hing of existing pain. Onlysician will identify the hitcs such as location, intensity, etc.) and severity of pain. The pain using a consistent and ardized pain assessment fate to the resident's cognitive observe the resident (during the for evidence of pain; for a while being repositioned or easing changed. The pain increase in the reposition of the anticipated; for example, ation, or repositioning. The proposition will also evaluate a mood, activities of daily the resident's quality of life, ali isolation, and falls.	F 28	2			
F 309 SS=D	and related consect least each shift for changes in levels of weekly in stable ch 1a. For example intensity of pain, at daily living (ADL's), behavior, and parti 483.25 PROVIDE (HIGHEST WELL B	quences at regular intervals; at acute pain or significant of chronic pain and at least ronic pain. e, review frequency and oblity to perform activities of sleep pattern, mood, cipation in activities. CARE/SERVICES FOR	F 30	9			

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/13/2014	
	PROVIDER OR SUPPLIER LA AT BRYN MAWR		2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	: (EACH DEFICIENC	ATEMENT ÖF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 309	provide the necess or maintain the hig mental, and psych	age 93 sary care and services to attain whest practicable physical, osocial well-being, in the comprehensive assessment	F 309	R47 has had his pain management plan reviewed, had a new pain ass completed and the care plan was u	essment	
	by: Based on observareview, the facility adequate assessn implementation ar adequate pain ma (R57, R47) review facility did not iden	NT is not met as evidenced ation, interview, and document failed to ensure residents had nent, intervention, development, id/or monitoring, to ensure nagement for 2 of 4 residents ed for pain. In addition, the atify and monitor bruises of 1 of 1 resident (R71).		R57 had a new pain assessment co and the care plan was updated to innon-pharmacological intervention continues to receive pain medicat ordered. R71 had a skin assessment completing include the identified bruise. Residenter interviewed regarding the possible the bruise. The care plan was updatinglude potential for skin problems.	nclude s. R 57 cion as ted to dent was e cause of ted to	
	Data Set (MDS) d scored 10 out of 1 Mental Status (BIM moderately impair			Staff have received training on Pair Management interventions and ex Staff have been educated on the exthat bruises are reported timely.	pectations	
	identified the resident pain in joint-site unsteodarthrosis unste	mission Record printed 6/13/14, lent had diagnoses including: inspecified, and generalized specified site. The Admission ated R57 had sustained a hip hip hemiarthroplasty following a 4, and had pain from that site.	A contract of the contract of	Residents identified to have a bruis An investigation to determine possible causes.		
And the state of t	a.m. R57 was ask any discomfort no	vith R57 on 6/10/14, at 9:03 led the question, "Do you have w or have you been having s pain, heaviness, burning, or	The state of the s	Resource Co. Delana	ies han	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: MKNW11

Facility ID: 00175

If continuation sheet Page 94 of 202

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/1	3/2014	
NAME OF	PROVIDER OR SUPPLIER	######################################	1	STREET ADDRESS, CITY, STATE, ZIP CODE			
THE VILI	A AT BRYN MAWR		1	275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 309	hurting with no relia almost always have [pointing to right up pain pills help with During an observa 12:05 p.m. in the din her wheelchair (and forth in the work head, stomping he breathing heavily, resident was heard Aaaah." Nursing a in the dining room pain R57 was exported to R57, "If y going to make you kick her feet up ar hands, and stretch minutes until taken Through out her ti observed to have appeared to related to R57 in the dining room tapping on the table, stretching to the table, and was obserted to the table, and was obserted to the table, and was obserted to the table, more asked R57 if she	ef?" R57 had responded, "I e pain on my right upper leg oper outer thigh], it hurts a lot, the pain." tion of R57 on 6/10/14, at lining room R57 was observed w/c) moving constantly back c, rubbing the sides of her er feet on the floor and During the observation, the d to be moaning "Aaaah, ssistant (NA)-B was observed and did not intervene for the erincing. 7 a.m. R57 was observed icking her feet up and down on hands and fingers about. NA-B you keep doing that you are ar legs hurt." R57 continued to and down to floor, wringing her hing her head back for a few in to the dining room, R57 was physical movements that		Audits will be conducted weekly x 4 and monthly x 2 months to determine residents had their pain needs methand residents with identified bruises completed assessment and carepla. Audit results will be reviewed by the Committee to determine ongoing at schedules and interventions. The Director of Nursing/designee is responsible to maintain compliance.	e if timely s have a n * QA adit	7/23/14	

	TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	13/2014	
NAME OF F	PROVIDER OR SUPPLIER	\$		STREET ADDRESS, CITY, STATE, ZIP CODE			
THE VILI	LA AT BRYN MAWR			275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	السنسنسور والمارية والمارية		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 309	the licensed nursin experencing pain. - During continuous until 9:02 a.m. whe toileting by NA-B at constantly move he the table, push her w/c, lifting feet up a up and down on the moaning "Aww" where up and table, lifting feet up hitting it hard enough to hear disthat time, NA-B was R57. During that time if the resident in the w/c - At 9:10 a.m. NA-I room in her w/c. - From 9:11 a.m. un observed to lift her herself back from stretching back up "Aww" sound. R57 down hard on the sup at times, staring look in her eyes. - At 9:16 a.m. R57 hands, down the hith entrance door, and down on the fithe w/c at times whaw."	g staff that R57 was s observations from 8:03 a.m. In R57 was assisted with Ind NA-I, R57 continued to In hands and fingers, tap on Iself back from the table in her Ind down, drumming her feet Ise table pedastal, and was Iself back and was Iself back from the table in her Ind down, drumming her feet Iself back from the table pedastal Iself straightening her back Iself hand was Iself back and forth from Iself back from the table back Iself	F3				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	245203		B. WING_	- ## ;	06/	06/13/2014	
	PRÖVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 309	the door [R57]?" Tup and down on the Although R57 experindicators, NA-B did on 6/11/14, at 9:35 sitting in the dining television, lifting he her hands, wheeling stretching up her band down almost rethe floor with her fedrumming her hand with a glazed look, At 9:34 a.m. active wanted to go to an herself down the hand went and sat a activity staff-A did R57 was uncomford display non-verbal - At 9:35 a.m. R57 door to be wringing back and forth in whicking door hard - At 9:36 a.m. staff During additional 6/11/14, R57 was her back, with a dimoving her legs a hands constantly, told the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated, "No, I don'then R57 reached left bed rail. R57 second on the surveyor saked whether sh stated rail. R57 second on the surveyor saked whether sh stated rail. R57 second on the surveyor saked whether sh stated rail.	stated to R57, "You back at the resident was hitting her feet e floor during that time. erienced non-verbal pain d not intervene. I a.m. R57 was observed room in her w/c looking at the er hands up and down, wringing the herself back and forth, tack in chair, lifting her legs up the er knee level, pounding on the et with her tennis shoes, ds on her w/c wheels, staring and breathing hard. Writy staff-A asked R57 if she activity. R57 started wheeling all past the medication cart, at the entrance door. The not indicate the nursing staff rtable as R57 continued to s indicators of pain. Was observed at the entrance g her hands, pushing herself w/c, breathing heavily, and		09			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
	:	245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	kicking her legs ab her face. R57 had turning her head to "Ow, ow" while she reddened face with crying out, grimacii her face vigorously up and down in be surveyor that R57 the nurse about R6-At 1:08 p.m. LPN-room and said "I his stated "Ow." The riand had a distress her fingers while sface with hands. R "Ow" when LPN-B upwards in her be reddened face. Na pain." R57 received a PI narcotic pain medithe repositioning At 1:19 p.m. R57 leg hurts all the tim upper outer leg an stated at that time with my pain." -At 1:35 p.m. LPN how she was feelin respond "better." F wringing of hands R57's record inclu (CAA) for pain dat R57 had complain that R57 was unal	er leg with her right hand, out with a distressed look on a glazed look to her eyes wards the left and crying out, wrung her hands. R57 had a pained expression at that time ng, and rubbing the sides of while moving her whole body d. NA-B was informed by the nad pain and NA-B went to tell				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/1	13/2014
	PROVIDER OR SUPPLIER		ŀ	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 309	R57 utilized Oxycomedication), positi recovered from a range of the facility conduction assessment titled, assessment dated had verbal complactory opain daily, receand Oxycodone 2. information was read oxycodone 2. information was read oxycodone 2. information was read facility of the care plan date of the facility of the care plan also note of the facility of the care plan of	age 98 Idone (a narcotic pain oning, and therapy as she right hip fracture (fx). In ted an additional pain Pain MDS 3.0 Responses I 1/22/14, indicated that R57 Intints of pain, has a right hip fx, sived Tylenol 650mg daily prn, 5ml every four fours prn. The equested and not provided. In ted 3/31/09, included, "Meds fer MD [medical doctor] order. If fects and efficacy." The end of	F 305	9		

F 309 Continued From page 99 significant change from residents past experience of pain." The care plan lacked any evidence of any non-pharmalogical pain interventions being put into place for R57. In addition, the care plan for behaviors dated 3/31/09, indicated staff were to reorient R57 for her behaviors of hollering and kicking at desk. However, the plan of care did not address any interventions of kicking out and wringing of hands as an indicator of potential pain. The facility conducted an additional pain assessment titled, Pain MDS 3.0 Responses assessment dated 4/11/14, indicated no pain for R57 with no signs of pain observed or documented by staff. Under Pain Management on the pain assessment it indicated R57 received non-medication intervention for pain. Under Interventions and effectiveness: "restorative program set up after R57 completed therapy following hip fracture" and under Comments read: "denies pain." The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided. A 4/14/14 MDS, depicted R57 as not receiving any scheduled pain medication but utilitized PRN medication to control the pain. Also, the 4/14/14, MDS indicated R57 received non-pharmacological pain interventions.	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
THE VILLA AT BRYN MAWR 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			245203	B. WING	B. WING		06/13/2014	
FREEX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 309 Continued From page 99 significant change from residents past experience of pain. The care plan lacked any evidence of any non-pharmalogical pain interventions being put into place for R57. In addition, the care plan for behaviors dated 3/31/09, inclicated staff were to reorient R57 for her behaviors of hollering and kicking at desk. However, the plan of care did not address any interventions of potential pain. The facility conducted an additional pain assessment titled, Pain MDS 3.0 Responses assessment titled, Pain MDS 3.0 Responses assessment titled, Pain MDR 3.0 Responses assessment it indicated R57 received non-medication intervention for pain. Under Interventions and effectiveness: "restorative program set up after R57 completed therapy following hip fracture" and under Comments read: "denies pain." The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The hinformation was requested and not provided. A 4/14/14 MDS, depicted R57 as not receiving any scheduled pain medication but utilitized PRN medication to control the pain. Also, the 4/14/14, MDS indicated R57 received non-pharmacological pain interventions.					275 PENN AVENUE NORTH	DE		
significant change from residents past experience of pain." The care plan lacked any evidence of any non-pharmalogical pain interventions being put into place for R57. In addition, the care plan for behaviors dated 3/31/09, inclicated start were to reorient R57 for her behaviors of hollering and kicking at desk. However, the plan of care did not address any interventions of kicking out and wringing of hands as an indicator of potential pain. The facility conducted an additional pain assessment titled, Pain MDS 3.0 Responses assessment dated 4/11/14, indicated no pain for R57 with no signs of pain observed or documented by staff. Under Pain Management on the pain assessment it indicated R57 received non-medication intervention for pain. Under Interventions and effectiveness: "restorative program set up after R57 completed therapy following hip fracture" and under Comments read: "denies pain." The Pain Assessment lacked a consistent pain scale identification system to rate R57's pain. The information was requested and not provided. A 4/14/14 MDS, depicted R57 as not receiving any scheduled pain medication but utilized PRN medication to control the pain. Also, the 4/14/14, MDS indicated R57 received non-pharmacological pain interventions.	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFI)	((EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION	
The facility conducted an additional pain assessment titled, Pain MDS 3.0 Responses assessment dated 4/15/14, indicated "pain almost constantly, can hardly sleep at night, has limited day to day activities, verbal descriptor scale of pain moderate, vocal complaints of pain, resident	F 309	significant change of pain." The care pany non-pharmalog put into place for R for behaviors dated to reorient R57 for kicking at desk. Ho address any interversinging of hands a pain. The facility conduct assessment titled, assessment dated R57 with no signs documented by state pain assessment on-medication into Interventions and a program set up aft following hip fractured in the consistent pain son R57's pain. The infort provided. A 4/14/14 MDS, deany scheduled pain medication to content MDS indicated R5 non-pharmacologic The facility conduct assessment dated constantly, can half and to day activities.	from residents past experience plan lacked any evidence of gical pain interventions being 157. In addition, the care plan is 3/31/09, indicated staff were her behaviors of hollering and owever, the plan of care did not entions of kicking out and as an indicator of potential ited an additional pain Pain MDS 3.0 Responses 4/11/14, indicated no pain for of pain observed or aff. Under Pain Management on ent it indicated R57 received ervention for pain. Under effectiveness: "restorative er R57 completed therapy are" and under Comments read: Pain Assessment lacked a ale identification system to rate formation was requested and epicted R57 as not receiving in medication but utilized PRN arol the pain. Also, the 4/14/14, 7 received cal pain interventions.					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
24520	B. WING		06/13/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR		STREET ADDRESS, CITY, STATE, ZI 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	P CODE
(X4) ID SUMMARY STATEMENT OF DEFICIEN PREFIX (EACH DEFICIENCY MUST BE PRECEDED TAG REGULATORY OR LSC IDENTIFYING INFO	BY FULL PREF		ION SHOULD BE COMPLETION THE APPROPRIATE DATE
F 309 Continued From page 100 pain) PRN, Oxycodone (used for mosevere pain) PRN" and indicated und Comments: "Resident has right hip for and c/o pain daily." The Pain MDS as lacked the pain intensity number on a 00 through 10. The pain assessment evidence of any non-pharmalogical printerventions being assessed for RST evidence of rating the intensity of R5 pain. The Pain Assessment lacked a pain scale identification system to rapain. The information was requested provided. On 4/18/14, at 9:39 a.m. R57 was sepractitioner (NP) and the NP's Progrestated, "Interview with the patient too that she continues to have occasion pain that seems to come and go throday. She notices it primarily when stattempting to use her legs to move has been having pain in the right hip initially fractured her right hip severa ago." NP's 4/18/14, progress note all under Assessment and Plan read "Hemoral neck fracture, status post Hemiarthroplasty in January 2014. Toontinues to experience pain in the rand off. She did have a fall on March will continue with p.r.n. Oxycodone frontrol." No further documentation with emedical record involving any corbetween nursing staff to NP regarding moderate pain almost constantly in Medication Management R57 states she had been not sleeping well as a right hip pain.	derate to der x [fracture], ssessment a scale from t lacked bain 7 and lacked 7's daily consistent te R57's I and not deen by nurse ess Note day reveals al right hip bughout the he is fer w/c. She distory of right The patient right hip on th 2nd. We for pain was found in mmunication ng R57 having April 2014. Iffice visit for d to physician	309	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	• '	riple construction		E SURVEY PLETED
		245203	B. WING		06/	13/2014
	ROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC'	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 309	forward and the fol - On 4/25/14, at 8:2	es were reviewed from 4/25/14,	F 3	09		
	- On 5/31/14, read, in right hip, she wa grabbing at her right Tylenol. When ask no longer in pain." - On 6/11/14, at 2:4 [complain] leg pain 2.5ml [milliliter] x 1 bed resting at this - On 6/12/14, at 15 pain this shift, prn well."	, "Resident complained of pain is yelling she was in pain and hit hip. Nurse gave PRN ed [R57] stated that she was 42 read "Resident c/o it his shift. PRN Oxycodone @ 1:10 p.m., resident is in time." 5:02 read, "Resident c/o leg at 8:30 a.m. seems to be doing	W SARAHA A PARAMANANANANANANANANANANANANANANANANANAN			
	tablets (tabs) 650 needed for pain or hydrochloride (HC as needed for mod On 6/13/14, Resto sheets read under was in too much p	dated 6/5/14, included Tylenol 2 milligrams (mg) po (oral) as dered 1/7/14, and oxycodone L) 2.5 mg po every four hours derate pain ordered 1/20/14. Trative Program documentation Comments: "Resident [R57] ain in legs 6/13/14." The sked documentation if that was rse.				
	were reviewed from following was noted a April 2014 MAR R57 on 4/4/14, an given on 4/4/14, 4/30/14. May 2014 MAR II	dministration records (MARs) m April 2014 forward and the ed: noted PRN Tylenol was given to d 4/14/14, and PRN Oxycodone /14/14, 4/2414, 4/27/14, and notes PRN Tylenol given to R57, and 5/31/14, noting 5/31/14,	, v		ana	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING			06/13/2014	
	PROVIDER OR SUPPLIER			275	EET ADDRESS, CITY, STATE, ZIP CODE PENN AVENUE NORTH INEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	PRN Tylenol given 'effective' for Resul and 5/21/14, admir not followed up for medication neither progress note for F - June 2014 showed time on 6/3/14, PR 6/8/14, 6/11/14, an showed PRN Oxyc 6/12/14, for leg pai (follow up for pain LPN-B. On 6/3/14 of PRN Tylenol showed remains a second not be doxycodone was eff as the PRN medication effective also could not be doxycodone was eff lacked evidence of system to monitor determine when Rest the PRN Oxycodon PRN medications I they were to be givevidence of re-ass every shift according Protocol revised 10 On 6/10/14, at 11: always had pain be moving and kicking On 6/11/14, at 7:55 tried to redirect Rest if R57 kept kicking sometimes completed.	for leg pain and noted ton back of MAR. Also 5/2/14, histration of PRN Tylenol was effectiveness of pain on back of MAR nor in a 857. Id PRN Tylenol was given one N Oxycodone given once on d 6/12/14. Documentation odone given on 6/11/14, and mas 'Helpful' under Result medication effectiveness) by and 6/8/14, the administration owed no follow-up for pain eness on back of MARs. It letermined if the Tylenol or the ective in managing R57's pain at lots using a consistent rating the intensity of R57's pain to its "moderate" pain to 57 needed the PRN Tylenol or ne to manage the pain. Both acked parameters as to when wen for pain. The MARs lacked essing R57's pain at least ng to the facility's Pain Clinical 20/10. 10 a.m. LPN-F stated that R57 ecause R57 was always g her feet.	F	309			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
	245203				06/	06/13/2014	
	PROVIDER OR SUPPLIER		27	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH IINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 309	(TMA)-A stated tha medications, and the legs hurt. TMA-R57's constantly ki that she would give asks for it. TMA-A-PRN Tylenol in Jur with no follow-up for medication noted of TMA also verified the evidence of documentation was noted in p. 6/8/14. - At 1:30 p.m. NA-R57 had pain by Rasking for pain meter a couple of used to smoke. "[Fithe smoke room a door to get in." Shoredirect R57 when that you would know their facial express R57 would someting R57 would not asknowld tell nurse if R57. - At 1:55 p.m. LPN of pain until she stunder the table. Litedirect R57 when that you would the should tell nurse if R57. - At 1:55 p.m. LPN of pain until she stunder the table. Litedirect R57 when the table, or watch tell on 6/12/14, at 9:3 on the restorative motion (ROM) leg to the restorative motion (ROM) leg that would in the restorative motion (ROM) leg that would restorative motion (ROM) leg that we would restorate the restorative motion (ROM) leg that we would restorate that we would restorate the restorative motion (ROM) leg that we would restorate the restorative motion (ROM) leg that we would restorate the restorative motion (ROM) leg that we would restorate the restorative motion (ROM) leg that we would restorate the restoration of the restorative motion (ROM) leg that we would restorate the restoration of the restoratio	at R57 had no routine pain that R57 will scream and say and R57 will scream and say and R57 will scream and say and R57 werified R57 had been given the only on 6/3/14 and 6/8/14, or effectiveness of pain on the back of the MAR. The the medical record lacked the stated that she knew when the stated that she knew when the stated R57 had a hip of months ago, and that R57 and [R57] continues to try to get into and [R57] kicks at the smoke the stated that staff tried to a stated that staff tried to a she was in pain if nurse asked lab stated R57 did not complain that the stated R57 and R5	F 309				

	FATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X2) MULTIPLE CONSTRUCTION A, BUILDING		(X3) D.	(X3) DATE SURVEY COMPLETED		
		245203	B, WING		0	6/13/2014
'	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
F 309	kicked the smoking kicked the smoking in to smoke three to tell R57 to stop kick get in the smoke retell her to stop kick R57 but R57 kept kicking the door ur stated R57 would pain and NA-I would man to the stated R57 would pain and NA-I would man to the stated R57 kicking the door unstated R57 would pain and NA-I would man to the stated R57 kicking the stated shad pain if R57 kicking the stated her hip him RN-B stated shad pain if R57 kicking and stated man give R57 Tylenol (R57, RN-B stated and get R57 calm her, sit down with and give R57 Tylenol (R57, RN-B stated and get R57 calm her, sit down with and give R57 Tylenol (R57, RN-B stated and get R57 tylenol (R57, RN-B stated and get R57 tylenol (R57, RN-B stated and give R57 Tylenol (R57, RN-B sta	57 had pain because R57 g room door and every day R57 g door when other residents go imes a day. NA-I stated, "You king, but R57 is determined to bom and won't stop when you king." NA-I stated she redirects coming right back and kept ntil R57 finally gets tired. NA-I moan and groan if she was in ald ask her and R57 would state N-B stated nursing did not and staff would know if R57 ked the door or screamed out. Stered nurse (RN)-B stated R57 urting when she had pain. Gave R57 a PRN Oxycodone for pain and said it was ated R57 would start to rub her leg hurts" and then RN-B would pain medication) and reposition RN-B was able to redirect R57 if she had time to spend with her, distract her, reposition her, and if needed. 2N on 6/11/14, at 2:04 p.m. she expects staff to follow an. The IDON stated "I think so" fi had been provided any pain ning and was unsure about				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		245203	B. WING		06/13/2014	
	PROVIDER OR SUPPLIER	L	J	STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE ADEFICIENCY)	SHOULD BE COMPLETION	
F 309	[R57] I will review harm as the facility re-assess, implementations of the medicacy of the med	age 105 ner pain." R57 remained at did not comprehensively ent the care plan for monitoring lications or re-evaluate R57's riencing in her hip, legs and	F 3	09		N N N N N N N N N N N N N N N N N N N
.*	a timely manner w addition, R47 did n needed) pain med pain "9" out of ten The MDS dated 4/ 15 on the BIMS wf The Admission Re diagnoses of other (a skin disease ch	28/14, indicated R47 scored a nich indicated intact cognition. cord dated 6/13/14, included chronic pain, and hidradenitis aracterized by clusters of epidermoid cysts, sebaceous				
	in his w/c at the m room requesting h The TMA-A stated many residents to waiting for pain mout smoking at 8:3 around and starter hall At 9:11 a.m. R47 [TMA-A] said she before when I ask R47 answered he where or how much	d on 6/13/14, at 9:09 a.m. sitting edication cart in the dining is medications from TMA-A. to R47, "I can't. I have too do." R47 replied, "I've been ed [medication] before I went 30 a.m." R47 turned the w/c d wheeling himself down the stated to surveyor, "She would have it [pain medication] ed her [TMA-A] this morning. had not been asked by TMA-A th his pain was or offered any all interventions. When R47 was ating of the pain from surveyor,				

PRINTED: 07/02/2014 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	LES (AT) THE VIDE TOOL SELECTION OF THE			COMPLETED	
	245203	B. WING	Vision of the state of the stat	06/	13/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
sitting on his butt, the and that he was go get off his butt. - At 9:13 a.m. TMA-overheard telling a asked for a pain me resident pain medic was too busy doing TMA-A did not ask where and how mutantial and the had put his bed on his left yet received any path that he had put his came to his room a would tell the TMA stated "I have been medication since 8 and and a had	was a "9" out of possible 10 hat the pain was "unbearable", ing to his room to lie down and "A was observed and female resident who had edication she could not give pation at the time because she other residents' medications. The female resident either the pain the she was having, was observed in his room lying ft side, R47 stated he had not call light on right when he and a NA came in and said she about R47's pain, R47 also to waiting for my pain				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	13/2014	
	PROVIDER OR SUPPLIER LA AT BRYN MAWR	I many many many many many many many many		STREET ADDRESS, CITY, STATE, ZIP 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	(XS) GOMPLETION DATE	
F 309	stated to R47 she pain medications be working on other restated "everything and my open wourhad had surgery of about the pain, about "everything." tells me I have a tellong I will have it, want to give me ar say I will drink." Ra "pretty bad pain, ubody. R47 also stapain, it takes them [TMA/nurse] alwayelse." - At 10:46 a.m. R4 lying on his side in saw R47 groan "CR47 with guarding asked, R47 rated. At 11:41 a.m. R4 lying on his bed apain a "6". R47 state would want more. At 12:43 p.m. R4 room, when asked that his "testicles also stated "I asked morning for one T two Tylenol." Whe medication he had TMA-A, R47 state	pain he was having but had was unable to give R47 his because TMA-A was busy esidents medications. R47 hurts, my testicles, my butt, and on butt." R47 also stated he in his bottom, he felt angry, but what he was doing here, are rible illness, don't tell me how mydrocephus [sic], they don't mything for pain, because they are also stated his pain at "9" is inbearable" and hurts my whole atted, "I let staff know about so long to do anything, they as ay they are doing somebody as a was observed in his room this bed. Surveyor heard and awwww" and facial grimace, move slowly to sit up. When					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	13/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COU 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405)E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 309	- At 12:45 p.m. whe had not identified to had given to R47 w morning medication morning medication think i gave him [R about 8:45 a.m." Ther first day she hamonth of June. The working on Station took her longer to as she was not fan medications At 12:47 p.m. who thought R47 had not replied, "I will give When surveyor R47 PRN Tylenol earlied replied, "I will give When surveyor R47 PRN Tylenol earlied and the surveyor replied, "I will give When surveyor replied, "I will give When surveyor replied, "I will give When surveyor R47 PRN Tylenol earlied and the surveyor replied, "I will give When surveyor replied, "I will give When surveyor R47 PRN Tylenol earlied and the surveyor R47 PRN Tylenol earlied a	en asked TMA-A stated she of R47 what medications she when she gave R47 his his his. TMA-A also stated R47's his were due at 8:00 a.m. and "I 47] his meds [medications] MA-A stated to surveyor it was ad worked on Station 1 in the IA-A stated she had been as 3 and 4, and also stated it bass medications on Station 1 hilliar with residents' en asked TMA-A stated she ot asked earlier for PRN had asked for PRN Tramadol had told R47 "no", because	F 3	09			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		<u></u>	(X3) DATE SURVEY COMPLETED	
	7,000	245203	B. WING			06/1	3/2014
	PROVIDER OR SUPPLIER A AT BRYN MAWR			STREET ADDRESS, 275 PENN AVENUE MINNEAPOLIS, I			*
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	(EACH CO	DER'S PLAN OF CORRECTION RRECTIVE ACTION SHOUL ERENGED TO THE APPRO DEFICIENCY)	.DBE	(X5) COMPLETION DATE
F 309	looking at the June been getting prn Ty stated to R47, "I wi and started walking ask R47 where his rate his pain he wa other pain alternation the hall to the nurs sitting and asked L Tylenol. Without an how much pain R4 last had a PRN Tylenol. Without an how much pain R4 last had a PRN Tylenol. Without an how much pain R4 last had a PRN Tylenol. Without an how much pain with gave R47 the prn at 8:30 a.m. No quat this time to R47 R47 was having main offered. - At 2:12 p.m. on 6 his bottem and testicume strong enough feel he was getting pain, "I know I'm refer he gets to his R47 also stated he bottem and it had had told them this about it, and state don't help."	nol administration. After MAR and seeing R47 had venol in the mornings TMA-A Il have to check with the nurse" g down the hall. TMA-A did not pain was, did not ask R47 to as having, nor did she offer any ve to R47. TMA-A went down e's station where LPN-H was PN-H if R47 could have a PRN ny discussion about where or 7 was having or when R47 had enol for pain, LPN-H 17 can have a prn Tylenol." surveyor intervention TMA-A Tylenol that he had requested testions were asked by TMA-A about where or how much pain or were any alternatives for 16/13/14, R47 rated his pain on sticles a "5" and stated his es "always hurt, they don't give stuff." R47 stated he did not g the help he needed for his helped some. R47 stated he he but they do not listen to him d "staff don't care, and they sted 11/4/13, reported R47 on a edication regime, received PRN and the pain of the pain on the pai		09			
	pain medications, constantly having	reports R47's pain as almost pain, pain has made it hard for ght, and R47 rates pain a "9" or		÷	·		The state of the s

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION	N		(X3) DATE SURVEY COMPLETED	
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F 309	received PRN pain pain, pain has mad night, pain has limit and rates R47's pat descriptor scale. MDS Annual Asses R47 on scheduled not receive PRN part non-medication into R47 having pain al "8" on a pain scale Pain Assessment of LPN-I reports Voca Received scheduled Pain Assessment or reported "Vocal contensity 8 on Num received scheduled Neurontin [used to Baclofen [acts on the decreases the num spasms], Percocei moderate to sever relaxant used to trusted as pain or inj medications." The CAA dated 4/2 chronic pain. He repain relief i.e. topic moderate to sever moderate to sever relaxant used to trusted as pain or inj medications."	ed 2/13/14, reported R47 medications, frequently has le it hard for R47 to sleep at ted R47's day to day activities, in moderate on the verbal esment dated 4/28/14, reported pain medication regime, did ain medication, received ervention for pain, reported most constantly rating pain an	F	509				
	disorder, general a fibromyalgia], he a ordered as needed	anxiety disorder and liso has Flexeril and Tylenol d. Our goal will remain that	TO THE TWO THE				Announce and the second	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF F	PROVIDER OR SUPPLIER	and agreement of the second of		STREET ADDRESS, CITY, STATE, ZIP CODE			
THEVILL	A AT DOVN MAMO			275 PENN AVENUE NORTH			
I HE VILL	.A AT BRYN MAWR			MINNEAPOLIS, MN 55405			
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F 309	Continued From pa	age 111	F3	09			
ANALYSI Analys	administer his med decreased activity	nt regime. Staff will continue to its as per order, encourage when pain is worse, monitor eds and update to MD if not ling pain."	MXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			4	
	LPN-I reported "Voreceived schedule treatment Morphin which gently re-hydracilitating autolytic wound [the tissue	tent dated 4/30/14, signed by ocal complaints of pain, d pain medication regimen, e gel [an amorphous hydrogel drates necrotic tissue, c debridement] to sacral, peri surrounding the wound itself] and Treatment to wound."	A CONTRACTOR OF THE PROPERTY O				
	for alteration in CC pain in addition to rectal surgery and tolerable level while (topicals prior to decreased activity effectiveness and controlling pain. Current Careplan for alteration in CC resident speaks, understood and all say to him in a not that resident's need	dated 8/25/09, reads: Potential DMFORT. Resident has chronic acute pain from extensive resident will report pain is at a le at HCC. Meds as per order. rsg changes) encourage when pain is worse. Monitor update to MD if not effective at dated 5/31/12, reads: Potential DMMUNICATION related to using a soft voice but is usually ble to understand what others rmal volume. Careplan reads eds will be met while he is at the	the state of the s				
	resident is saying he has said if he i Physician Orders physician, signed The orders includ - Acetaminophen	and ask him to reiterate what s not understood. for April 2014 unsigned by and dated by RN-E on 3/25/14.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CC 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	JDE.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 309	- Flexeril 1 tablet (needed for pain on ordered 8/27/13, - Neurontin 300 m noon ordered 3/11/ Neurontin 300 m ordered 3/11/14, - Neurontin 300 m evening ordered 3/ Baclofen 10 mg PO four times daily ordered 8/27/13, - Morphine 0.1% Ir wounds every eigh ordered 3/6/14. The April 2014 MA Tylenol two times i with no follow up for April MAR. May 20 no PRN Tylenol fo The May 2014 MA Tramadol (used fo pain effectiveness Tramadol PRN for The June 2014 M/ Tylenol for pain or and 6/11/14. Docu showed follow up Result for Tylenol only. The June 20 PRN Tramadol for up for pain effective Progress Notes w forward:	or pain ordered 8/27/13, tab) PO every eight hours as ally related to muscle spasms g 1 capsule (cap) PO every (14, g cap PO every morning g 2 caps (600mg) PO every (11/14, tablet 1 and 1/2 tabs (15mg) y (8am, 12pm, 4pm, and 8pm) at a spanning the formula of the morning of th				
		.m. "Res [resident] allowed tx				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 309	[treatment] done to pinkish drainage to for moderate to set [before] tx done. W 6 a.m. & 12 noon to which is ok with hir - 6/2/14, 10:50 a.m room for treatment requested pain metylenol 1g was give told the treatment. Writer went back to refused saying he tramadol 50mg at - 6/3/14, at 10:10 a very foul odor & ha areas & writer stat res stated 'I'm goir anything stronger assumed you were does not help me! doing his tx to butt - 6/5/14, at 10:49 a don't give me som to drinking & smook 'you are only hurtin morphine sulfate the do stl' Res also tolothes on the floot - 6/10/14, at 10:43 asking to turn self moving due to the NP progress note was seen today for INP] after a re-aditional training to turn self moving due to the was seen today for INP] after a re-aditional training to turn self moving due to the later than the seen today for INP] after a re-aditional training to turn self moving due to the later than the self-training to turn self-moving due to the later than the self-training to turn self-moving due to the later than the self-training training to turn self-training training to turn self-training training traini	gluteal fold & groin area, had a soiled drsg. Had ultram [used vers pain] 50 mg po b/4 vill request ultram 50 mg po at to be able to do tx after lunch m." i. "Res was approached in his to his several wounds, he dication before treatment, PRN en at 9:45 a.m. per orders and will be done after an hour. To do treatment at 11 a.m., res was still in pain. Res had taken 7:30 a.m." a.m. read "Tx done & and had ad paper towels on groin open ed 'please do not refuse tx?' ag to keep refusing if I don't get for pain!' writer stated 'I e ok with ultram?' res stated 'it res does grimace in pain when ocks & groin area." a.m. read "res stated 'if they ething for pain I'm going back we marijuana then!' writer stated ag yourself & doesn't the nelp you?' res yelled 'it doesn't throws his tapes, soiled cups, or." p.m. read "resident stated don't helping." a.m. read "Res c/o pain when estating 'I have a hard time		09			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING			06/1	3/2014
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F 309	May 15th through Manother patient at treports that the pat paln in his buttocks suppurativa is. Intereveals that he has buttocks where he every day for more pain is continuous the Tramadol is ne asking for Oxycode believes the wound have been draining trouble sleeping at for a long time. Sulcer noted in the samount of serosan coming from the amount of serosan coming from the samount of serosan coming from these Assessment and suppurativa with olulcers, and coloste treatment and use management as word now scheduled. Word Tylenol for breakth been running a lov CBC[complete blochronic pain. As all current regimen of Tylenol."	nere he was hospitalized from May 30th after assaulting he nursing home. Nursing staff tient has been complaining of swhere his hydradenitis erview with the patient today been having pain in the receives wound treatment than a year. He reports the in nature. He does not believe cessarily very helpful and he is one or Tylenol 3 today. He dis in his groin and buttocks a slightly. He reports he has night, this has been going on kin: There is a fissure like sacral region. There is a small reguineous drainage noted to be rea. There are also fissure like collateral groins with a small reguineous drainage noted to be areas as well. Plan: 2. Hydradenitis from sacral ulcer, groin may. Will continue with current morphine gel for pain rell as tramadol which we have will continue also with p.r.n. arough pain. He (R47) also has vegrade temp. We will check od count]. 5. Osteoarthritis with the scheduled Tramadol and p.r.n. with IDON on 6/12/14, at 1:51		309			
	p.m. IDON stated progress notes in	(while IDON looking at computer for R47), R47 has s, on 4/26/14, there was a call	No.	accidentific manifestations			in the state of th

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			ATE SURVEY OMPLETED
		245203	B. WING			6/13/2014
	PROVIDER OR SUPPLIER LA AT BRYN MAWR	. E. Jili		STREET ADDRESS, CITY, ST 275 PENN AVENUE NORT MINNEAPOLIS, MN 55	TH .	
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F 309	to physician and R County Medical Cocomplained of pair retention, and stoo colostomy. IDON a received any pain before going to the stated the nurses assessments, with with c/o pain by reassessment was complained. When asked on 6/she had heard in right did not get help for and/or marijuana. did not know wher drugs. IDON also Interim DON for the When interviewed stated she expect administer medical policy. IDON state nurses to ask the the resident's ratin for a prn pain medication for a resident of the complete of the comp	age 115 47 was sent to Hennepin enter Emergency Room for in rectum, chills, urinary if coming out of rectum despite also stated that R47 had not medication for two weeks hospital for pain. The IDON on the stations do the pain medication change, and also sident, and the quarterly pain if one with the quarterly MDS. (12/14, at 1:51 p.m.IDON stated eport R47 had told staff if he r his pain would drink alcohol When asked IDON stated she e R47 would get alcohol or stated she had only been ne last couple of weeks. on 6/13/14, at 9:14 a.m. IDON ed nurses and TMAs to ations in a timely manner per d she expected TMAs and resident where the pain is and ng of pain when a resident asks dication per policy. IDON also expect a resident to wait no 10 minutes for a prn pain esident's pain rating of a "9." 113 a.m. when asked TMA-A ents ask her for pain k them [residents] if it prn or I have to check with the nurse, I dents] I am in the middle of is], and I will get to you [the		309		

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	LTIPLE CONSTRUCTION DING:		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	/13/2014	
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F 309	On 6/11/14, at 2:04 expects staff to foll IDON stated "I thin been provided any was unsure about." On the revised Apr Medications policy Medications sha and timely manner 3. Medications mu accordance with the required time fram 9. Medications mu (1) of their prescrib As required or individual administ in the resident's m 16a. The date and administered; 16b. The dosage 16c. The route of 16e. Any complain drug was administ 16f. Any results a were observed; ar 16g. The signature administering the The PainClinical states under Asse 1. The physiciar individuals who ha having pain2. The nursing s	p.m. IDON stated that she ow resident's care plan. The k so" when asked if staff had pain management training and when the training had been. il 2010 Administering it states: all be administered in a safe, and as prescribed. st be administered in a corders, including any e. st be administered within one ped time. indicated for a medication, the ering the medication will record edical record: a time the medication was administration; ints or sympoms for which the ered; chieved and when those results and e and title of the person		309			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULT A. BUILDIN	IPLE CONSTRUCTION	COMPLETED		
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F 309	quarterly review, wichange in condition new pain or worser3. The staff and pature (characteristrequency, pattern, 3a. Staff will asseapproach and a stainstrument approprievel. 3b. The staff will rest and movemen example, grimacing having a wound drawing a wound care, amburesident's pain may wound care, amburesident's pain may wound care, amburesident's pain may wound care, ambures. The staff and how pain is affectir living, sleep, and transcription including complicated including complicated including complicated consections. The Pain-Clinical states under Monit1. The staff will rand related consections in levels of weekly in stable characteristic for example intensity of pain, all daily living (ADL's) behavior, and particular patterns and particular paintensity of pain, all daily living (ADL's) behavior, and particular patterns and patterns an	henever there is a significant n, and when there is onset of hing of existing pain. Onlysician will identify the tics such as location, intensity, etc.) and severity of pain. The ses pain using a consistent andardized pain assessment riate to the resident's cognitive observe the resident (during t) for evidence of pain; for g while being repositioned or essing changed. The sessing changed is aff will identify any situations here an increase in the g be anticipated; for example, lation, or repositioning. The physician will also evaluate any mood, activities of daily the resident's quality of life, the such as gait al isolation, and falls. Protocol Revised October 2010 oring: eassess the individual's pain quences at regular intervals; at acute pain or significant of chronic pain and at least	F 30	09			
***************************************	condition and the f	acility failed to identify and					

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		245203	B. WING		·	06/13/2014		
	PROVIDER OR SUPPLIER	Activities and the second seco	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION SHOULD BE ACTION SHOULD BS-REFERENCED TO THE APPROPRICIENCY)	BE	(X5) COMPLETION DATE	
F 309	-On 6/10/14, at 10: observed to be brui When asked about has been there for -On 6/11/14, at 7:36 walk out from room walker. Bruise on F visible as R71 walk proceeded to the 2 in a chair, placed rion R71's right hand talking to nursing a -On 6/11/14, at 8:5dining room and propulse on right hand used hands to hold walked back to the placed on walker. Fobviously visible will-On 6/11/14, at 12:	noted during observations: 48 a.m. R71's right hand was ised while talking to surveyor. it, R71 stated, " its old age, it a while." 5 a.m. R71 was observed to to the hallway aided by R71's right hand remained along the hallway. R71 and floor dining room, sat down ght hand on table. The bruise decould be seen while R71 was ssistant (NA)-E. 4 a.m. R71 stood up, left the oceeded to bedroom, with the deasily observable as R71 walker. At 9:05 a.m., R71 dining room, coat was off and R71's bruised right hand was thout the coat on. 46 p.m. R71 was at the dining y using right hand where	F3	09				
The second secon	12/10/13, indicated cardiac dysrhythmi heart failure (CHF) placement, easily in diabetes mellitus ty	Imission record dated I R71 had diagnoses to include as, hypertension, congestive , dual chamber defibrillator inducible tachycardia, and i/pe II, and lack of coordination. could put R71 at risk for in problems.	SERVICE CONTROL OF CON					
de la companya de la	identified R71 to had communication pro aware of needs. The	are plan dated 12/10/13, ave potential for oblems and was not always ne care plan directed staff to te R71's needs. The admission	1.1-1-1-topologico	PONAMORPOW) pleased training to the control of the				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD	BE	(X5) COMPLETION DATE
F 309	care plan also idem could potentially co cause bruising or s care plan for potentially color plan for potential potential plan for plan for plan for potential plan for plan for plan for plan for potential plan for pl	tified R71 as a smoker, which impromise circulation and kin problems. There was no tial for skin problems. I a.m. a skin/wound note in the tered on 6/11/14, at 9:42 p.m. of right hand had "discolor." ails about the cause, reatment plan for R71's right I p.m. NA-G verified presence right hand. NA-G stated hene bruise and would have told. At 2:33 p.m. surveyor heard the bruise to LPN-C. p.m. LPN-C stated R71 had "as he would bump into things sily. LPN-C stated skin done on bath days and if skin wed, they would be monitored in the nurses' progress notes. If was scheduled on Sundays for bath days and NAs hilst sheets if completed. Tied the 6/4/14 (Wednesday) by bath schedules for R71 were led to have been completed. The if baths during those days not. When surveyor reviewed as notes, there were no entries sment or about the presence of the hand on the past weeks (6/4/14 and 6/8/14). There es' progress note about skin review date and time on		309			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 07/02/2014 FORM APPROVED OMB NO: 0938-0391

CENTERS FOR MEDICARE & MEDICAID SERVICES					0	MB NO:	0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		NSTRUCTION	(X3) DATE COMF	SURVEY
		245203	B, WING			06/1	3/2014
	PROVIDER OR SUPPLIER			275 P	ET ADDRESS, CITY, STATE, ZIP CODE ENN AVENUE NORTH		
(X4) ID PREFIX TAG	SUMMARY STA	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETION DATE
F 309	On 6/12/14, at 8:22 expected thorough bath day by nurses	age 120 2 a.m. the IDON stated she skin assessments done every and entered in the nurses'	F3	109		Annual Company of the	e today topo e por circa commenda e e e e e e e e e e e e e e e e e e e
	on 6/13/14, at 12:30 p.m. LPN-D stated she updated R71's skin/wound note and entered R71's right hand bruise measurements as six centimeters by seven centimeters (6 cms X 7 cms).			11.0		And and Angeles an	
F 311 SS=D	requested for the fanon-pressure related monitoring. 483.25(a)(2) TREA	ere unable to provide when acility's policy regarding ed skin assessment and aTMENT/SERVICES TO AIN ADLS	FS	311 R7	:11 71 was immediately showered, sh nd nail care provided by staff. His		n de ch
	services to maintal	the appropriate treatment and in or improve his or her abilities aph (a)(1) of this section.		R7 th	pat and clothing were laundered. In had his ADL needs re-assessed ne care plan updated to reflect his urrent status.	and	J.
The state of the s	by: Based on observa review, the facility	NT is not met as evidenced ation, interview, and document failed to provide assistance 1 of 3 residents (R71) reviewed	Visional and process of the contract of the co	A b	esidents who require assistance w DL's have been identified as being y the same alleged deficient prac aff have been re-educated on the	g effected tice	ورير المحاور
	had diagnoses inc diabetes mellitus t heart failure (CHF	dmission record indicated R71 luding cardiac dysrhythmias, ype II, hypertension, congestive), dual chamber defibrillator asily inducible tachycardia.		re Au	nportance of following the care pegarding assistance with ADL's. udits to monitor residents ADL could be done weekly x 4 weeks, ther	mpletion	je's

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: MKNW11

Facility ID: 00175

If continuation sheet Page 121 of 202

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245203	B. WING		and the state of t	06/-	13/2014
	PROVIDER OR SUPPLIER	J		27	REET ADDRESS, CITY, STATE, ZIP CODE '5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 311	R71's admission or indicated R71 had living (ADLs) self-ocare plan directed prompts and cues include bathing/sh. However, the care be totally done by identified R71 with problems and was The care plan direct anticipate R71's not the care plan direct anticipate R71's not the care plan direct anticipate R71's not dependence of include dressing, a services for diabet. The quarterly Minit 5/14, identified R7 set up for dressing assist for personal physical assist in properties of the following were - On 6/10/14 and 6 dirty shirt and coard shirt was very dirty dried liquids; and secolored coat turnel long (1/4 inch) and debris observed upon the care plan direct and coard coard turnel long (1/4 inch) and debris observed upon the care plan direct and coard coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel long (1/4 inch) and debris observed upon the care plan direct and liquids; and secolored coard turnel liquids; and secolored liquids; and secolored liq	are plan dated 12/10/13, potential for activities of daily are performance deficit. The staff to provide supervision, in most of R71's ADLs to owering and personal hygiene. plan indicated shaving was to staff. The care plan also potential for communication not always aware of needs. cted staff to assist and eds. assessment & Abuse rm dated 3/6/14, indicated R71 or staff for ADLs, specified to ambulation, and skilled nursing ic care (nail care). mum Data Set (MDS) dated 1 needed staff supervision and 3 and R71 needed extensive hygiene and one person part of bathing activity. ng Assistant (NA) assignment 4, identified R71 can groom self		311	x 2 weeks. Audit results will be reviewed by the Committee to determine ongoing a schedules and interventions. The Director of Nursing is responsional maintaining compliance.	audit	7/23/14

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING		Nakusa a 111 Manusa a 111 Manus	06/	13/2014
	PROVIDER OR SUPPLIER	Section 1.		2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		**************************************
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 311	T-shirt but the T-sh dirty, dirt observed spill from liquids; R dirty coat worn fron face remained unsl On 6/11/14, at 2:24 care of R71 during 6/11/14. NA-G state grooming and set u R71's fingernails w R71 was diabetic s clip R71's fingernail On 6/11/14, 2:30 p. (LPN)-C verified R7 clipped and stated because R71 was p.m.to 11 p.m. shift clip R71's fingernail schedule.	ift was still observed to be on the shirt looked like dried 71 also had the same very previous days; and R71's haven. p.m. NA-G, stated he took the morning shifts on 6/9/14 to ed R71 needed reminders for up for bathing. NA-G verified ere long and dirty, and stated on nurses were responsible to ls. m. licensed practical nurse 71's fingernails needed to be nurse to clip R71's fingernails diabetic. LPN-C added the 3 in nurse that afternoon would its because it was R71's bath	FS	311			
	facial hairs needed was dirty. When LF about his facial hai stated need to be s "yesterday" but was coat needed to be	9 a.m., LPN-D verified R71's to be shaved and R71's coat PN-D and surveyor asked R71 rs, R71 touched his face and shaved. R71 stated had shower s not shaved. R71 also agreed "thrown to the wash." R71 took anded it to LPN-D to be					
	the Consultant Reg of specific sections dated 10/10, as fol	or the facility's policy on ADL, gistered Nurse provided copies of the facility's ADL policy lows: care of fingernalls to p nails trimmed and prevent	Constitution of the consti	i			

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	TO BUT OF COOPERATION AND AND AND AND AND AND AND AND AND AN		TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245203	B, WING		06/13/2014
NAME OF F	ROVIDER OR SUPPLIER	<u>English</u>		STREET ADDRESS, CITY, STATE, ZIP CODE	
TUEVALI	A AT BRYN MAWR			275 PENN AVENUE NORTH	
IUE AIFE				MINNEAPOLIS, MN 55405	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG		OULD BE COMPLETION
F 311	provide skin care; a and undressing to were directed to re repairs to charge n 483.25(h) FREE O	to promote cleanliness and assist as needed with dressing promote cleanliness and staff port any clothing needs and urse or social services. F ACCIDENT	F 3	F323	At the
SS=D	environment remai as is possible; and adequate supervisi prevent accidents.	nsure that the resident ns as free of accident hazards each resident receives ion and assistance devices to	ou company de la company de	R77 has been evaluated to mee psychosocial needs to assist wi interventions to address the refears of sleeping in a bed. This determined to be a causal fact He was offered a Broda Chair safety/comfort and has refuse intervention. Staff continue to intervention. He has had no further safety.	th esident's s was for for falls. for ed this offer this inther falls.
	by: Based on observareview, the facility supervision and intaddress safety cor (R77, R105) review interventions to adout of the wheelch adequate supervisileave of absence (Findings include: R77 fell out of the and 5/21/14, and winterventions to additional interventions to additional interventions to additional interventions and inter	NT is not met as evidenced ation, interview and document failed to ensure adequate terventions were developed to accerns for 2 of 3 residents wed for accidents; R77 lacked dress safety concerns for falls air (w/c); R105 lacked ion for potential accidents and LOA). w/c while sleeping on 5/12/14, was not provided consistent dress sleeping in the w/c; R77 identifying R77's fall risk.		The care plan was updated to falls. R105 had a new psycho-social assessment completed. She is being seen by the House Psychologist, is offered weekly Social Services, and a referral hade for Pool Therapy per res request. She was provided a copy of the and Chemical Abuse Policy and Contract. LOA orders were clarified by the physician.	visits by nas been ident e Alcohol d the LOA ne resident's
	An Incident Investi form dated 5/12/14	igation and Follow-Up Actions 4, indicated R77 fell at 5:30	Additional to recognition of the state of th	A new Pain Assessment was co A care conference was held wi	

Facility ID: 00175

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		245203	B. WING		06/13/2014
	PROVIDER OR SUPPLIER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH IINNEAPOLIS, MN 55405	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE COMPLETION DATE
F 323	a.m. in the smoking R77 was observed wheelchair. R77 su laceration to the froreport indicated R7 out" while in the smidentified to have he the floor. An ice pa (one to one) monitor changes in LOC [le report indicated ne report further indicated not safe smoking. An associated nu 5/12/14, written at data and identified checks. The note in appropriate notificated notification on the full was found on the full was full w	glounge. The form indicated sitting on floor next to the stained a 4 centimeter (cm) antal region of the scalp. The 7 "fell asleep in w/c and fell toking room. R77 was it his head on the w/c and not ck was applied to his head, 1:1 or "at this moment" for "any evel of consciousness];" the uro checks were initiated. The ated, "Talk to dgt [daughter] sigarettes] with staff. Talk to res g. Offer smoking apron." rsing progress note dated 6:25 a.m. recapitulated the fall no concerns with neuro indicated the facility made ations of the fall. gation and Follow-Up Actions in indicated at 3:15 p.m. R77 loor near his w/c. R77 stated, was walking and woke up on in identified R77 "dozed & off in self on counter, lost balance & the report indicated R77 was "he "facility has taken the section indicated, "Enc. is sident] to sleep in his bed, eeds will be met & his safety est of the report was blank. Itsing progress note dated 3:40 p.m. recapitulated the dindicated appropriate	F 323	Resident's requiring a LOA Contratheir contract reviewed and updatindicated. Residents who have fall incidents non-compliant with LOA have be identified as having the potential traffected by this alleged deficient practice. Staff have been educated on the Poli Procedure for resident LOA's. Staff has been educated on the importance of updating resident carplans related to safety and falls. Specific discussion include the IDT fall meeting review to ensure intervention have been established is appropriate. The importance of instaff of new interventions via 24hr reporting and nurse aide assignment The Administrator, DON and their adesignees will monitor continued by holding IDT incident meetings to each incident to ensure new interventions are in place to address the root cau ensure compliance and effectiveness. Resident LOA status will be reviewed weekly x4 weeks then monthly to ecompliance and effectiveness.	or en o be de

PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 125 identified R77 "refuses to sleep in bed" because "he is afraid that if there was a fire or another type" F 323 (EACH DEFICIENCY MUST BE PRECEDED BY FOLL TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 323 Audit results will be reviewed by the QA Committee to determine ongoing audit	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
THE VILLA AT BRYN MAWR 275 PENN AVENUE HORTH MINNEAPOLIS, MN 55405 PROVIDERS PLAN OF CORRECTION (EACH DERICLENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 323 Continued From page 125 identified R77 "refuses to sleep in bed" because "he is afraid that if there was a fire or another type of natural disaster, staff wouldn't be able to get him out of the bed in time. "The note indicated R77 would be "encouraged" to sleep in his bed and to reassure him his needs would be met and his safety maintained. Although nursing progress notes identified when, where and how R77 fell on 5/12/14, and 5/21/4, the clinical record lacked evidence of interventions to prevent future falls from the w/c, such as but not limited to resident specific strategies to encourage sleeping in his bed versus the w/c. On 6/9/13, at 2:48 p.m. R77 was initially observed to be sitting in his room in his wheelchair. R77 was observed to be facing the bed with his head down, arms across his chest, head turned slightly to the side and his eyes were observed to be closed. R77 did not rouse to knocking on the metal door frame or voice announcing the surveyor. R77 appeared to be sleeping, R77's bed was observed to be made with many stacked personal items and papers across the entire surface of the bed (rendering the bed untable to be slept in). R77 was observed to have his left below the knee amputation propped on an extension and his right above the knee amputation sturp was hanging directly off the seat of the chair. At 3:59 p.m. the surveyor reapproached R77 for			245203	B. WING				
F 323 Continued From page 125 identified R77 "refuses to sleep in bed" because "he is afraid that if there was a fire or another type of natural disaster, staff wouldn't be able to get him out of the bed in time." The note indicated R77 would be "encouraged" to sleep in his bed and to reassure him his needs would be met and his safety maintained. Although nursing progress notes identified when, where and how R77 fell on 5/12/14, and 5/21/4, the clinical record lacked evidence of interventions to prevent future falls from the wic, such as but not limited to resident specific strategies to encourage sleeping in his bed versus the wic. On 6/9/13, at 2:48 p.m. R77 was initially observed to be sitting in his room in his wheelchair. R77 was observed to be facing the bed with many stacked personal items and papers across the entire surface of the bed (rendering the bed unable to be sleep in, R77 was observed to be made with many stacked personal items and papers across the entire surface of the bed (rendering the bed unable to be slept in). R77 was observed to be made with many stacked personal items and papers across the entire surface of the bed (rendering the bed unable to be slept in). R77 was observed to have his left below the knee amputation propped on an extension and his right above the knee amputation stump was hanging directly off the seat of the chair. - At 3:59 p.m. the surveyor reapproached R77 for					27	5 PENN AVENUE NORTH		
identified R77 "refuses to sleep in bed" because "he is afraid that if there was a fire or another type of natural disaster, staff wouldn't be able to get him out of the bed in time." The note indicated R77 would be "encouraged" to sleep in his bed and to reassure him his needs would be met and his safety maintained. Although nursing progress notes identified when, where and how R77 fell on 5/12/14, and 5/21/4, the clinical record lacked evidence of interventions to prevent future falls from the w/c, such as but not limited to resident specific strategies to encourage sleeping in his bed versus the w/c. On 6/9/13, at 2:48 p.m. R77 was initially observed to be sitting in his room in his wheelchair. R77 was observed to be facing the bed with his head down, arms across his chest, head turned slightly to the side and his eyes were observed to be closed. R77 did not rouse to knocking on the metal door frame or voice announcing the surveyor. R77 appeared to be sleeping. R77's bed was observed to be made with many stacked personal items and papers across the entire surface of the bed (rendering the bed unable to be slept in). R77 was observed to have his left below the knee amputation propped on an extension and his right above the knee amputation stump was hanging directly off the seat of the chair. - At 3:59 p.m. the surveyor reapproached R77 for	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	DBE	COMPLETION
agreed to interview. Although R77 attempted to answer probe questions, R77 was observed to keep his head down with his chin to chest and had both hands on either side of his neck with	F 323	identified R77 "refu" he is afraid that if of natural disaster, him out of the bed R77 would be "end and to reassure hir his safety maintain. Although nursing pwhere and how R7 the clinical record interventions to presuch as but not lim strategies to encouversus the w/c. On 6/9/13, at 2:48 to be sitting in his was observed to b down, arms across to the side and his closed. R77 did no metal door frame surveyor. R77 app bed was observed personal items and surface of the bed be slept in). R77 below the knee and extension and his amputation stump seat of the chair. At 3:59 p.m. the interview. R77 rou agreed to interview answer probe quelenged to interview answer probe quelenged to his head down at the safe and the safe probe quelenged to his head down and his head down answer probe quelenged to interview answer probe quelenged to his head down and his head down answer probe quelenged to his head down and his head down answer probe quelenged to his head down and his head down answer probe quelenged to his head down and his head down answer probe quelenged to his head down and his head down answer probe quelenged to his head down and his head down and his head down answer probe quelenged to his head down and his head down answer probe quelenged to his head down and his head down answer probe quelenged to his head down and his his head down and his his his head down and his	there was a fire or another type staff wouldn't be able to get in time." The note indicated couraged" to sleep in his bed in his needs would be met and ed. Togress notes identified when, 7 fell on 5/12/14, and 5/21/4, lacked evidence of event future falls from the w/c, nited to resident specific urage sleeping in his bed p.m. R77 was initially observed from in his wheelchair. R77 is facing the bed with his head is his chest, head turned slightly eyes were observed to be or voice announcing the or voice announcing the leared to be sleeping. R77's if to be made with many stacked dipapers across the entire if (rendering the bed unable to was observed to have his left inputation propped on an right above the knee of was hanging directly off the surveyor reapproached R77 for itsed to knock and voice and w. Although R77 attempted to war with his chin to chest and		323	Audit results will be reviewed by the Committee to determine ongoing a schedules and interventions. The Administrator/designee is response.	udit	7/23/14

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		245203	B, WING	And the state of t	06	/13/2014	
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP COD 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE	
F 323	wheelchair. R77 In the initial probe of observed to dose rouse to voice and discussing the food observe to doze of with his right elboy jolting R77 awakes the resident fell in approximately 4:1 - From 4:19 p.m., position was obseeyes remained climical in the counter along the leaned against the closed his eyes. In the abruptly rounded and eyes in down and his eyes his chest. The part until R77 was proprovided the mead and eyes in down and his eyes in the closed his eyes. In the abruptly rounded the mead and eyes in down and his eyes his chest. The part until R77 was proprovided the mead and approached interview. At no time during encouraged by service and approached interview interview supervision of the properties of the provided supervision of the properties of the provided supervision of the provide	kept eyes closed and answered uestions appropriately. R77 was off during interview, but would display questions. At the point of od of the facility, R77 was off completely in the wheelchair, with sliding off the armrest and at the interview was ended as a mediately back to sleep at					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILO	TIPLE CONSTRUCTION		TE SURVEY MPLETED
		245203	B. WING		06	5/13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		HOULD BE	(X5) COMPLETION DATE
F 323	assistance from staliving (ADLs). R77 behaviors towards daily. R77's behaviorate daily. The MD in the facility and fawas unable to be down assessments (CAA) the following: The Cidentified R77 "ove when staff attempt needs or condition, as cognitively intaction identified "due to halways understand loss/dementia identified "due to "Depressive failure (receiving down memory loss and prejected cares and verbally abusive to status could not be data medical record behavior falls and identified R77's sign psychoactive mediordered. Although clinical record lack addressed R77's form R77's quarterly MI cognitive changes indicators and a debehaviors to one towas identified to retransfers and iden more times in the	aff for all other activities of daily was identified to have verbal others and rejected cares ors were identified to disrupt S indicated R77 had not fallen all history prior to admission etermined. The Care Area as) all dated 3/14/14, indicated CAA for communication rtalks" others and interrupts to educate him regarding care. Although R77 was identified to nothe MDS, the CAA is cognitive status he does not a cognitive status he does not all the most interrupts. The CAA for cognitive losses a disorder, diabetes, renal all poor judgment, frequently was easily agitated and wards others. R77's cognitive data. The combined CAA for psychoactive medication use unificant behaviors, cation to be administered as a CAA for falls triggered, the ed evidence the CAAs all risk. OS dated 5/29/14, identified no an increase in mood ecrease in previously identified to three times per week. R77 equire total assistance with tified R77 had fallen two or	F3	323		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
	245203 B. WING			06	/13/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	ODE.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CO X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETION DATE
F 323	R77's diagnoses to knee lower limb an disease, type two control hypertension. R77's care plan da falls or fall risk. On 6/13/14, at 10:4 nursing (IDON) was falls/fall risk, IDON plan, verified the control to and stated it "show when asked abour stated on 5/22/14, met to discuss R7' intervention to previsive pin bed." IDO refused and was a fire due to his amp still ask him every further stated, "When group meets to dissickness, what was what can we put in [residents] safe." I plan developed to falls while in the well and the state of the same side of the state of the same still ask him every further stated, "When a state of the same still ask him every further stated, "When a state of the state of	o include above and below the inputations, chronic kidney diabetes mellitus and essential ted 3/14/14, did not address asked regarding care plan of accessed the computer care are plan did not address falls id have." If all assessments, IDON the interdisciplinary team (IDT) is falls. IDON stated the vent falls was to "encourage to N acknowledged R77 has fraid of being in the bed and autations. IDON stated, "They night, he refuses." IDON hen there has been a fall, the couss occurrences, changes, at o place to keep them DON verified there was no care keep the resident safe from	F3	*		
4.775.	During observation 11:35 p.m. R105 v without her walker stumbling, picking	n and interview on 6/11/14, at vas walking independently around the room without up and tidying up items around ated she wanted to leave the	The state of the s			2

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G		COMPLETED		
		245203	B. WING	- 177 - 183	06	06/13/2014	
	NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DDE		
(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 COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 323	facility and "get my five and 1/2 month not helping to find with me about it ar outside isn't doing and they don't give which gives me so do anything, noone chemical depende in April and about I need the pool the Review of R105's going forward reversions of the Review of R105's started saying and go to the Review of the R105's seemed ups medical doctor of the R105's seemed ups medical advice (Alater and stayed in Con 4/11/14, at 100's signed out Alapartment and en going by bus, SW leaving AMA, call	own place, but I've been here is and the social worker [SW] is placement, they haven't talked ind the guy assigned to help me anything. My shoulder hurts are anything, just methadone me relief, the Tylenol doesn't has talked to me about ncy treatment, I did take valium two weeks ago, when I was out, trapy." Medical record from 4/7/14, saled the following: O p.m. the notes indicated ing that she has to leave that the corner store to buy if fered redirection. R105 noted and phone to call somebody. 28 p.m. the notes indicated a MD-A, per the nurse "Droesn't think it's a good idea to at this time." Order was given pointment next week to MD-A. Set and wanted to leave against MA), but changed her mind in the facility. 33 a.m. the notes indicated office wanted to make sure sage that MD-A said no to LOA at that time. Writer at R105 is requesting a different	to design the state of the stat				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A, BUILDIN	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		245203	B. WING			06/13/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COL 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405)E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 323	R105 returned from items from apartme good spirits. No od substance was obschange and that N'- On 4/12/14, at 11 with uncle until 6:0 - On 4/12/14, at 5:1 LOA. - On 4/15/14, at 5:1 LOA. - On 4/15/14, at 9:1 R105 went to the ntrained medication "I'm going to my arand will be back la and NP notified. - On 4/15/14, at 3: R105 had not returcalled. - On 4/16/14, at 1: 11:15 p.m. call was R105 was at the hhospital was identiback. Administrate back at 1:00 a.m. apartment, took hebed. - On 4/16/14, at 6: R105 stayed in bestarted pacing from the patio, to the didn't know where disoriented, neederoom to her. R105 encouraged to started pacing from the pation, to the didn't know where disoriented, neederoom to her. R105 encouraged to started pacing from the pation, to the didn't know where disoriented, neederoom to her. R105 encouraged to started pacing from the pation, to the didn't know where disoriented, neederoom to her. R105 encouraged to started pacing from the pation to her coat with a hard to awake, started pacing from the coat with a hard to awake, started pa	a AMA with uncle, brought back and and was noted to be in or of ETOH (alcohol) or other served. R105 informed of MDP would see her on Monday. 27 a.m. R105 was on LOADP. 30 p.m. R105 returned from 20 a.m. the notes indicated nethadone clinic with the assistant (TMA) and told her partment to pick up some items ter." R105 signed AMA form 29 p.m. the notes indicated and from LOA and had not 30 a.m. the notes indicated and from LOA and had not 30 a.m. the notes indicated at a placed to uncle who stated ospital with her friend. No fied or when she's going to be or was informed. R105 came brought belongings from ar PM meds, ate and went to 30 a.m. the notes indicated do for about an hour, then an her room to station four, to ning room. Several times she her room was appeared at help from staff to show her became agitated when	F 32	23			

PRINTED: 07/02/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING B. WING 06/13/2014 245203 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 PENN AVENUE NORTH THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 323 F 323 Continued From page 131 by two staff to bed, appeared confused, somewhat lethargic. R105 stayed in bed for an hour and then started pacing from her room to

the patio and back where she went to bed about 2:00 a.m.
- On 4/17/14, at 8:57 a.m. the notes indicated the methadone clinic (drug clinic) called concerned that R105 was taking medications not prescribed and "was told a tox [toxicology] screen & will call her when results come in." R105 told writer "I did take Valium."
- On 4/21/14, at 11:17 p.m. the notes indicated R105 had a new LOA order, "OK to go on independent LOA during the day without meds and per policy LOA." R105 was informed to let the nurse know prior to leaving and also to sign out and back in when she returns. R105 stated

she understood the LOA policy.
- On 4/22/14, at 3:16 p.m. the notes indicated R105 returned from LOA at 3:15 p.m.

- On 4/3/14, at 11:19 p.m. the notes indicated R105 returned from LOA, no abnormal behavior or mood change noted.

- On 5/13/14, at 1:18 a.m. the notes indicated R105 was found standing on her knees and elbows by her bed. R105 stated she fell on her knees while trying to walk without a walker.

- On 5/14/14, at 8:34 a.m. the notes indicated R105 was back from LOA.

- On 5/14/14, at 10:33 p.m. the notes indicated R105 was found with both knees on the ground with both hands on the floor with her head on top of both hands. R105 stated she did not fall but "thinking of what to do with those clothes on her bed." R105 was able to stand up and writer assisted her to pick up some of the items on top of her bed so that she could lay down.
- On 5/15/14, at 6:12 a.m. the notes indicated that R105 was up most of the night shift, was pacing

Facility ID: 00175

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING		E SURVEY PLETED
	*.	245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER _A AT BRYN MAWR	1		STREET ADDRESS; CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
F 323	in and out of her roand appeared to be On 5/16/14, at 5:: staff spoke with the regarding R105's in falling asleep. The analysis] done on benzo's [benzodia: previously when sibutted out the smowas not out and shinformation as relascheduling an IDT meeting with R105 on 5/17/14, at 8: R105 returned to fellow benzo's left at 9:30 at Methadone Clinic On 6/3/14, at 11: R105 returned from pain and discomformation on her knees stated she put her was in pain. She remoderate analges methadone your finder on form of the position of test if possible. On 6/7/14, at 4:2 constricted and exponenticted and exponenticted and exponenticted and exponenticted. R105 was responenticted was responenticted and exponenticted.	som aimlessly, then would stop e falling asleep standing up. 26 p.m. the notes indicated that e methadone clinic on 5/15/14 horeased drowsiness and y stated "that the UA [urine 5/13/14 tested positive for zepines, anti-anxiety] and that he had gone out to smoke she like and put it in her pocket. It he did start her bed on fire. This hyed to staff. We will be [interdisciplinary team] is, staff and case manager." 43 p.m. the notes indicated acility from LOA at 8:41 p.m. his iscomfort. 2:02 p.m. the notes indicated h.m. with the TMA to go to hand then left to go downtown. 16 a.m. the notes indicated m LOA at 5:25 p.m., denied ort. 107 a.m. the notes indicated hands R105 was found on the hand elbows by her bed. She her self on the floor because s	F	323		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/1	3/2014
	PROVIDER OR SUPPLIER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 175 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 323	- On 6/7/14, at 10:: R105 had signed or return time to be 7 building, call out to idea where R105 vanyone on staff On 6/7/14, at 11: R105 came back a got lost while she (a busy, congested got someone to flat because she was resident around Olbrought her back to using walker in root bedOn 6/8/14, at 12:0 facility nursing supbefore leaving facility in sign out appropriate police, R105 may out in sign out appropriate to get back what was tired and crying to get back here. R105 refused, staffing to the the staffing to the the staffing to the the staffing to the the staffing to th	age 133 37 p.m. the notes indicated but for LOA, time was not clear, 100 p.m., R105 not in the uncle and son who had no was, resident left with out telling 12 p.m. the notes indicated around 10:50 p.m. stated she but on Olsen Memorial highway if highway), was very tired and grown the police for her too tired to walk. Police found is en Memorial highway and of facility. R105 was ambulatory or arranging objects off the 108 a.m. the notes indicated pervisor informed R105 that tely as this is the facility LOA for may not have signed herself of kas book only has time 4pm is immediately became irritable aring. When asked who she ed or the specific time she left, ting "Oh geez god all frick'n for the f'n big deal?I go upset, I had and couldn't figure out how this guy stopped, he called the very hostile and verbally nurse "I'm in so much pain all you a*** don't do anything about and itget out of my room you as nurse exited room, R105				

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		245203	B. WING	B. WING		13/2014
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F 323	sign out either. Sup-On 6/8/14, at 10:4 R105 returned from did not sign out pric pain or discomfort. On 6/9/14, at 2:37 found R105 laying extremities in semi both elbow to supp floor. R105 stated sleep. On 6/9/14, at 3:04 found R105 laying called and notified - On 6/10/14, at 3:1DT met re: R105's identified that R105's	pervisor notified. 7 p.m. the notes indicated in LOA, signed out since she or to leaving the facility. Denied Had night medications. 7 a.m. the notes indicated staff on the floor with upper fowler position as she uses ort herself up but buttocks on she did not fall but trying to she did not fall but trying to she havior. 12 p.m. the notes indicated staff on the floor, case manager of resident behavior. 12 p.m. the notes indicated the recent behaviors and tends to have episodes of and suspected illegal drug use the month when she has more ager is applying for Rep-Payee noney. R105 is verbally abusive cooperate when facility request a substance abuse is 1 look at setting up a contract, ethadone clinic, educating tightening up sign out and LOA 49 p.m. the notes indicated		23		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN O (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	OTION SHOULD BE OTHE APPROPRIATE	(X5) COMPLETION DATE	
F 323	elbows with head of was "more comfort up off floor indeper room and noticed shelped to her room in bathroom, sitting to the floor, reported Progress Notes lad social services interplace for the conting suspected illegal of potential accidents. The admission MDR 105 was cognitive in all ADLs, requiring from staff. In additing indicated R 105 was R 105 also had feel tired with no energy have fallen since at the medication used completed the CAV responses. The CAV responses. The CAV responses in the impact resident and the rate of the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the MD "tox screen PRN was buse per urine terms and the manual transfer and the MD "tox screen PRN was buse per urine terms and the manual transfer and tran	lown to floor. R105 stated she able this way", was able to get idently. "Found in smoking sleeping with cigarette lit, was and at 12:00 a.m. was found on toilet with her head downed to administration." The sked evidence of any type of rventions that were put into nued noncompliance with rug use during LOAs and while on LOA. S dated 4/15/14, indicated ely intact and was independenting no setup or physical help on, the MDS under mood is feeling down and depressed ings of hopelessness and was y. Also the MDS noted R105 to dmission. CAAs dated 4/15/14, noted atipsychotic medications, and aving the potential to fall due to be The licensed staff who as noted "See above" for all the problem on the stionale to care plan. Orders indicated on 4/16/14 when suspect drug or ETOH est".	F 3	23			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 323	Review of NP order assist pt [patient] to chronic pain." R105 the pool therapy ha ordered by the NP. During an interview licensed practical in they get an MD ord supervision and me sign out with date a return in the LOA b station. There was clipboard that was who was out on LC the computer. LPN the methadone clin by a TMA, but som going to stay out or TMA comes back to the committed or had committed or had committed or had are committed or had stated the facility be security money to lithe money secured SW-A stated the had apported to finding por line wen't looked as	r on 5/15/14, indicated "please of get into pool therapy for 5's medical record indicated do not been implemented as a con 6/11/14, at 8:53 a.m. Turse (LPN)-F stated for LOAs er for with or without edications. The resident was to finder kept at the nursing a 24 hour report sheet on the communicated between shift of A and also it was charted in F stated "when R105 goes to be is always accompanied etimes R105 states she is a LOA after the visit and the to the facility and reports this." If on 6/11/14, at 12:50 p.m. at we use for AMA and yes, it at to do except residents that have a guardian are not allowed		323			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZI 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	P CODE		
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F 323	one person to take policy, SW-A stated they are gone 24 he them." SW-A stated time to get a urine reverts to the drug offered chemical deagreed that this is a plan together." During an interview nurse practitioner soffered ice packs, I and neurotin and T when police brough have had meetings "she is not committ maker, I may need During an interview administrator state she was aware of where the was aware of where the control of the facility and Proceduring and Proceduring and Proceduring the building of charge nurse will in the LOA will then builsing person register.	care of." Regarding LOA d, "I think our guideline is that if ours we look at discharging d they have tried from time to sample, but she refuses and use. SW-A verified he had not ependency treatment and an issue, "we are trying to get a on 6/12/14, at 11:28 a.m. the stated she for pain R105 is has an order for pool therapy ylenol. States she was aware at her back to the facility and addressing the LOA issue, ted and is her own decision to clarify the LOA order." on 6/12/14, at 2:59 p.m. the d there was no AMA policy and when R105 was on LOA. on 6/13/14 at 9:04 a.m., assistant stated R105 was therapy for a short period of ot want to come to therapy and	F 3	23			

STATEMENT OF DEFICIENCIES (X1) PROVIDE AND PLAN OF CORRECTION IDENTIF		(X1) PROVIDER/SÜPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION	COMPLETED
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F 328 SS=D				R114 had orders clarified for CF was applied as ordered and th Assignment Sheet (Roster) wa updated. The care plan was updinclude the respiratory condition the CPAP. Residents who use CPAP machinad orders reviewed and care pupdated as indicated.	e NA/R s dated to on warranting nes have
	by: Based on observareview, the facility CPAP machine (corpressure, a treatment to keep the airway and cleaning of the condition for 1 of 2 who used a CPAP Findings include: On 6/10/14, at 9:3 stated she applied left the facility during stated she visited times several times unclear when the staff, but stated the distilled water (use the request. F-B stated she visited stated she visited times several times several times several times several times several times staff, but stated the distilled water (use the request. F-B stated she visited the staff, but stated the distilled water (use the request. F-B stated she visited the staff, but stated the distilled water (use the request. F-B stated she visited the staff, but stated the distilled water (use the request. F-B stated she visited the staff, but stated the distilled water (use the request. F-B stated she visited the staff, but stated the distilled water (use the visited she visited the staff, but stated the distilled water (use the visited she visited the staff, but stated the distilled water (use the visited she visited the visited she visited the visited the visited the visited the visited she visited the visited she visited the vis	8 a.m. R114's family (F)-B If the CPAP machine before she ing visits in the evening. F-B Ithe facility almost nightly and at is in a day. F-B stated she was machine was cleaned by facility ite facility provided a jug of ited to fill the CPAP chamber) per itated on mornings when she lity after nights she did not visit,	1. The state of th	Nursing staff have been educate Policy and Procedure for use an of the CPAP machine. Audits will be conducted week then monthly x 2 months to ve application of machine to be completed by the machine. Audit results will be reviewed by Committee to determine ongo schedules and interventions. The Director of Nursing/Design responsible to maintain completed.	d cleaning ly x 4 weeks, wrify consistent with g of copy the QA ling audit

	OF DEFICIENCIES IF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 328	a.m. and ending up at 9:15 a.m., R114 CPAP mask applie turned on. R114 was closed and remain. The Station 4 NA/F Resident Roster (a quick guide for carlidentified R114 was loud noises. Althoupertinent interventificated identification machine. R114's care plant of R114's respiratory use of the CPAP machine an machine. The care identification of R1 warranting the CPA limited to monitoring condition.	observations beginning at 7:08 on F-B's arrival to the facility was observed to have the d to his face with the machine as observed to have his eyes ed in bed. If [nursing assistant/registered] form carried by NA staff as a es) Updated 11/19/13, s legally blind and did not like ugh the roster included ons for R114's care, the roster n and direction for the CPAP lated 5/22/14, did not address needs and did not identify the nachine, such as but not limited the CPAP, maintenance of the deleaning of the CPAP eplan further lacked 14's respiratory condition AP machine, such as but no ng of R114's respiratory	F 32			
	5/28/14, indicated cognitively impaire physical assistanc dressing and groo listening to music R114. Physician's orders for the CPAP mac	nimum Data Set (MDS) dated R114 was moderately and R114 required extensive with bed mobility, transfers, ming. The MDS identified was "somewhat" important to dated 5/31/14, lacked orders hine, including but not limited to CPAP, maintenance of the				The control of the co

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG				PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 328	water in the humidithe use of the CPA machine/mask/tubirespiratory condition. The Care Area Ass 6/2/14) did not ider R114's respiratory apnea diagnosis. The May and June records (TARs) dir [water] heated hum [diagnosis]: sleep a offer at HS [hour oindicated the CPA on 5/28/14, and initialed six of the tinitialed on 6/12/14 addition, a duplicated directed, "Pis [Pleated inght shift. The TA opportunities (last shift 6/13/14, durin respiratory monito maintenance of the not limited to clear On 6/12/14, at 9:2 nursing (IDON) state on a cleaning schewitten on the "MA records). IDON vebrought by family,	ich as application of distilled iffer chamber), diagnosis for P, cleaning of the CPAP ing and monitoring R114's on with use of the CPAP. Ressments (CAAs, all dated attify the use of the CPAP or condition, such as his sleep 2014 treatment administration ected, "CPAP at 6:00 pm H2O addity PRN [as needed] dx apnea *Please make sure you of sleep]." The May 2014 TAR P documentation was started tialed three times daily until the The June 2014 TAR was awelve opportunities (last I, during the survey). In the notation dated 6/2/14, ase] make sure C-PAP is on @ ft]." The TAR included twice initials for evening shift and R was initialed 23 of 26 initialed as applied on nighting the survey). The TAR lacked ring and lacked direction for e CPAP machine, such as but	F	328			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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F 328	weekly. IDON verificancerns and use on R114's care plant on R114's care plant on R114's care plant of R14's care plant of R14'	d the CPAP to be cleaned ied R114's respiratory of the CPAP were not included		328		
F 329 SS=D	monthly. 483,25(I) DRUG R UNNECESSARY I	EGIMEN IS FREE FROM DRUGS	F	329		ACCOUNTY OF THE PARTY OF THE PA
	Each resident's dr	ug regimen must be free from	Y			

PRINTED: 07/02/2014 FORM APPROVED OMB NO: 0938-0391

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	[` '		CONSTRUCTION		E SURVEY PLETED
AND PLAN C	F CORRECTION	DENTILION ION NOMBER	A. BUILD	ING _			
		245203	B. WING			***************************************	13/2014
NAME OF	PROVIDER OR SUPPLIER				REET ADDRESS, CITY, STATE, ZIP CODI	=	******
THE VILI	A AT BRYN MAWR		275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 329	unnecessary drugs	. An unnecessary drug is any	FS	329	F329		
	duplicate therapy); without adequate n	excessive dose (including or for excessive duration; or nonitoring; or without adequate			R17 AIMS Assessment was con	npleted	To the second se
	adverse conseque	se; or in the presence of nces which indicate the dose or discontinued; or any			R24 AIMS Assessment was com		
	combinations of the				R 57 Pain Assessment was upo		e
		at a such as a successful of a			care plan was updated to inclu		ř
	resident, the facility who have not used	ehensive assessment of a y must ensure that residents I antipsychotic drugs are not	Waggarani		non-pharmacological Intervent pain management.	ions for	
	given these drugs	unless antipsychotic drug ry to treat a specific condition		***************************************	Staff have been educated on th	ne	
	as diagnosed and	documented in the clinical		***************************************	importance of completing the		
 :	record; and resider drugs receive grad	nts who use antipsychotic lual dose reductions, and			AIMS Assessment.		
	behavioral interver	ntions, unless clinically an effort to discontinue these		4	Audits to determine if the AIM	s ',	
	drugs.	an enort to discontinue these		-	Assessment is completed time	ly	
	3-1				will be conducted weekly x 2 v	weeks,	
	Roder Land College				then monthly x 2.		
					Audit results will be reviewed	by the	
	1.	NT is not met as evidenced			QACommittee to determine o		
	by: Based on intervie	w and document review, the			audit schedules and intervent	ions.	
		onitor for adverse Tardive disorder resulting in			The Director of Nursing is resp	onsible	
	involuntary, repetit effects with use of	ive body movements) side antipsychotic medications of			For Maintaining compliance.		7/23/14
	(R17, R24) review medications. In ad	nd Clozaril for 2 of 5 residents ed for un-necessary Idition, the facility failed to	· sientinin management		all others	EN S	tak
	non-pharmacologi	y of pain medications, develop cal interventions for pain, and			Colonsen	i ol	les
		s for administration of two as namedications for 1 of 3			I I I I I D	Yrcen	MINZ

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: MKNW11

Facility ID: 00175

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	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
i :		245203	B. WING		06	/13/2014	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	X (EACH CORRECTIVE ACT CROSS-REFERENCED TO T	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 329	R17 was not monit the use of Zyprexa R17's Physician Of R17 received antip 5 Milligrams (mg) vat bedtime for orgal R17's quarterly Mir 5/27/14, indicated organic personality personality, depresedementia and aphaindicated R17 received towards of (CAA) dated 12/6/history of behavior anti-social personastress, depression medications. The Geffect monitoring to R17's behavior cat R17 had behaviors administer medical efficacy & side effect sychotropic medical During review of the System Condense was revealed R17 on 10/31/13, and for the side of the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was revealed R17 on 10/31/13, and for the system Condense was reverse w	ored for TD side effects with orders dated 5/7/14, indicated sychotic Olanzapine (Zyprexa) via Gastrostomy tube (G-tube) anic personality disorder. Inimum Data Set (MDS) dated R17's diagnoses included or disorder, anti-social asion, seizure disorder asia. In addition the MDS sived an antipsychotic seven behavioral symptoms not thers. Care Area Assessment 13, indicated R17 had a long issues with diagnoses of ality disorder, post-traumatic and was prescribed the CAA directed medication side to be done. The plan dated 1/5/06, identified and directed R17 staff to tions as ordered, monitor for ects related to usage of	F	29			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	/13/2014
	PROVIDER OR SUPPLIER	3		STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 329	Continued From particles of tacility "We had che Movement Scale [Inot come out to DI the assessment had going through R17 electronic record. When interviewed consultant pharma 4/21/14, review I have that monitered mendation further her expects anti-psychotic the completed. On 6/13/14, at approximate the completed. On 6/13/14, was requinot provided. R24 was not monituse of Haldol and R24's Care Area Area and communication date communication date of the completed illing the communication date of the commu	age 144 6/12/14, at 10:46 a.m. the nursing (IDON) stated the langed to Abnormal Involuntary AIMS] and the pharmacist does ISCUS anymore" IDON verified and not been completed after "s assessments in the on 6/13/14, at 2:20 p.m. the lacist (CP) stated "During my lad indicated AIMS assessment the and I had written a for the facility to follow up" CP ation was since R17 was on an assessment needed to be proximately 1:48 p.m. the lacist Consultation Report for lested from the IDON but was actioned for TD side effects with Clozaril. Assessment (CAA) for lated 9/20/13, identified R24 had less and R24 had symptoms of	F 33			
	CAA for falls and 9/20/13, identified chronic schizophr hallucinations and unrealistic fears. information regard pertinent interven	aring voices." The combined psychotropic drug use dated R24 had the diagnosis of enia with active auditory delusions which caused The CAA addressed pertinent ding R24's symptoms and tions. The CAA identified R24 to clozaril" as the "primary	Anadada wa			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B, WING			06/1	13/2014
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F 329	dose had been "dra pulmonary embolis drug use also date an antipsychotic ar consequences for hallucinations and identify the use of leffect of TD; the Codirection for the modern of the	ychotic medication) and the astically reduced" after a m. The CAA for psychotropic d 9/20/13, identified the use of ad potential adverse the use of the medication as depression. The CAAs did not Haldol or the potential side AAs lacked identification and onitoring for TD side effects. Inical record indicated a sla Identification System Scale, a physician signed seed to diagnose potential TD) 10/31/13, and next due on a form only identified the use of tidentify the use of Haldol. The sician's signature and indicated rements were identified. The clinical record lacked monitored for TD side effects in minum Data Set (MDS) dated R24 was cognitively intact, had delusions; R24 was ocomotion, required limited assistance for all other ving (ADLs). The MDS gived antipsychotic medication ment period.	F	329			
	The care plan date	ed 1/9/06, identified R24 was at	Lilling and the second				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		245203	B, WING			06/13/2014	
•	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 329	risk for side effects used to treat schizlethargy and dizzin also dated 1/9/06, daily and expresse care plan identified address the identified meds [medications order, monitor for ortho b/p [orthosta monthly" The car TD monitoring. The Medication Reconsultant pharma medication regime review Identified a 4/9/14, and a sche on 7/11/14 (schedidated 5/24/14, ide and recommended that during dosage chalacked evidence Cacted upon. Physician's Orders Haldol 1 mg (millig p.m. and 2 mg Podiagnoses of psyc schizophrenia. The started on 10/25/1 three times daily (of sleep (HS). The was last increased	s of psychoactive medications ophrenia such as falling, ess. The care plan for behavior identified R24 heard voices id delusional thoughts. The dipertinent interventions to ied behaviors and directed, "All is] as per MD [medical doctor] side effects and efficacy with tic blood pressure] scheduled re plan lacked identification for egimen Review indicated the cost (CP)reviewed the interease in clozaril dosage on increase in clozaril	F 3				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDII	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		DE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 329	June 2014, identification sleep and efficacy identified Haldol at to R24 as ordered direction for moniton on 6/13/14, at applicensed practical a side effect of Haunclear on TD side a.m. LPN-D stated used to monitor for Abnormal Involunt tool to identify the monitor TD over the reviewed the med and verified the cland AIMS was compled DISCUS assessm signature. On 6/13/14, at 10 and denied the provements. At the observed to have the pharmacy sto facility. IDON stated quarterly AIMS as IDON verified the R24 was monitored the procedure dated diagnoses and performance of the control of the procedure dated diagnoses and performance of the control of the procedure dated diagnoses and performance of the control of the procedure dated diagnoses and performance of the control of the procedure dated diagnoses and performance of the procedure dated diagnoses and perform	dministration Record (MAR) for led R24 was monitored for of PRN Haldol. The MAR and Clozaril were administered, but lacked identification or oring of TD side effects. Droximately 10:00 a.m. the nurse (LPN)-C verified TD was aldol and Clozaril, but was be effect monitoring. At 10:15 at the DISCUS was no longer or TD and the facility used the tary Movement Scale (AIMS, a potential presence of TD and ime) to monitor for TD. LPN-D ical record (including electronic) inical record lacked evidence and eted and verified the previous ments lacked a physician's 139 a.m. R24 was interviewed esence of involuntary etime of the interview, R24 was no involuntary movements. 142 a.m. the interim director of lated at beginning of the year, pped doing the DISCUS at the ed the facility now used a sessment to monitor for TD. clinical record lacked evidence		29		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B, WING	and the second	90000 00000000000000000000000000000000	06/	13/2014
	PROVIDER OR SUPPLIER		I i i i i i i i i i i i i i i i i i i i	275	REET ADDRESS, CITY, STATE, ZIP CODE PENN AVENUE NORTH NNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE .	(X5) COMPLETION DATE
F 329	following side effect and identified spect and rigidity. The pormonitoring, such a DISCUS assessments. Pain R57's was not mormedications, did not interventions deverse pain medications afor administration on steriod pain moderate pain) an medication used to pain).	monitor and report any of the tests to the Attending Physician:" ific symptoms including tremor olicy lacked identification of TD is but not limited to the AIMS or ents and the frequency of the initored for efficacy of pain of have non-pharmacological loped to address pain in lue of and did not identify parameters of as needed (PRN) Tylenol (a redication used to treat mild to do Oxycodone (a narcotic o address moderate to severe	L.	329			
	a.m. R57 was ask any discomfort such as hurting with no relialways have pain to right upper oute help with the pain. During an observative 12:05 p.m. R57 was moaning "Aas was	ation of R57 on 6/10/14, at as observed in her wheelchair stantly back and forth in the w/c, of R57's head, stomping her preathing heavily, the resident aah, Aaaah!"					
	sitting in her w/c k	7 a.m. R57 was observed icking her feet up and down on hands and fingers about when (NA)-B stated to R57 "If you		200020000000000000000000000000000000000			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X6) COMPLETION DATE
F 329	keep doing that you hurt." R57 continue to floor, wringing he head back for a few room by NA-B. -At 7:56 a.m. R57 winter the table, stretching eyes. - At 7:58 a.m. R57 her hands, kicking and licensed practi R57 "You need to see the table, stretching eyes. - At 8:03 a.m. R57 winder, and wheeling I moaning "Ow,ow,o she had pain and Ferom 8:03 a.m. witteled by NA-B are constantly move her table, push her winder, lifting feet up a level, drumming fer moaning "Awwww her back upwards abackwards, wringir forth from table, lift pedestal hitting it heloud enough to hea NA-B was sitting at was also in the dining the modication down; she propelle wringing her hands at 9:10 a.m. NA-B dining room.	are going to make your legs of to kick her feet up and down for hands, and stretching her wo minutes until moved to dining was observed sitting in her w/c moving hands and fingers and e, moving back and forth from g head back while closing her was tapping on the table with her feet up and down a lot, cal nurse (LPN)-B stated to stop that or your legs will hurt." was tapping her hands on her herself back from the table, w,ow,ow!" NA-I asked R57 if R57 said "yes." Intil 9:02 a.m. when R57 was not NA-I, R57 continued to be read down almost to her knees et up and down on table in her and down almost to her knees et up and down on table in gher hands, moving back and ing feet up and down on table ard enough and making noise ard dishes clank on the table. It R57's table feeding R57. NA-I ing room. Wheeled herself down the hall in cart lifting her legs up and ad herself to the entrance door		329			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	/13/2014
	PROVIDER OR SUPPLIER LA AT BRYN MAWR			STREET ADDRESS, CITY, STATE, ZIF 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIVE	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 329	lift her legs up and pushing herself bastretching back up alegs up, staring st her eyes. At 9:16 a.m. R57 down the hall past entrance door pout the floor, drummir "Awwwww,Aww, At 9:18 a.m. NAresident and state [R57]?" while R57 the floor making share hands, wheeli stretching up in clalmost near knee her feet with her thands on her w/c look, and breathir At 9:34 a.m. state oan activity. R57 the hall past the nand sat at entrance hards and forth in kicking door hard At 9:36 a.m. state At 1:01 p.m. R5	I down almost to her knee level, ack from table, wringing hands, and head back going nitting feet to floor hard, and down hard on floor, holding raight ahead with glazed look to wheeled herself in the w/c the medication cart to the unding her feet up and down on ag her fingers on the w/c, going www, Awwwwww." Be walked in the hall past d, "You back at the door hitting her feet up and down on cound. Weyor heard R57 say to the on't like living here." It a.m. R57 was observed groom in her w/c looking at the er hands up and down, wringing ng herself back and forth, nair, lifting her legs up and down level, pounding on the floor with ennis shoes, drumming her wheels, staring with a glazed ag slightly hard. If asked R57 if she wanted to go a started wheeling herself down medication cart, and R57 went be door. Was observed at entrance ag her hands, pushing herself w/c, breathing heavily, and	F	29		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION		E SURVEY MPLETED
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	PROVIDER OR SUPPLIER	<u> </u>	275	REET ADDRESS, CITY, STATE, ZIP CO 5 PENN AVENUE NORTH NNEAPOLIS, MN 55405	ODE	
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F 329	with distressed loo all around, moving agitated, stating sh surveyor. When Risher call light, R57 suse my call light a hand out towards I hurts" (pointing to thigh) and then rub with her right hand distressed look on look to her eyes tu crying out, "Ow, ow had a reddened fathat time crying ou sides of her face whole body up and informed R57 had -At 1:08 p.m. LPN and said "[R57], I stated "Owwww", rubbing loudly "Owwwww moved R57 up in reddened. NA-B s - At 1:11 p.m. R57 pain medication for - At 1:19 p.m. R57 hurts all the time (outer leg and her this time "when I gipain." - At 1:35 p.m. R57 she was feeling "to R57's care plan d I medications! as to surveyor.	k on her face, moving her legs arms and hands constantly, he had pain when she saw 57 was asked if she could use stated, "No, I don't know how to and then R57 reached her left eft rail. R57 stated "my leg her right upper outer side of obing her right upper outer leg, kicking legs about with her face. R57 had a glazed rning her head towards the left w" and wrung her hands. R57 ce with pained expression at t, grimacing, and rubbing the rigorously while moving her down in bed. NA-B was pain. B came into resident's room have something for pain", R57 eyes squinting, distressed looking fingers saying "Owww, g face with hands. R57 cried out w" when LPN-B and NA-B bed, face grimacing, and face tated to R57 "you are in pain." was given a PRN (as needed) om LPN-B. The stated to surveyor my right leg (while rubbing her right upper forehead). R57 also stated at get the pain pill it helps with my stated to LPN-B when asked	F 329			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
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F 329	also noted, "Reside HCC [health care of when resident is not care plan for behavior reorient R57 for kicking at desk. Stexcessive stimulat with 1:1's. Staff we watch television to peers. An addition noted, "Potential for related to hip fractiverbalize she is condate. Monitor and non-verbal pain: Codeep/shallow, labor (grunting, moans, Mood/behavior (chaggressive, squirm (wide open/narrow focus); Face (sad, clenched teeth, grocking, curled up physician if interve current complaint residents past exprocidents past exprocidents past expronon-pharmalogical into place for R57 R57's record including R57 had brief Interview for indicating R57 had cognition. The sig 1/14/14, and correspond to the signal of the sign	ent's needs will be met while at center]. Staff anticipate needs of expressing them." Also the viors dated 3/31/09, staff were her behaviors of hollering and aff were to remove R57 from ion and try to calm R57 down are to bring R57 to her room to reduce grabbing food from to the care plan on 1/20/14, or alteration in COMFORT ure Jan 2014. The resident will imfortable through the review record any indications of hanges in breathing (noisy, ored, fast/slow) Vocalizations yelling out, silence); nanges, more irritable, restless, resilts/shut, glazed, tearing, no crying, worried, scared, imacing) Body (tense, rigid, thrashing)." In addition, "Notify entions are unsuccessful or if is a significant change from perience of pain." The care plan infort lacked evidence of any in pain interventions being put	F 33	29		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIEF/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245203	B. WING	The state of the s	06/	13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
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F 329	R57 could not put Oxycodone (pain r therapies as she refracture. The Pain MDS ass documented no pal Interventions: "res she completed the and under Comme Pain Assessment identification syste information was retained. The Pain MDS ass 4/24/14, read "pain sleep at night, has verbal descriptor scomplaints of pain (a mild analgesic) read under Comme [fracture], and c/o assessment lacke a scale from 00 th lacked evidence of interventions being evidence of rating pain. The Pain Aspain scale identific pain. The Informal provided. On 4/18/14, at 9:3 practitioner (NP) a stated, "Interview that she continues pain that seems to day. She notices	age 153 a number to the pain, utilized nedication) for positioning and ecovered from right hip sessment dated 4/11/14, and for R57 and read under torative program set up after rapy following hip fracture" ents reads: "denies pain." The acked a consistent pain scale in to rate R57's pain. The equested and not provided. Sessment dated 4/15/14 and in almost constantly, can hardly limited day to day activities, scale of pain moderate, vocal, resident has order for Tylenol PRN, Oxycodone PRN" and ents: "Resident has right hip fx pain daily." The Pain MDS dithe pain intensity number on rough 10. The pain assessment fany non-pharmalogical pain gassessed for R57 and lacked the intensity of R57's daily sessment lacked a consistent eation system to rate R57's tion was requested and not and the NP's Progress Note with the patient today reveals to have occasional right hip to come and go throughout the it primarily when she is her legs to move her w/c. She	F 32			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	ODE		
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F 329	has been having pinitially fractured he ago." NP's 4/18/14 under Assessment femoral neck fractive Hemiarthroplasty in continues to exper and off. She did his will continue with pontrol." No further the medical record between nursing signoderate pain alm. The Progress Note forward and the forward and	ain in the right hip since she er right hip several months , progress note also read, and Plan read "History of right are, status post n January 2014. The patient dence pain in the right hip on ave a fall on March 2nd. We are.n. Oxycodone for pain of documentation was found in involving any communication taff to NP regarding R57 having tost constantly in April 2014. The swere reviewed from 4/25/14, thousing was noted: 20 p.m. "Right lower extremity from hip to mid-thigh." "Resident complained of pain as yelling she was in pain and the hip. Nurse gave PRN and the last and that she was the last and "Resident c/o on this shift. PRN Oxycodone "1:10 p.m., resident is in		329			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILD#	IPLE CONSTRUCTION NG		E SURVEY PLETED
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F 329	R57 on 4/4/14, and given on 4/4/14, 4/30/14. - May 2014 MAR ron 5/2/14, 5/21/14 PRN Tylenol given 'effective' for Resuland 5/21/14, adminot followed up for medication neither progress note for June 2014 show time on 6/3/14, PF 6/8/14, 6/11/14, ar showed PRN Oxy 6/12/14, for leg particular for PRN Tylenol ship medication effectialso could not be oxycodone was elacked evidence of system to monitor determine what we determine when the PRN Oxycodo PRN medications they were to be greatly for the process of the proc	d: noted PRN Tylenol was given to d 4/14/14, and PRN Oxycodone f14/14, 4/2414, 4/27/14, and notes PRN Tylenol given to R57 , and 5/31/14, noting 5/31/14, if or leg pain and noted alt on back of MAR. Also 5/2/14, nistration of PRN Tylenol was reffectiveness of pain on back of MAR nor in a R57. ed PRN Tylenol was given one RN Oxycodone given once on nd 6/12/14. Documentation codone given on 6/11/14, and ain as 'Helpful' under Result medication effectiveness) by and 6/8/14, the administration owed no follow-up for pain veness on back of MARs. It determined if the Tylenol or the ffective in managing R57's pain cation was not being if ective or not. The MARs of using a consistent rating the intensity of R57's pain to as "moderate" pain to as "moderate" pain to as "moderate" pain to as "moderate" pain. Both lacked parameters as to when iven for pain.	F 3:	29		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	/13/2014	
	PROVIDER OR SUPPLIER		212 T T T T T T T T T T T T T T T T T T	STREET ADDRESS, CITY, STATE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED TO DEFICIEI	CTION SHOULD BE O THE APPROPRIATE	(XS) COMPLETION DATE	
F 329	medications, and ther legs hurt. TMA R57's constantly kithat she would give asks for it. TMA-A PRN Tylenol in Jur with no follow-up for medication noted of TMA also verified the evidence of documentat was noted in p. 6/8/14. At 1:30 p.m. NA-R57 had pain by Rasking for pain me At 1:41 p.m. LPN fracture a couple of used to smoke. "[Fithe smoke room a door to get in." Shoredirect R57 when that you would knot their facial express R57 would someting R57 would not ask would tell nurse if R57. At 1:55 p.m. LPN of pain until she st under the table. Le redirect R57 when her to stop, repositable, or watch tele At 2:04 p.m. the (IDON) stated she resident's care plate in the stop of the p. In the country is care plate in the stop of the p. In the country is care plate in the stop of the p. In the country is care plate in the stop of the p. In the country is care plate in the stop of the p. In the country is care plate in the stop of the p. In the country is care plate in the p. In the country is care plate in the p. In the country is care plate in the p. In the country is care plate in the p. In the country is care plate in the p. In the	at R57 had no routine pain that R57 will scream and say -A stated R57's legs hurt from ticking out. TMA-A also stated at R57 a PRN Tylenol if R57 verified R57 had been given the only on 6/3/14 and 6/8/14, or effectiveness of pain on the back of the MAR. The the medical record lacked the stated that she knew when 57's crying out or by R57 dication. B stated R57 had a hip of months ago, and that R57 R57] continues to try to get into a lacked that staff tried to R57 did that. LPN-B stated ow if a resident was in pain by sion. LPN-B also stated that mes tell you if she was in pain. If for pain medication but R57 she was in pain if nurse asked l-B stated R57 did not complain arted kicking the door and PN-B also stated staff tried to a she kicked her feet by telling tion her, turn R57 away from exision. Interim director of nursing expected staff to follow and when asked if staff had a pain management training the	E E	29			

Cremit's Luci	10 1 OH WESTSME	C WILDIONNE QUITY COLO	····			4 1 14 2 2 2 2	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
produced the same of the same	n	245203	B. WING			06/	13/2014
	PROVIDER OR SUPPLIER			27	FREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH IINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 329	Continued From pa		F3	29			
F 353 SS=F	did not monitor R57 know if R57 had pascreamed out. - At 3:17 p.m. regis reported her hip hu RN-B stated she gatoday at 8:30 a.m. finelpful." RN-B state hip and state "my legive R57 Tylenol (p. R57. RN-B stated fand get R57 calm i her, sit down with hand give R57 Tylenol On 6/12/14, at 2:18 and stated "did not mid April 2014 regamoderate pain." Nfon something for it [R57] I will review 483.30(a) SUFFIC PER CARE PLANS The facility must haprovide nursing an maintain the higher and psychosocial vide determined by resign individual plans of The facility must proumbers of each opersonnel on a 24-	B p.m. the NP was interviewed remember if she was called arding R57 having constant P stated, "She [R57] should be [the pain], next time I visit her ner pain." IENT 24-HR NURSING STAFF Shave sufficient nursing staff to d related services to attain or st practicable physical, mental, well-being of each resident, as dent assessments and	F	353	F353 The nursing department staffing months been reviewed and modified to	odel)	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY			
	F CORRECTION	` IDENTIFICATION NUMBER:	A. BUILDING		COMPLETED		
		245203	B, WING		06/13/2014		
NAME OF F	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE			
THE VILI	LA AT BRYN MAWR		1	275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
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F 353	Continued From pa	age 158	F 353	77	. :		
	Except when waive	ed under paragraph (c) of this		further meet the needs of all resid	lents.	*	
	section, licensed n personnel.	urses and other nursing		R47 has had his pain management			
	Except when waive	ed under paragraph (c) of this		reviewed, had a new pain assessn completed and the care plan was			
	section, the facility	must designate a licensed		updated. As noted above this pos			
	nurse to serve as a duty.	a charge nurse on each tour of	200000000000000000000000000000000000000	will be replaced by an LPN		:	
ge and the state and the state of the state	This REQUIREMENT is not met as evidenced by: Based on observation, interviews with residents, family, staff and document review, the facility failed to ensure sufficient qualified nursing staff were available to meet the needs for 4 of 4 residents (R47, R30, R42, R4) reviewed for sufficient staffing. This practice had the potential to affect all 109 residents currently residing at the facility. Findings include: R47 did not receive the requested pain medication in a timely manner when in "unbearable" pain "9" out of ten on the pain scale.			R30's grooming needs were addre immediately by receiving a showe wash and facial hair was removed was offer coffee and continues	er, hair		
			A	to receive daily coffee. R4 diabetic plan has been review have been re-educated on expect to check blood sugars prior to	ectation	5	K.
				Audits will be conducted to evaluate staffing model. Meetings will be he the staff and residents during resid	Odtiw ble	100	
	sitting on his whee	9 a.m. R47 was observed elchair (W/C) next to the the dining room (DR)		the staff and residents during resid council to determine success with n models or need for changes	ew staffir	ng No.	9) JV
	TMA-A stated to F residents to do." F for pain med [med	dications from TMA-A. The R47, "I can't. I have too many R47 replied, "I've been waiting dication] before I went out L.m." R47 turned the W/C	The second state of the second	Audit results will be reviewed by the Committee to determine ongoing a interventions.			r
	around and starte hall. - At 9:11 a.m. R4	d wheeling himself down the 7 stated to surveyor, "She would have it [pain medication]	17	The Administrator /designee is responsible for maintaining compliance.	onsible	7/23/14	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245203	B. WING	**************************************		06/	13/2014
	PROVIDER OR SUPPLIER			275	EET ADDRESS, CITY, STATE, ZIP CODE PENN AVENUE NORTH NEAPOLIS, MN 55405		
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F 353	R47 answered that TMA-A where or he offered any non-ph When R47 was as from surveyor, R47 of possible 10 sittin "unbearable", and to lie down. - At 9:13 a.m. TMA overheard telling a asked for a pain m resident pain medi was too busy doing. - At 9:20 a.m. R47 in his bed on his leyet received any phad put his call ligl and an NA came in TMA about the pai waiting for a pain redication given as need had asked for) five effect yet from the At 10:15 a.m. R47 prn pain medication to given as need had asked for) five effect yet from the At 10:15 a.m. R4 his bed lying on hi When asked to ra still 8 was 9, they can do." - At 10:38 a.m. R4 his bed lying on hi lying down on his his "bottom hurts." TMA-A at 8:30 a.m. medication. R47 sto him she would	age 159 ad her [TMA-A] this morning. The had not been asked by we much his pain was or narmacological interventions. We had not been asked by the had not been asked by narmacological interventions. We had about the rating of the pain of stated his pain was a "9" out any on his butt, that the pain was that he was going to his room A-A was observed and female resident who had redication she could not give reation at the time because she of other residents' medications. Was observed in his room lying off side. R47 stated he had not ain medication. R47 stated he hat on when he came to room and said she would tell the in. R47 also stated "I have been medication since 8:30 a.m." I stated he had just gotten his sin (later to be found R47 was ed (PRN) pain medication he e minutes ago and there was no pain medication given to him. To was observed in his room in s right side, watching television. the his pain R47 stated "pain is say there is nothing else they 17 was observed in his room in s right side. R47 stated he was bed on his right side because The reiterated he had told the needed a prn pain the time of his request at The time of his request at		353			

PRINTED: 07/02/2014
FORM APPROVED
OMB NO. 0938-0391

(X2) MULTIPLE CONSTRUCTION
(X3) DATE SURVEY
COMPLETED

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION IG		COMPLETED	
		245203	B. WING		06	/13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DDE	
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F 353	had stated to R47 pain medications a another resident th stated "everything my open wound or had surgery on his pain, about what he "everything." R47 at have a terrible illr will have it, hydroc give me anything forink." R47 went o "Pretty bad pain, u body. "I let staff kn long to do anything they are doing son - At 10:46 a.m. R4 lying on his side in saw R47 groan "O R47 with guarding asked, R47 rated I - At 11:41 a.m. R4 lying on his bed ar pain a "6". R47 st pain medication for he was going to as when he can get owant more pain re - At 12:43 p.m. R4 room, when asked "I asked the TMA Tramadol (pain m When asked what this morning R47 gave me what I as - At 12:45 p.m. The medications were	nd how much the pain was but she was unable to give him is she was working on giving eir medications. R47 also hurts my testicles, my butt, and butt." R47 went on to state he bottom, felt angry about the ewas doing there, about and also stated the "doctor tells me tess, don't tell me how long be phus [sic], they don't want to bor pain, because they say! will in to state his pain at "9" was inbearable." and hurt his whole ow about pain, it takes them so they for the properties of the properties		53		

NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR SUMMARY STATEMENT OF DEFICIENCIES (275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405) PRIEFIX TAG F 353 Continued From page 161 (26A) DEFICIENCY AUST BE PRECEDED BY PULL REGULATORY OR LSo IDENTIFYING INFORMATION) F 353 Continued From page 161 (3.45 a.m., "TMA-A stated to surveyor it was her first day she had worked on Station 1 in the month of June, TMA A stated she had been working on Stations 3 and 4, and also stated it took her longer to pass medications on Station 1 as she was not familiar residentis' medications. MDS Annual Assessment dated 4/28/14, reported R47 on scheduled pain medication regimen, did not received PRN pain medication, received non-medication intervention for pain, reported R47 having pain almost constantly rating pain an '8' on a pain scale one to ten. In addition indicated R47 had intact cognition. Care Area Assessment (CAA) dated 4/28/14, reported R47 having pain and Cymbalta (used to treat major depressive disorder, general anxiety disorder and fibromyalgial, he also has Fleveril and Tylenol ordered as needed. Our goal will remain that resident will report that his pain is at a tolorable level with his current regime. Staff will continue to administer his media sape per order, encourage decreased activity when pain is worse, monitor effectiveness of media and update to MD if not effective at controlling pain." The Pain Assessment dated 4/20/14, signed by LPN-I reported "Vocal complaints of pain, received scheduled pain medication regimen, treatment Morphine gel [an amorphous hydrogel which gently re-hydrates necroic tissue, facilitating autolytic debridement] to sacral, port would the itssue surrouncing the wound itself! bid [twice a day], and Treatment to wound."	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	FIPLE CONSTRUCTION NG	(X3) DAT	(X3) DATE SURVEY COMPLETED	
THE VILLA AT BRYN MAWR 275 PENN AVENUE NORTH MINNEAPOLIS, MIN 55405			245203	B. WING.		06	/13/2014
FREELY TAG FORTHELY TAG CONTINUED TO THE APPROPRIATE CHARGE STATE OF THE APPROPRIATE CHARGE STATE ACTION SHOULD BE GROSS-REFERENCE TO THE APPROPRIATE CHARGE STATE OF THE APPROPRIATE CHARGE STATE STATE OF THE APPROPRIATE CHARGE STATE					275 PENN AVENUE NORTH	· CODE	
8:45 a.m." TMA-A stated to surveyor it was her first day she had worked on Station 1 in the month of June. TMA-A stated she had been working on Stations 3 and 4, and also stated it took her longer to pass medications on Station 1 as she was not familiar residents' medications. MDS Annual Assessment dated 4/28/14, reported R47 on scheduled pain medication regimen, did not receive PRN pain medication, received non-medication intervention for pain, reported R47 having pain almost constantly rating pain an "3" on a pain scale one to ten. In addition indicated R47 had intact cognition. Care Area Assessment (CAA) dated 4/28/14, indicated, "Resident has chronic pain. He receives scheduled meds for pain relief i.e. topical morphine gel [used for moderate to severe pain], Neurontin and Cymbalta [used to treat major depressive disorder, general anxiety disorder and fibromyalgia], he also has Flexeril and Tylenol ordered as needed. Our goal will remain that resident will report that his pain is at a tolerable level with his current regime. Staff will continue to administer his meds as per order, encourage decreased activity when pain is worse, monitor effectiveness of meds and update to MD if not effective at controlling pain." The Pain Assessment dated 4/30/14, signed by LPN-I reported "Vocal complaints of pain, received scheduled pain medication regimen, treatment Morphine gel [an amorphous hydrogel which gently re-hydrates necrotic tissue, facilitating autolytic debridement] to sacral, pori wound [the tissue surrounding the wound Itself]	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	ON SHOULD BE HE APPROPRIATE	COMPLETION
When interviewed on 6/13/14, at 9:14 a.m. IDON	F 353	8:45 a.m." TMA-A first day she had w month of June. The working on Station took her longer to as she was not far MDS Annual Asses R47 on scheduled not receive PRN p non-medication int R47 having pain a "8" on a pain scale indicated R47 had Care Area Assess indicated, "Reside receives schedule topical morphine of pain], Neurontin a major depressive disorder and fibrol and Tylenol order remain that reside tolerable level with continue to admin encourage decreamonitor effective at the Pain Assess LPN-I reported "V received schedule treatment Morphil which gently re-hyfacilitating autolytic wound [the tissue bid [twice a day],	stated to surveyor it was her rorked on Station 1 in the 1A-A stated she had been is 3 and 4, and also stated it pass medications on Station 1 iniliar residents' medications. It is seen to date 4/28/14, reported pain medication regimen, did ain medication, received the tervention for pain, reported it is constantly rating pain an experience on the initial pain and the one to ten. In addition intact cognition. In addition in the did at the ten and the pain relief i.e. get [used for moderate to severe and Cymbalta [used to treat disorder, general anxiety myalgia], he also has Flexeril end as needed. Our goal will ent will report that his pain is at an his current regime. Staff will ister his meds as per order, ased activity when pain is worse, the pain medication regimen, and pain medication regimen.		53		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION				(X3) DATE SURVEY COMPLETED	
AND PLAN O	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING			
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	PROVIDER OR SUPPLIER LA AT BRYN MAWR			275	ET ADDRESS, CITY, STATE, ZIP CODE PENN AVENUE NORTH NEAPOLIS, MN 55405		
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F 353	stated she expecte administer medicar policy. IDON also so nurses to ask their the resident's rating for a pring pain mediwould expect a resident's pain ration of 6/13/14, at 10: stated when resident have to check with residents I am in taken."	d nurses and TMAs to tions in a timely manner per stated she expected TMAs and esident where the pain is and g of pain when a resident asks cation. IDON also stated she ident to wait no more than five prn pain medication for a ng of a "9." 13 a.m. when asked TMA-A ents ask for pain medications, "I s] if it prn or scheduled. If prn I the nurse, I tell them [the he middle of meds I will get to you [the resident]		353			
	of the survey 6/10, 6/13/14, was obsequarter (1/4) inch to both her lip and mustache, had mi approximately ten On 6/13/14, at 9:3 about her bath solutions about her bath solutions about the supposed to get be didn't get one on me no because struesday to a residual to shave my must tells me no, other	ded grooming 6:15 p.m. and consecutive days 714, 6/11/14, 6/12/14, and rved to have approximately a ong black and white facial hairs chin areas creating a ssing teeth and hair was inches long and straggly. 7 a.m. when R30 was asked nedule R30 stated "I am ath on Tuesday and Fridays, Tuesday this week, [NA-B] told ne was giving a bath on dent that should have had his R30 further stated "I want staff ache and chin hair but [NA-B] staff will shave me. It makes		and the state of t			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER _A AT BRYN MAWR	S		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRODEFICIENCY)	ILD BE	(X5) COMPLETION DATE
F 353	On 6/13/14, at 10:0 asking staff if haird want to get my hair -At 10:06 a.m. survivated "I want my hithey are too busy to will sometimes do break, most of the too busy working." R30's diagnoses in growth of facial or schizophrenia and sites obtained from 3/24/14. In addition Interview for Mentameasure cognition, did not risupervision with seincluding shaving a part of bathing actional/rehabilit 1/8/14, indicated Finations with only addition indicated assistance to shave braiding her hair. Incontinue to provide routinely to aid R3 practicable level of 5/4/09 identified R in ADL's due to chargooming, Goal "V	ible when I do not get a bath." 33 a.m. R30 was overheard resser was at the facility "I washed and put up in a bun." reyor approached R30 who tair braided but staff tell me to braid my hair, only staff that it is NA-J when she has a time she does not as she is included hirsutism (Excessive body hair in women), diabetes, polyarthritis involving multiple in the quarterly MDS dated in the MDS indicated R30 Brief al Status (BIMS- tool used to) was 15 indicated intact eject/refuse cares, required et up for personal hygiene and required physical help in wity. daily living (ADL) ation potential CAA dated R30 was a highly active NDL's and performed most prompts and cues. CAA in R30 received periodic re chin due to hirsutism and The CAA directed staff to be set up and prompts to bathe 0 to remain at her highest of function. ADL care plan dated 30 with a potential for alteration ronic mental illness related to Vill be properly groomed	F 3	53		
	in ADL's due to ch grooming, Goal "V	ronic mental illness related to				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
		245203	B. WING	******	and the second s	06/	13/2014
	PROVIDER OR SUPPLIER			275 F	ET ADDRESS, CITY, STATE, ZIP CODE PENN AVENUE NORTH NEAPOLIS, MN 55405		· · · · · · · · · · · · · · · · · · ·
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F 353	hair, shave as need During document redated 3/31/14, thro there was no docut which included sha occasions she refured on 6/10/14, at 9:43 asked if there was resident's received without having to without having as the F-B further stated it wice and the nurse was unclear if hust medications because on 6/10/14, at 11:00 (LPN)-F stated "The medications on Stations on Stations on Station 4 on 2nd flushed and can be in one another, for the medication of the medica	ded at resident's request. eview of the Progress Notes ugh 6/13/14,, it was revealed mentation for refusal of cares iving and bathing but had a few		353			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MÜLTI A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATÉMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETION
F 353	before meals. Whe reading would be a eaten, LPN-B state same time as the reaten and I was be was "Running behi behind" because the between floors. Aft LPN-B was overhe frustrated voice, "Veam, I can't do evaccuchecks and phave to help some went down the hall. When interviewed stated "If a staff krell if resident has covers Station 3 a medications [medications [medications [medications]] have a movering down resident's, and where in the sident downstail. Seroquel or any mander what to tell the familiar with resident the sident familiar with resident the sident familiar with resident familia	od sugar "Should be" done on asked if the blood sugar accurate since R4 had already ed "Sometimes we do it at the meal, but since he had already chind" LPN-B explained TMA and they usually "ran he nurse and TMA were split the LPN-B left the surveyor, and stating in an angry We have to work together as a cerything! have to do ass medications and now I sone off the toilet!" LPN-B then alway and entered R99's room. on 6/11/14, at 1:46 p.m. LPN-B hows a resident well they can pain. Evening shift nurse and Station 4, and TMA does so on the evening shift, and day. It is hard now for the nurse to been here a long time, when a stairs I hardly know the ten a doctor calls about a resilike for example how is the nedication working it's hard to the doctor because am not so	F 35	3	
	have to wait."		ļ		<u></u>

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
		245203	B. WING		00	5/13/2014
	PROVIDER OR SUPPLIER _A AT BRYN MAWR			STREET ADDRESS, CITY, STAT 275 PENN AVENUE NORTH MINNEAPOLIS, MN 5540		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
F 353	-At 9:55 a.m. R42 his instant coffee a have the key so yo who only has the k On 6/11/14, at 2:02 staffing and getting stated "It is not easit is busy and I did today, not even a when interviewed nursing assistant (truth there is not e I have to go to and and relieve anothed dwell with difficult resident's don't ge unfair." When interviewed stated "Seriously i and I have to pass just started recent happen in another deal with the issue concerns and bee When interviewed stated "There has new company too	was overheard again asking for and NA-B told him" We do not u will have to wait for the nurse ey and she is busy at the time." 2 p.m. when asked about the her workload done TMA-A sy covering both floors for TMA, not even get a break at all to minute break." on 6/12/14, at 7:07 a.m. NA)-A stated "To tell you the nough help around sometimes other station to help with rounds are staff for break. We deal and residents and the other the care they deserve which is on 6/12/14, at 7:12 a.m. LPN-A as a lot of work during my shift about thirty medications which ly and if something would unit I have to go and help or a lot of change since the k over and this included cutting		353		
	take a break beca because the nurse and like for examp because you have are at risk for cho concern for me. A	ave money. I sometimes don't use I have to stay in the unit in has to float between two units ble lunch time you cannot leave to watch the residents as they cking and this is a safety also the trained medication aide medications at the fourth and				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245203	B. WING		06/1	3/2014
	PROVIDER OR SUPPLIER		27	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH IINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.DBE	(X5) COMPLETION DATE
F 353	Continued From pothird stations which to tell you the truth error." When asked who 6/12/14, at 11:00 a and NA-B for day to help at meal time downstairs. On 6/12/14, at 2:0 Station 1 surveyor another she was with the day because were short staff. When interviewed interim director of expected staff to for and when asked a stated the policy of fifteen minutes, he minutes later on a that policy and taken on 6/12/14 2:15 per doubling, working	age 167 In sometimes they are late and a that's room for medication was working on the floor on a.m. LPN-B stated only herself shift, and restorative came over less when nurse went O p.m. as surveyor was at roverheard one NA telling working day and evening shift she had been asked as they I on 6/12/14, at 2:04 p.m. nursing (IDON) stated she follow each resident care plan about staff breaks policy, IDON was after four hours staff got alf hour meal break and 15 and she expected staff to follow	F 353	DEFICIENCY)		
	When interviewed asked surveyor to when asked if she get her cares don sometimes skippe and it's important. When interviewed who worked in re-	d on 6/12/14, at 2:20 p.m. NA-D oremain anonymous stated "No" of felt there was enough staff to be. NA-D further stated she ed breaks to get the work done to me to get it done." d on 6/12/14, at 2:21 p.m. NA-I storative stated there was not n asked about being able to do				The state of the s

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	/13/2014	
	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFIGIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 353	his workload. NA-the floor every now doesn't get done a restorative aide or On 6/13/14, at 8:3 administrator and interviewed and differ call logs audits were no logs "Our check with the masked how the fact staffing coordinate administrator state we don't adjust for asked about the staffing coordistations and each Day & Evening shestation 1- one nu-Station 2- two nu-Station 3& 4 one (Nurse and TMA) have one NA each Facility had Escondition 1- one nu-Station 1- one nu-Station 2- one nu-Station 3& 4- one Station 3	I further stated "I get pulled to wand then, the restorative and I work days, there is not a nevenings." 1 a.m. to 9:36 a.m. the the staffing coordinator were uring the interview when asked the administrator stated there system is really old and I will intenance director." When cility determined staffing the or stated by case mix and ed "We have a set pattern and recensus up or down." When staffing patterns for each shift mator stated there were four station was different: ifts irse, one TMA and one NA reses and four NA's nurse, one TMA and one NA go between the units but units in) ort and restorative NA's assigned on.m. to 7:00 a.m. arse & one NA arse & one NA covers and both units					
	When asked if the staff, the staffing used 24 hour & S the staffing coord 26 this year, there	no help with rounds in other units e facility used nursing agency coordinator stated the facility foul Care pool staff. In addition linator stated "Before February e was at least 3 pool staff thift and this has been really					

1. J. L., 1. V. 1. L., 1	TO LOUIS MILLOTORIAL	C MEDIOTHE CENTROLS	·····		***************************************		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		245203	B. WING			06/1	3/2014
	PROVIDER OR SUPPLIER A AT BRYN MAWR			STREET ADDRES 275 PENN AVEN MINNEAPOLIS			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH	VIDER'S PLAN OF CORRECTI CORRECTIVE ACTION SHOUL REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
F 353	Administrator also nursing leadership not have the guidar have brought in sorthat is training staff padding on the pre When asked if staf with incidents such patterns the admin do that about a mo back who was work happened." When asked if the concerns about stat have heard that St which can be mand departments and the members." When attention about stat done the administration about stated they are now have broughts with them. About a did not know how administrator furth another social wor and also planning Psychiatric technic Staffing was changed to safety chand have suggesting the soughts and currently nurse's hours from continuity of care, even do safety chand have suggesting the soughts and have suggesting the soughts and have suggesting the soughts and have suggesting the soughts are soughts and have suggesting the soughts and have suggesting the soughts and the soughts are soughts are soughts and the soughts are soughts and the soughts are soughts and the soughts are soughts are soughts and the soughts are soughts	ministrator] started." stated "There was lack of here before and the staff did nce to do their work and now I meone who started on Monday for example not to apply extra ssure mattress." fing was tracked and trended as falls and if there were any istrator stated "We started to nth and a half ago and looking king when the incident resident council had brought aff don't get back to them	F 3	53			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245203	B. WING		06/1	3/2014	
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 353 F 412 SS=D	brought up for disc assurance meeting administrator state meeting since I have discussed" despite of the staffing cond The staffing policy 9:35 a.m. but was 483.55(b) ROUTIN	fing concerns had been ussion at the facility quality is held every three months, the difference at the facility quality is held every three months, the difference at the facility at a difference and that was not administrator had knowledge erns. was requested on 6/13/14, at not provided. IE/EMERGENCY DENTAL	F 353		The state of the s		
	an outside resource §483.75(h) of this covered under the dental services to resident; must, if n making appointme transportation to a must promptly refedamaged dentures. This REQUIREMED by: Based on observative, the facility services for 2 of 3 dentures did not fireviewed for dental Findings include: R57 had missing	must provide or obtain from e, in accordance with part, routine (to the extent State plan); and emergency meet the needs of each ecessary, assist the resident in ints; and by arranging for ind from the dentist's office; and er residents with lost or is to a dentist. ENT is not met as evidenced ation, interview, and document failed to ensure routine dental residents (R57, R111) whose t or were missing in the sample al status and services. and ill-fitting dentures and was up (f/u) dental services.		R57 has a dental appointment set 8/21/14 for evaluation of new de is being monitored for pain. R111 had a dental appointment of evaluation of new dentures. Residents requiring dental evaluations appointments scheduled. Nursing staff have received educed the expectation to place/remove based on individual resident presentation to the nurse for assessment/dental evaluations. education on proper storage of	entures. She on 7/1/4 for ations will eation on we dentures aference. g resident follow-up Staff receiv		

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: MKNW11

DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPL	E CONSTRUCTION	(X3) DATE SURVEY			
	F CORRECTION	IDENTIFICATION NUMBER:			and the second s	COMPLETED	
		245203	B. WING			06/1	3/2014
	PROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH		
IHE VILL	A AT BRYN MAWR	and the second s	ų	. N	IINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 412	R57 was observed survey conducted of times: On 6/1014, at 9:11 that it was hard to come times had paint stated that she had had broken. The loth that time in a dentucup, sitting on top of denture was observed on top of denture. No upper cup. On 6/11/14, at 7:3 observed on top of denture in it, dry, with denture. No upper cup. On 6/11/14, at 8:2 sitting in the dining denture was observed on the denture was observed on water covering television. No upper cup. On 6/12/14, at 11:3 observed in denture. On 6/13/14, at 9:4 no dentures in her that the lower denture was lost. R57 also and have told staff also reinstated, "It foods."	without dentures during the on the following dates and a.m. R57 stated at that time chew food and that she in when she chews. She also dentures before and that they wer denture was observed at the cup, dry with no water in of the television. No upper ved in the denture cup. 5 a.m. the denture cup was television with only a lower with no water covering lower denture was seen in denture 6 p.m. R57 was observed		412	Audits will be completed to observe With dentures weekly x 4 weeks an monthly x 2. Audit results will be reviewed by the Committee and ongoing audit sched determined. The Director of Nursing/designee is responsible for maintaining compliance.	d e QA dules	7/23/14

PRINTED: 07/02/2014 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

FAIR TAG FAIR T	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	TIPLE CONSTRUCTION NG	COMPLETED	
THE VILLA AT BRYN MAWR CX4) ID SUMMARY STATEMENT OF DEFICIENCIES SUMMARY STATEMENT OF DEFICIENCY SUMMARY STATEMENT OF CONFIDENCIAL STATEMENT OF C			245203	B. WING	and the second s		/13/2014
PRIEFIX TAG F412 Continued From page 172 Resident is edentulous, has upper and lower dentures (made in June of 2006). Staff to arrange dental flu for resident.* The continued Ross Represence of the Appropriate Orbital Resident is edentulous, has upper and lower dentures (made in June of 2006). Staff to arrange dental flu for resident.* The current June 2014 care plan included a diagnosis for Dysphagia Oropharyngeal Phase for R57. R57 was seen by dentist on 2/26/14, and the Clinical Notes Report noted "Pt. is edentulous. Pt. is reporting that she has lost her dentures and would like another set." The Minimum Data Set (MDS) dated 1/14/14, R87's Brief Interview for Mental Status (BIMS) indicated a score of 10 for R57 indicating moderately impaired cognition. The Care Area Assessment (CAA) dated 1/14/14, stated "Potential under Dental Care and that R57 has no teeth but does have dentures both upper and lower, and that R57 denies difficulty with chewing foods with dentures in place." Physician's Orders dated 6/5/14, included ground meat diet, honey consistency liquids due to aspiration. During interview with licensed practical nurse (LPN)-B on 6/12/14, at 8:18 a.m. LPN-B stated R57 did not fixe dentures. At 11/13 a.m. on 6/12/14, LPN-B stated that LPN-B did not know if R57 wanted dentures on to. On 6/12/14, at 9:32 a.m. nursing assistant (NA)-i stated to surveyor that she thought R57 did not have any dentures. On 6/12/14, at 3:17 p.m. registered nurse (RN)-B stated she was pretty sure R57 did not have dentures. The IDON was interviewed on 6/11/14, at 2:04			Parameter Production		275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
Resident is edentulous, has upper and lower dentures (made in June of 2006). Staff to arrange dental f/u for resident." The current June 2014 care plan included a diagnosis for Dysphagia Oropharyngeal Phase for R57. R57 was seen by dentist on 2/26/14, and the Clinical Notes Report noted "Pt. is edentulous. Pt. is reporting that she has lost her dentures and would like another set." The Minimum Data Set (MDS) dated 1/14/14, R57's Brief Interview for Mental Status (BIMS) indicated a score of 10 for R57 indicating moderately impaired cognition. The Care Area Assessment (CAA) dated 1/14/14, stated "Potential under Dental Care and that R57 has no teeth but does have dentures both upper and lower, and that R57 denies difficulty with chewing foods with dentures in place." Physician's Orders dated 6/5/14, included ground meat diet, honey consistency liquids due to aspiration. During interview with licensed practical nurse (LPN)-B on 6/12/14, R19. B stated that LPN-B did not know if R57 wanted dentures. At 11:13 a.m. on 6/12/14, LPN-B stated that LPN-B did not know if R57 wanted dentures or not. On 6/12/14, at 3:17 p.m. registered nurse (RN)-B stated she was pretty sure R57 did not have dentures. The IDON was interviewed on 6/11/14, at 2:04	PRÉFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETION
p.m. and she expected staff to follow the resident's care plan.	F 412	Resident is edentudentures (made in dental f/u for resid care plan included Oropharyngeal Ph R57 was seen by Clinical Notes Rept. is reporting that would like another The Minimum Dat R57's Brief Interviindicated a score moderately impair Assessment (CA/Potential under Eteeth but does hallower, and that Refoods with denture Physician's Order meat diet, honey aspiration. During interview (LPN)-B on 6/12/R57 did not have 6/12/14, LPN-B s R57 wanted dental a.m. nursing assistant she thought On 6/12/14, at 3: stated she was padentures. The IDON was in p.m. and she expended to the state of the state	alous, has upper and lower June of 2006). Staff to arrange ent." The current June 2014 I a diagnosis for Dysphagia hase for R57. dentist on 2/26/14, and the cort noted "Pt. is edentulous. at she has lost her dentures and r set." Ita Set (MDS) dated 1/14/14, ew for Mental Status (BIMS) of 10 for R57 indicating red cognition. The Care Area A) dated 1/14/14, stated Dental Care and that R57 has not be dentured by denies difficulty with chewing es in place." Its dated 6/5/14, included ground consistency liquids due to with licensed practical nurse 14, at 8:18 a.m. LPN-B stated dentures. At 11:13 a.m. on that that LPN-B did not know it stant (NA)-I stated to surveyor R57 did not have any dentures. 17 p.m. registered nurse (RN)-Earetty sure R57 did not have anterviewed on 6/11/14, at 2:04 pected staff to follow the				

PRINTED: 07/02/2014 FORM APPROVED OMB NO: 0938-0391

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/1	3/2014
	PROVIDER OR SUPPLIER A AT BRYN MAWR		27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 412	Continued From pa	age 173 requested but was not	F 412	***************************************	co.co/decadd/arminority	
	provided on 6/13/1		a managana da mana			
	had moderate cogni broken or loosely foliscomfort or diffic	S dated 4/1/14, identified R111 nitive impairment and no itting full or partial denture, no ulty with chewing. The CAA	AND ADDRESS OF THE STATE OF THE			
	one point but they them, and that he	cated R111 had dentures at did not fit so he does not wear had no difficulty chewing or xtures he knows he can				:
	was observed that was not wearing d dentures were at h did not wear them.	erview on 6/9/14, at 3:10 p.m. it R111 did not have teeth and entures. R111 stated his lome, but they did not fit so he R111 further stated he did not lat they served him.				
	During Interview of stated "well yeah" his dentures if the	n 6/12/14, at 1:19 p.m. R111 when asked if he would wear y were fixed.	orania di manana			
:	indicated R111 had inspection and ass	care plan dated 1/24/14, d no teeth, required oral sist with cleansing his mouth ular, ground meat diet as				
	household unit co-	w on 6/12/14, at 3:40 p.m., the ordinator (HUC), stated no at was completed and he had since admit, "he should have			- :	

During an interview on 6/13/14, at 8:40 a.m.

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245203	B. WING	-	06/13/2014	
	PROVIDER OR SUPPLIER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH INNEAPOLIS, MN 55405	· · · · · · · · · · · · · · · · · · ·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION	
F 412	registered nurse (F an assessment to I routine appointmer completed the CAA happened."	RN)-A stated it was routine after et the HUC know to set up a nt, but someone else A, "so I do not know what	F 412			
F 428 SS=D	The drug regimen reviewed at least of pharmacist.	of each resident must be nce a month by a licensed	F 428	F428 R17 had the Drug Regimen Review d 5/23/14 completed	ated	
	the attending phys	ust report any irregularities to ician, and the director of reports must be acted upon.	The control of the co	R24 had the Drug regimen Review do 5/24/14 completed. R57 had a new pain assessment com A new order has been received.		
	by: Based on interview facility failed to act pharmacist's ident	NT is not met as evidenced w and document review, the upon the consultant ified irregularities for 3 of 5 24, R57) reviewed for cations.	The control of the co	Staff have been educated on the use non-pharmacological interventions. Residents with a Drug Regimen Revidented 6/2014 have had them completed.	ew	
	R17 received antip 5 Milligrams (mg) at bedtime for orga R17's quarterly Mi 5/27/14, indicated	rders dated 5/7/14, indicated osychotic Olanzapine (Zyprexa) via Gastrostomy tube (G-tube) anic personality disorder. nimum Data Set (MDS) dated R17's diagnoses included y disorder, anti-social		Staff have been educated on the Importance of completing an AIMS Assessment schedule for completic	on.	
li .						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	/13/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 428	personality, depres dementia and apha indicated R17 rece days a week, had I directed towards o (CAA) dated 12/6/history of behavior anti-social persona stress, depression medications. The Geffect monitoring to R17's behavior call R17's behavior call R17 had behaviors administer medical efficacy and side epsychotropic medications and to the system Condensed monitoring the detardive dyskinesia potentially persiste antipsychotic (neuronsists of specificacy and ifferent are revealed R17's DI 10/31/13, and had completed 4/14, a overdue. During review of the monthly Medication 4/21/14, CP had in Movement Scale occurrence of TD medications due	ssion, seizure disorder asia. In addition the MDS ived an antipsychotic seven behavioral symptoms not thers. Care Area Assessment 13, indicated R17 had a long issues with diagnoses of ality disorder, post-traumatic and was prescribed the CAA directed medication side to be done. The plan dated 1/5/06, identified and directed R17 staff to tions as ordered, monitor for affects related to usage of cation. The Dyskinesia Identification and User Scale (DISCUS velopment and progression of (TD). Tardive dyskinesia is a port side effect of taking roleptic) medications. TD in column and the body form it was SCUS was last completed on I been Indicated was due to be and which was two months The consultant pharmacist (CP) on Regimen Review dated indicated "Abnormal Involuntary (AIMS - monitors the in patients receiving neuroleptic		Audits will be conducted weeks, then monthly x 2 compliance in follow-up Regimen Reviews. Audits will be reviewed by Committee to determine monitoring and intervent The Director of Nursing/d responsible for Maintain.	to assure on the Drug y the QA congoing tions. lesignee is ing compliance.	7/23/14	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DAT CON	(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	13/2014	
	PROVIDER OR SUPPLIER		- Control of the Cont	STREET ADDRESS, CITY, STATE, ZIP CO 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	DDE"		
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F 428	the Consultation R indicated R17 rece involuntary movem or DISCUS assess R17's record within last done 10/31/13 When interviewed interim director of facility "We had che pharmacist does not anymore" IDON versions to been completed at assessments in the When interviewed stated "During my AIMS assessment written a recomme up" GP further stated T17 was on an an needed to be completed any follow.	eport dated 5/23/14, CP had ived Olanzapine which causes tents including TD but an AIMS ment was not documented in the previous 6 months with . 6/12/14, at 10:46 a.m. the nursing (IDON) stated the anged to AIMS and the ot come out to DISCUS prilled the assessment had not fiter going through R17's e electronic record. on 6/13/14, at 2:20 p.m. CP 4/21/14, review I had indicated that month and I had endation for the facility to follow ted her expectation was since ti-psychotic the assessment pleted. The medical record through from the CP for the nendation in May 2014	F 42	28			
	Management police "6. When a licens consultant pharms must be document resident's progres recommendation the rejection of the R24's clinical recommendation to side effect."	Care Center Medication by revised June, 2010, directed ed nurse addresses the acist report/recommendation it need on the report and in the or the rejection and rationale for the report/recommendation" but lacked CP recommendations monitoring for the use of Haldol medications are used for orders).	3				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	/EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 428	R24's CAA for corchronic mental illingaranoia and "heac CAA for falls and 9/20/13, identified chronic schizophrhallucinations and unrealistic fears. information regarpertinent intervenhad "transitioned neuroleptic (antipedose had been "coulimonary embodrug use also data an antipsychotic consequences for hallucinations and identify the use offect of TD; the direction for the required limited parameters and extended the consequences of hallucinations and identified for the required limited parameters and extended the care plan darisk for side effects of treat schedused to treat schedused to treat schedused to treat schedused to treat schedused and identified expression and identified exp	nmunication identified R24 had less and R24 had symptoms of aring voices." The combined psychotropic drug use dated R24 had the diagnoses of enia with active auditory delusions which caused The CAA addressed pertinent ding R24's symptoms and tions. The CAA identified R24 to clozaril" as the "primary sychotic medication) and the trastically reduced" after a ism. The CAA for psychotropic and petential adverser the use of the medication as depression. The CAAs did not feld Haldol or the potential side CAAs lacked identification and monitoring for TD side effect. IDS dated 5/27/14, identified rely intact, had hallucinations and residual assistance from staff for ensive physical assistance from staff for elived antipsychotic medication.	Y The state of the	28			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIE LA AT BRYN MAWR		27	REET ADDRESS, CITY, STATE, ZIP COD 5 PENN AVENUE NORTH NNEAPOLIS, MN 55405	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 428	meds [medication order, monitor for ortho b/p [orthosts monthly" The care TD monitoring. The Medication F CP reviewed the 5/24/14. Although increase in Cloza scheduled psyche (scheduled). A Cl 5/24/14, identified recommended ar involuntary move that monitoring from changes. The clir recommendation Physician's Orde Haldol 1 mg (mill p.m. and 2 mg Price diagnoses of psy schizophrenia. The started on 10/25/25/25/25/25/25/25/25/25/25/25/25/25/	is] as per MD [medical doctor] side effects and efficacy with atic blood pressure] scheduled are plan lacked identification for degimen Review indicated the medication regiment last on the review identified an indicated the medication regiment last on the review identified an indicated and plogy appointment on 7/11/14 consultation report dated the lack of TD monitoring and massessment and monitoring for ments and, "It is recommended equency increase during dosage incal record lacked evidence CP is were acted upon. It is recommended equency increase during dosage incal record lacked evidence CP is were acted upon. It is recommended to give igram) by mouth (PO) at 4:00 O as needed (PRN) daily for the chotic anxiety and the ordered Haldol dose was 13; Clozaril 25 mg PO 1 tablet (TID) and 2 tabs PO at the hour ne orders indicated the Clozaril ed on 4/9/14 (a dosage change ased monitoring for involuntary				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP A. BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		245203	B. WING		06/13	3/2014	
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F 428	effects. The medication ad June 2014, identification for monitor on 6/13/14, at applicensed practical a side effect of Haunclear on TD side a.m. LPN-D stated used to monitor for AIMS to monitor for clinical record lack completed and verassessments lack On 6/13/14, at 10: and denied the promovements. At the observed to have On 6/13/14, at 10: and denied the promovements of the promovements of the promovements of the promovements. At the observed to have On 6/13/14, at 10: and denied the promovements of the promovement	ministration record (MAR) for ed R24 was monitored for of PRN Haldol. The MAR and Clozaril were administered but lacked identification or oring of TD side effects. In oximately 10:00 a.m. the nurse (LPN)-C verified TD was ided and Clozaril, but was a effect monitoring. At 10:15 if the DISCUS was no longer or TD and the facility used the or TD. LPN-D verified the red evidence an AIMS was rified the previous DISCUS and physician's signature. 39 a.m. R24 was interviewed became of involuntary at time of the interview, R24 was no involuntary movements. 42 a.m. the IDON stated at ear, the pharmacy stopped a quarterly AIMS assessment to the head of the interview as a control of the clinical recommendations for TD.	· · · · · · · · · · · · · · · · · · ·				
	documentation" a	nd verified TD monitoring sted with use of Haldol and					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	ODE	
(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 CO (EACH COHRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE COMPL	ETION
F 428	Continued From particles of Clozaril. CP was use had been made repain. During interview wall. R57 was asked any discomfort now discomfort such as hurting with no relial always have pain to right upper oute help with the pain. During an observative moving construction of the floor, was moaning "Aast on 6/11/14, at 7:4 sitting in her w/c k floor, moving both nursing assistant keep doing that you hurt." R57 continut to floor, wringing had with the pain of the floor, wringing had you hurt." R57 continut to floor, wringing had well as the floor of the floor, moving both nursing assistant of the floor of the floo	age 180 nolear if a recommendation garding TD monitoring for R24. Ith R57 on 6/10/14, at 9:03 and the question, "Do you have we or have you been having a pain, heaviness, burning, or ef?" R57 answered, "I almost on my right upper leg [pointing or thigh], it hurts a lot, pain pills tion of R57 on 6/10/14, at its observed in her wheelchair tantly back and forth in the w/c, of R57's head, stemping her reathing heavily, the resident	F 4			
eren eren eren eren eren eren eren eren	in the dining room tapping on the tab the table, stretchineyes At 7;58 a.m. R5 her hands, kicking and licensed prace R57 "You need to	was observed sitting in her w/c moving hands and fingers and ile, moving back and forth from ng head back while closing her was tapping on the table with the feet up and down a lot, tical nurse (LPN)-B stated to stop that or your legs will hurt." was tapping her hands on her	To the state of th			
1	ביי אניסיחס מיוווי שה	THUS LUPPING THAT HATTAG OFF THOS	1	The state of the s		***************************************

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING	E CONSTRUCTION		E SURVEY IPLETED	
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	PROVIDER OR SUPPLIER A AT BRYN MAWR		2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH IINNEAPOLIS, MN 55405		
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F 428	w/c, and wheeling moaning "Ow,ow, she had pain and - From 8:03 a.m. It toileted by NA-B a constantly move if the table, push he w/c, lifting feet up level, drumming for moaning "Awwww her back upwards backwards, wring forth from table, lipedestal hitting it loud enough to he NA-B was sitting was also in the di - At 9:09 a.m. R5 past the medicati down; she propel wringing her hand - From 9:11 a.m. lift her legs up an pushing herself b stretching back u "Awwwww!", and pounding feet up legs up, staring sher eyes. - At 9:16 a.m. R5 down the hall pasentrance door pot the floor, drumm "Awwwwww, Aww - At 9:18 a.m. N/c resident and stations are sident a	herself back from the table, ow,ow,ow!" NA-I asked R57 if R57 said "yes." until 9:02 a.m. when R57 was and NA-I, R57 continued to her hands and fingers, tap on reself back from the table in her and down almost to her knees bet up and down on table legs, w!" a few times, straightening and stretching her head ing her hands, moving back and fting feet up and down on table hard enough and making noise bear dishes clank on the table. At R57's table feeding R57. NA-I ning room. 7 wheeled herself down the hall on cart lifting her legs up and led herself to the entrance door ds. until 9:15 a.m. R57 continued to d down almost to her knee level, ack from table, wringing harids, p and head back going hitting feet to floor hard, and down hard on floor, holding traight ahead with glazed look to 7 wheeled herself in the w/c st the medication cart to the hunding her feet up and down on ing her fingers on the w/c, going www, Awwwwww." A-B walked in the hall past ed, "You back at the door 7 hitting her feet up and down or 8 hitting her feet up and down or 9				

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING _ B. WING 06/13/2014 245203 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 PENN AVENUE NORTH THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID COMPLETION (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) F 428 Continued From page 182 On 6/11/14, at 9:31 a.m. R57 was observed sitting in the dining room in her w/c looking at the television, lifting her hands up and down, wringing her hands, wheeling herself back and forth, stretching up in chair, lifting her legs up and down almost near knee level, pounding on the floor with her feet with her tennis shoes, drumming her hands on her w/c wheels, staring with a glazed look, and breathing slightly hard. - At 9:35 a.m. R57 was observed at entrance door to be wringing her hands, pushing herself back and forth in w/c, breathing heavily, and kicking door hard constantly. - At 9:36 a.m. staff took R57 to an activity. - At 1:01 p.m. R57 was found by surveyor lying in her bed in her room on her back, frantic looking with distressed look on her face, moving her legs all around, moving arms and hands constantly, agitated, stating she had pain when she saw surveyor. When R57 was asked if she could use her call light, R57 stated, "No, I don't know how to use my call light" and then R57 reached her left hand out towards left rail. R57 stated "my leg hurts" (pointing to her right upper outer side of thigh) and then rubbing her right upper outer leg with her right hand, kicking legs about with distressed look on her face. R57 had a glazed look to her eyes turning her head towards the left crying out, "Ow, ow" and wrung her hands. R57 had a reddened face with pained expression at that time crying out, grimacing, and rubbing the sides of her face vigorously while moving her whole body up and down in bed. NA-B was informed R57 had pain.

-At 1:08 p.m. LPN-B came into resident's room and said "[R57], I have something for pain", R57 stated "Owwww", eyes squinting, distressed look on her face, moving fingers saying "Owww, owwwww", rubbing face with hands. R57 cried out PRINTED: 07/02/2014

NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR SIMPLY STATEMENT OF DEFICIENCES OF PROVIDER OR SUMMARY STATEMENT OF DEFICIENCES OF PROVIDER OR SUMMARY STATEMENT OF DEFICIENCES OF PROVIDER OF P		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	(x2) MULTIPLE CONSTRUCTION A. BUILDING		
THE VILLA AT BRYN MAWR The VILLA AT BRYN MAWR 1			245203	B. WING		06	/13/2014
F 428 Continued From page 183 loudly "Owwwwww" when LPN-B and NA-B moved R57 up in bod, face grimacing, and face reddened. NA-B stated to R57 'you are in pain." - At 1:11 p.m. R57 was given a PRN (as needed) pain medication from LPN-B At 1:19 p.m. R57 stated to Story up right leg hurts all the time (while rubbing her right upper outer leg and her forehead). R57 also stated at this time "when I get the pain pill it helps with my pain." - At 1:35 p.m. R57 stated to LPN-B when asked she was feeling "better." R57's care plan dated 3/31/09, read "Meds [medications] as per MD [medical doctor] order. Monitor for side effects and efficacy." The plan also noted, "Resident's needs will be met while at HCC [health care center]. Staff anticipate needs when resident is not expressing them." Also the care plan for behaviors dated 3/31/09, staff were to received the read of the received when resident is not expressing them." Also the care plan for behaviors of hollering and klocking at desk. Staff were to remove R57 from excessive stimulation and try to calm R57 down with 1:1's. Staff were to bring R57 to her room to watch television to reduce grabbing food from peers. An addition to the care plan on 1/20/14, noted, "Potential for alteration in COMFORT related to hip fracture Jan 2014. The resident will verbalize she is comfortable through the review date. Monitor and record any indications of non-verbal pain. Changes in breathing (noisy, deep/shallow, labored, fast/slow) Vocalizations (grunting, moans, yelling out, silence). Mood/behavior (changes, more irritable, restless, aggressive, squirmy, constant moliton). Eyes (wide open/martow silings/int, glazed, tearing, no focus), Face (sad, cyring, worried, scared, clenched teeth, arimacina) Bodd (enen, figlid,			F management	27	5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
loudly "Owwwww" when LPN-B and NA-B moved R57 up in bed, face grimacing, and face reddened. NA-B stated to R57 "you are in pain." - At 1:11 p.m. R57 was given a PRN (as needed) pain medication from LPN-B. - At 1:19 p.m. R57 stated to surveyor my right leg hurts all the time (while rubbing her right upper outer leg and her forehead). R57 also stated at this time "when I get the pain pill it helps with my pain." -At 1:35 p.m. R57 stated to LPN-B when asked she was feeling "better." R57's care plan dated 3/31/09, read "Meds [medications] as per MD [medical doctor] order. Monitor for side effects and efficacy." The plan also noted, "Resident's needs will be met while at HCC [health care center]. Staff anticipate needs when resident is not expressing them." Also the care plan for behavlors dated 3/31/09, staff were to remove R57 from excessive stimulation and try to calm R57 down with 1:1's. Staff were to remove R57 from excessive stimulation and try to calm R57 down with 1:1's. Staff were to bring R57 to her room to watch television to reduce grabbing food from peers. An addition to the care plan on 1/20/14, noted, "Potential for alteration in COMFORT related to hip fracture Jan 20/14. The resident will verhalize she is comfortable through the review date. Monitor and record any indications of non-verbal pain: Changes in breathing (noisy, deep/shallow, labored, fast/slow) Vocalizations (grunting, moans, yelling out, silence); Mood/behavior (changes, more irritable, resiless, aggressive, squirmy, constant motion); Eyes (wide open/narrow silts/shut, glazed, learing, nor focus); Face (sad, crying, worried, scared, clenched teeth, grimacing) Body (tense, rigid).	PREF	X (EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API	IOULD BE	COMPLETION
E CONTRACTO DE LA CONTRACTO DE LA CONTRACTOR DE LA CONTRA	F 4	loudly "Owwwww.moved R57 up in reddened. NA-B s - At 1:11 p.m. R57 pain medication file. At 1:19 p.m. R57 hurts all the time outer leg and her this time "when I pain." -At 1:35 p.m. R57 she was feeling "I R57's care plan of [medications] as Monitor for side e also noted, "Resi HCC [health care when resident is care plan for beh to reorient R57 for kicking at desk. Sexcessive stimula with 1:1's. Staff wwatch television peers. An addition noted, "Potential related to hip france who in the pain: deep/shallowlail (grunting, moans Mood/behavior (aggressive, squil (wide open/narro focus); Face (salenched teeth)	w" when LPN-B and NA-B bed, face grimacing, and face stated to R57 "you are in pain." was given a PRN (as needed) from LPN-B. The stated to surveyor my right leg (while rubbing her right upper forehead). R57 also stated at get the pain pill it helps with my stated to LPN-B when asked better." Itated 3/31/09, read "Meds per MD [medical doctor] order. Iffects and efficacy." The plan dent's needs will be met while a center]. Staff anticipate needs not expressing them." Also the aviors dated 3/31/09, staff were to remove R57 from atterned to reduce grabbing food from not the care plan on 1/20/14, for alteration in COMFORT composition of Changes in breathing (noisy, pored, fast/slow) Vocalizations of Changes, more irritable, restless rmy, constant motion). Eyes pow slits/shut, glazed, tearing, no d, crying, worried, scared, primacing) Body (tense, rigid, primacing) Body (tense, rigid,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER _A AT BRYN MAWR	F		STREET ADDRESS, CITY, STATE, 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		TION SHOULD BE COMPLETION DATE
F 428	physician if interver current complaint is residents past expersor alteration in cornon-pharmalogical into place for R57. R57's record include Minimum Data Set indicated R57 had Brief Interview for indicating R57 had cognition. The sign 1/14/14, and corre Assessment (CAA had complaints of R57 could not put Oxycodone (pain of therapies as she refracture. The Pain MDS as documented no pain Assessment identification system information was resident and under Commer Pain Assessment identification system information was resident and under Complaints of pair (a mild analgesic) read under Commercial information was read under Commercial information was resident and complaints of pair (a mild analgesic) read under Commercial information was read under Commercial information information was read under Commercial information informat	age 184 Intions are unsuccessful or if it is a significant change from erience of pain." The care plan infort lacked evidence of any pain interventions being put ided a significant change (MDS) dated 1/14/14, which scored 10 out of 15 on the Mental Status (BIMS), moderately impaired ifficant change MDS dated sponding Pain Care Area (a) dated 1/20/14, indicated R57 moderate pain daily in which a number to the pain, utilized medication) for positioning and acovered from right hip sessment dated 4/11/14, ain for R57 and read under torative program set up after trapy following hip fracture ents reads: "denies pain." The lacked a consistent pain scale and not provided. Sessment dated 4/15/14 and in almost constantly, can hardly is limited day to day activities, scale of pain moderate, vocal in resident has order for Tylenol PRN, Oxycodone PRN" and ments: "Resident has right hip fx pain daily." The Pain MDS ad the pain intensity number on		428	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING	ECONSTRUCTION	(X3) DATE SURVEY COMPLETED			
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F 428	a scale from 00 the lacked evidence interventions being evidence of rating pain. The Pain Apain scale identification in the pain the seems day. She notices attempting to use has been having initially fractured ago." NP's 4/18/ under Assessment femoral neck frathemiarthroplastic continues to expand off. She did will control." No furth the medical recomposed from the pain at the pain in the progress N forward and the on 4/25/14, at is slightly swolle on 5/31/14, rein right hip, she grabbing at her	nrough 10. The pain assessment of any non-pharmalogical pain ag assessed for R57 and lacked the intensity of R57's daily assessment lacked a consistent ication system to rate R57's ation was requested and not and the NP's Progress Note with the patient today reveals to have occasional right hip to come and go throughout the it primarily when she is the legs to move her w/c. She pain in the right hip since she her right hip several months 14, progress note also read, and Plan read "History of right octure, status post y in January 2014. The patient erience pain in the right hip on have a fall on March 2nd. We in p.r.n. Oxycodone for pain her documentation was found in ord involving any communication is staff to NP regarding R57 having almost constantly in April 2014. Totes were reviewed from 4/25/14, following was noted: 8:20 p.m. "Right lower extremity in from hip to mid-thigh." ad, "Resident complained of pain was yelling she was in pain and right hip. Nurse gave PRN asked [R57] stated that she was					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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F 428	- On 6/11/14, at 2:2 [complain] leg pain 2.5ml [milliliter] x 1 bed resting at this - On 6/12/14, at 15 pain this shift, prowell." Physician Orders of tablets 650 milligrated for pain initiated 1/ hydrochloride (HC as needed for modern of the Medication Active reviewed from following was noted a pril 2014 MAR R57 on 4/4/14, and given on 4/4/14, and given on 4/4/14, and given on 4/4/14, and given on 5/2/14, 5/21/14 PRN Tylenol giver 'effective' for Resuland 5/21/14, adminot followed up for medication neithed progress note for June 2014 show time on 6/3/14, PRN Tylenol showed PRN Oxy 6/12/14, for leg pated for the progress of the control of the progress of the control of the progress note for June 2014 show time on 6/3/14, for leg pated for PRN Tylenol showed PRN Oxy 6/12/14, for leg pated for PRN Tylenol showed progress of the progres	this shift. PRN Oxycodone (a) 1:10 p.m., resident is in time." (c) 2 read, "Resident c/o leg at 8:30 a.m. seems to be doing dated 6/5/14, included Tylenol 2 ams (mg) po (oral) as needed 7/14, and oxycodone (b) 2.5 mg po every four hours derate pain initiated 1/20/14. Iministration records (MARs) an April 2014 forward and the dimoted PRN Tylenol was given to de 4/14/14, and PRN Oxycodone (14/14, 4/2414, 4/27/14, and notes PRN Tylenol given to R57, and 5/31/14, noting 5/31/14, in for leg pain and noted unitation of PRN Tylenol was a reffectiveness of pain r on back of MAR nor in a		28		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		245203	B. WING.		06/13/2014
	NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR		27	REET ADDRESS, CITY, STATE, ZIP COI 5 PENN AVENUE NORTH NNEAPOLIS, MN 55405	DE
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE COMPLETION
F 428	oxycodone was ef as the PRN medic documented as ef lacked evidence of system to monitor determine what we determine when Fithe PRN oxycodor PRN medications they were to be giveridence of re-assevery shift accord Protocol revised to the Medication Reconsultant pharm going forward. The irregularities to the parameters for the systems of the parameters of the systems of the protocol revised to the parameters for the systems of the parameters of the systems of the protocol revised to the parameters for the systems of the protocol revised to the parameters for the systems of the protocol revised to the parameters for the systems of the protocol revised to the parameters for the systems of the protocol revised to the parameters for the systems of the protocol revised to the parameters for the parameters for the protocol revised to the parameters for the paramete	fective in managing R57's pain sation was not being fective or not. The MARs if using a consistent rating the intensity of R57's pain to as "moderate" pain to R57 needed the PRN Tylenol or one to manage the pain. Both lacked parameters as to when ven for pain. The MARs lacked sessing R57's pain at least ing to the facility's Pain Clinical	F 428		
	tried to redirect R if R57 kept kickin sometimes comp - At 10:18 a.m. tr (TMA)-A stated th medications, and her legs hurt. TM R57's constantly that she would gi asks for it. TMA- PRN Tylenol in J with no follow-up medication noted TMA also verified evidence of docu	59 a.m. LPN-B stated that staff 57 as she hurt her hip, and that g her legs R57 would lain of leg pain. ained medication assistant hat R57 had no routine pain that R57 will scream and say A-A stated R57's legs hurt from kicking out. TMA-A also stated ve R57 a PRN Tylenol if R57 A verified R57 had been given une only on 6/3/14 and 6/8/14, for effectiveness of pain to the back of the MAR. The different the medical record lacked mentation for follow up for pain progress notes 6/3/14, or			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06	/13/2014
	PROVIDER OR SUPPLIER	Harding and the second		STREET ADDRESS, CITY, STATE, ZIP 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 428	6/8/14. - At 1:30 p.m. NA-ER57 had pain by Rasking for pain me - At 1:41 p.m. LPN fracture a couple of used to smoke. "[Fithe smoke room aldoor to get in." She redirect R57 when that you would know their facial express R57 would someting R57 would tell nurse if R57. - At 1:55 p.m. LPN of pain until she st under the table. Liftedirect R57 when her to stop, repositable, or watch tele - At 2:04 p.m. the (IDON) stated she resident's care pla	B stated that she knew when 57's crying out or by R57 dication. B stated R57 had a hip f months ago, and that R57 R57] continues to try to get into a [R57] kicks at the smoke e stated that staff tried to R57 did that. LPN-B stated aw if a resident was in pain by sion. LPN-B also stated that mes tell you if she was in pain. For pain medication but R57 she was in pain if nurse asked l-B stated R57 did not complain arted kicking the door and PN-B also stated staff tried to she kicked her feet by telling tion her, turn R57 away from exision. Interim director of nursing expected staff to follow an. When asked if staff had a pain management training the		428		
	did not monitor RE know if R57 had p screamed out. - At 3:17 p.m. regi reported her hip h RN-B stated she today at 8:30 a.m. "helpful." RN-B st	37 a.m. LPN-B stated nursing 57's pain and that staff would vain if R57 kicked the door or stered nurse (RN)-B stated R57 urting when she had pain. Gave R57 a PRN Oxycodone for pain and said it was ated R57 would start to rub her leg hurts" and then RN-B would (pain medication) and reposition	Action representation of the control			

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, , ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		245203	B. WING			3/2014
	PROVIDER OR SUPPLIEI	3	27	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH INNEAPOLIS, MN 55405	<u></u>	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
F 428	R57. RN-B stated and get R57 calm her, sit down with and give R57 Tyle On 6/12/14, at 2: and stated "did ne mid April 2014 remoderate pain." Non something for [R57] I will review 483.60(b), (d), (e LABEL/STORE Date of records of records of records are in or controlled drugs accurate reconciled drugs reconciled. Drugs and biologiabeled in accord professional prin appropriate acces instructions, and applicable. In accordance w facility must stor locked compartners.	RN-B was able to redirect R57 if she had time to spend with her, distract her, reposition her, enol if needed. 18 p.m. the NP was interviewed of remember if she was called garding R57 having constant NP stated, "She [R57] should be it [the pain], next time I visit her her pain." DRUG RECORDS, DRUGS & BIOLOGICALS employ or obtain the services of acist who establishes a system eipt and disposition of all in sufficient detail to enable an liation; and determines that drug der and that an account of all is maintained and periodically gloals used in the facility must be fance with currently accepted ciples, and include the essory and cautionary the expiration date when lith State and Federal laws, the e all drugs and biologicals in ments under proper temperature rmit only authorized personnel to	F 428		paired rator was medications R67 stroyed and ement e open	
	The facility must permanently affi	provide separately locked, xed compartments for storage of				

NAME OF	TE SURVEY MPLETED
THE VIL	
THE VIL	/13/2014
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(X4) ID PREFIX TAG	(X5) COMPLETION DATE
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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

OTAL EMELY OF BELL OF THE STATE		` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245203	B. WING		06/13/2014	
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR		2	STREET ADDRESS, CITY, STATE, ZIP COD 175 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	E		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL I LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE COMPLETION	
F 431	entered on 6/10/1 the night nurses of refrigerator temporated she would thermometer che The following well refrigerator at the supply of bisacocobowel evacuation analgesic), and Marchael Tuberculosis); inseve pressure/intrivith open-angle hypertension) evi	4, at 38 degrees. LPN-F stated were tasked to check the erature and log them in. LPN-F call maintenance to have the	F 431	The Pharmacy will audit mon and then quarterly, ongoing, expired medications and use label for open dates. Audit results will be reviewed Committee to determine one schedules and interventions.	for of the sticker by the QA going audit	
	station 2 North h two tubes of artif that were expired LNP-C verified th expired. On 6/11/14, at 1 station 1 treatme a tube of Nystati infections) for Ri Nystatin cream f house supply of moisturizer) exp cream (skin clea tube of Nystatin LPN-F verified th stated the expire	ons: 00 a.m. during inspection of the all medication cart, there were lotal tears eye ointments for R79 d on 11/12/13 and 11/30/13. The R79's eye ointments were see that are during inspection of ent cart, the following were found: the cream (used to treat fungal of expired 5/10/14; a tube of or R41 expired on 5/10/14; a ammonium lactate (skin ired 12/21/13; a Hibiclens 4% unser) for R47 expired 5/30/14; a cream for R67 expired 5/30/14; a cream for R67 expired 5/13/14. The medications were expired, and andy" will come to pick up the bin.				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY PLETED
		245203	B, WING		06/	13/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUNDS REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 431	station 2 North hall found two eye cintred dates labeled on more opened. LPN had no labels for one of the manufacturer' directed to "discarr medication was disconer." When the manufacturer' directed to "discarr medication was disconer." When the doctor's order for the manufacturer' directed to "discarr medication was disconer." When the doctor's order for the was no physelye ointment. LPN doctor's order for the was expired and note of the pills of cabinet when the pills or what we could not explain the were in the treatment in there. On 6/11/14, at 12 of oxycodone (paint of the pills of the pill	complete Labels: a.m. during inspection of the medication cart, surveyor ments for R79 that did not have redications as to when they. C verified the eye ointments pen dates. Beyor found an eye ointment e for R56 in the station 2 North a labeled in the medication tube. In the station of the medication one year after spensed or expired whichever he June 2014 Medication cord for R56 was reviewed, ician's order for the use of the C verified there was no he medication, the medication eeded to be discarded. 40 a.m. during inspection of the on room, surveyor found three to control diarrhea) 2 mg pills with treatment supplies/stock is, dressings, etc.). The ere not labeled as who will use the done with the pills. LPN-F why the three loperamide pills ent cabinet and how they were	F 43	31		

	10 1 OF TWIED TO MIN		040144471	LE CONCEDUCTION	(X3) DATE	CHRVEY
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION		PLETED
		245203	B. WING		06/	3/2014
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENÜE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 431	nursing (IDON) sta medications to be p carts. IDON stated medication cart au- expected to check medication opening IDON stated the re- should be maintain and to be "logged 4 med room refrige "every shift." IDO will be placed in a stock meds like Co- will be wasted. On 6/12/14, at 8:40 the nurse consultal expected the facility dates of medication medications were why pharmacy ser label for writing op drops to include at etc. had to be label they expire 42 day manufacturers lab would be earlier. On	e a.m. the interim director of ted she expected expired bulled from the medication the night nurses do weekly dits where nurses were for labels that include g dates and expiration dates. frigerator for medications led between 35-40 degrees twice daily "except for station erator which should be checked N stated expired medications bin and sent back to pharmacy; place, vitamins, insulins, etc. D a.m. consultant nurse (CN)-I, nt for the pharmacy stated she by to keep track of expiration last. CN-I verified open dates of every important and the reason at the medications with a sticker en dates. CN-I stated all eye deficial tears, Travatan, Xalatan, alled for open dates because after opening or on the lel for expiration date whichever cN-I stated medication				
	degrees. On 6/12/14, at 11: the station 1 medi thick frost build-up refrigerator tempe degrees. LPN-E v refrigerator had he cleaned or defros	the maintained at 36-46. 11 a.m., when LPN-E opened cation refrigerator, there was a cobserved. The medication rature was noted to be at 48 erified the medication eavy frosting and needed to be ted. LPN-E stated the not clean" and the temperature				

	CONTRACT INTERVIOUS IN THE	, while our control of the control o	· 		T:	TE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		245203	B. WING		06	/13/2014
.,	PROVIDER OR SUPPLIER		275	REET ADDRESS, CITY, STATE, ZIP CODE S PENN AVENUE NORTH NNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 431	logged for the med degrees on 6/10/14 temperature readin and verified there vereading on 6/11/14. On 6/12/14, at 12:14 the Temperature Loggested, the copincluding 6/11/14, verifientered "42" for 6/15 copy to submit to schecked the station 6/11/14, but did not medication room be write on the temperatures of medication room be write on the temperatures of medication to the modern of 6/12/14, at 2:44 assistant (MA)-H verfrigerator thermore reported to him on 6/12/14, stated he already for the mometer. On 6/13/14, at 10:9 Pharmacist stated refrigerators should degrees and outday bulled from medicaling the medical from medical pulled from medical pulled from medical stated heread to the medical pulled from medical pulled	rees. The last temperature ication refrigerator was 38 I. LPN-E entered the g of 48 degrees for 6/12/14, was no entry for temperature				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
		245203	B. WING			06/1	13/2014
	PROVIDER OR SUPPLIER	<u> </u>		27	REET ADDRESS, CITY, STATE, ZIP CODE 15 PENN AVENUE NORTH INNEAPOLIS, MN 55405		::
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 431	sheet for June 201 temperature of the degrees. As directed by the medications dated stored with proper incomplete, impropible returned to the destroyed. It was fureturn to pharmacy medications. The facility's Medic Procedure dated 5.	efrigerator Temperature Log 4 directed staff to maintain the refrigerator between 35-40 facility's policy on storage of 4/2007, medications should be labeling, and medications with ver, and incorrect labels should dispensing pharmacy or urther provided in the policy to or destroy outdated eation Disposal Policy and /2011, directed nurses to	F4	131			
	remove discontinue medication supply, place discontinued a secure location a "discontinued and further directed sta or outdated medica returned to the pharmation by Phyrevised on 3/16/11	ed medication "from resident's " The policy directed staff to and out-dated medications in and mark or identify them as subject to disposal." The policy aff to dispose off discontinued ations which could not be	· · · · · · · · · · · · · · · · · · ·	MAXIMATATATATATATATATATATATATATATATATATATAT			
	The Tylenol suppo Label Information I dated 10/10, direct suppositories at 68 The Mantoux solut Pasteur Limited da	sitory Package Insert and by Perrigo, New York, Inc. ted the facility to store the 3°-77°F or in a cool place. tion package insert by Sanofiated February 2013 directed the solution vial at 2° to 8°C (35°	Control of the Contro				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245203	B. WING			06/13	3/2014
	PROVIDER OR SUPPLIER A AT BRYN MAWR		:	27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH INNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	‹	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	- ;	(X5) COMPLETION DATE
F 431	Manufacturing date facility to "store ur	op package insert by Pfizer ad May 2011, directed the	F 4	31		THE STATE OF THE S	
F 441 SS≃F	refrigeration at 2° to shipment to the par- maintained at temp for a period not exc is opened for use, temperature up to The liquid Ativan para Laboratories, Inc. I the facility to store Temperature-Refri	tient, the bottle may be be be talled a bottle may be be be talled a bottle may be be be a bottle may be be be be a bottle may be stored at room 25°C (77°F) for 6 weeks. " ackage insert by Roxane Revised October 2012, directed the Ativan " at Cold gerate 2°-8°C (36°-46°F)."	F	141	<u>F441</u>	The second secon	
	Infection Control P	stablish and maintain an rogram designed to provide a comfortable environment and development and transmission action.	10000000000000000000000000000000000000		Then Infection Control Program, including documentation tools related to tracking employee infections, has been reviewed.	3 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	
	Program under wh	stablish an Infection Control	The Committee of the Co		Employee illnesses will be tracked for infection control purposes .	1	100000000000000000000000000000000000000
	in the facility;				The Infection Control Coordinator	-	
	should be applied	procedures, such as isolation, to an individual resident; and cord of incidents and corrective infections.	2222	,	Has been re-educated on the Expectation for tracking and reporting employees with infection	ons.	, P
	determines that a	ction Control Program resident needs isolation to d of infection, the facility must	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Staff have been educated o the purification of tracking illnesses and how the information will be utilized.	and the second s	

STATEMENT OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	TIPLE CONSTRUCTION ING		E SURVEY PLETED
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		245203	B. WING	ATTECT PROPERTY OF ALTHUR		13/2014
NAME OF PROV	IDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP 275 PENN AVENUE NORTH	CODE	
THE VILLA A	T BRYN MAWR			MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
(2) cool fro dir (3) ha ha pro (c) Pe tra inf	mmunicable disam direct contact will to The facility must have a stere each condition of the stere and washing is in of the stere and washing in of the stere and washing in of the stere and washing include: In 6/12/14, at 9:2 and of the st	st prohibit employees with a ease or infected skin lesions with residents or their food, if ransmit the disease. st require staff to wash their lirect resident contact for which dicated by accepted		Department Managers a Coordinator have been the process for notifying Coordinator. Audits will be completed weeks, then monthly x determine compliance. Audit results will be rev QA Committee to dete audit schedules and in The Infection Control C designee is responsible maintaining complian	the IC d weekly x 4 2 months to iewed by the rmine ongoing terventions. oordinator/	7/23/14

AND DUANT OF CODDICATION AND INTERIOR OF THE PROPERTY OF THE P		` ′	LTIPLE CONSTRUCTION DING	(X3) DATE SURVE COMPLETED		
		245203	B. WING		06/13/201	14
	PROVIDER OR SUPPLIER	Account of the control of the contro		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		OULD BE COMPL	(5) LETION KTE
F 441	program "three we not been to a QAA facility tracked empshe was unclear he tracked. On 6/12/14, at appregional clinical cofacility lacked tracked. Although the facilit Control policies for such as disinfection handwashing and lacked clear policie facilities infection on tlimited to track tracking of residen tracking logs, repofacilities infection clacked infection cowhich outlined assimonitoring and reputational and reputational programmers of the nurses' station resident calls, through the facilities. This REQUIREMED by: Based on observative we the facility tracked in the facility as a programmer to the facility and the facility and the facility tracked in the facility as a programmer to a programmer to the facility tracked in the facility and the facility tracked in the facility tracked in the facility tracked.	ation of the infection control eks ago" and verified she had meeting. When asked how the ployee infections, IDON stated ow employee infections were roximately 10:45 a.m. the insultant and IDON verified the sing of employee infections. If appropriately had infection various Standard Precautions in of care equipment, gloving, handling of linens, the facility is and procedures outlining the control Program, such as but ing of employee infections, it infections, use of the infection roting of infections and the control education. The facility introl policies and procedures ignment of infection control porting to QAA. NT CALL SYSTEM -BATH In must be equipped to receive uph a communication system ins; and toilet and bathing ENT is not met as evidenced ation, interview and document	F. C.	463 F463 R77, R78, R55, and R26 had lightsrepaired immediately. A house call light audit was completed to identify other residents call light function.		

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIP	LE CONSTRUCTION	(X3) DATE	
	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILDING		COMP	LETED
		245203	B. WING	Month States	06/1	3/2014
NAME OF F	PROVIDER OR SUPPLIER		l l	STREET ADDRESS, CITY, STATE, ZIP CODE		
THE VII I	A AT BRYN MAWR		ı	275 PENN AVENUE NORTH		
1116 4:64			<u>, </u>	MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	DBE	(X5) COMPLETION DATE
F 463	Continued From pa	age 199	F 463	3		
	R78, R55, R6, R26) who had a non-functioning		Staff have been re-educated		
	call light reviewed t	for environmental concerns.		on the expectation to		
	Findings include:			immediately report a proble	m	
	0 0/0/44 -17:00	the call light in the		with call light function to the	3	
. '	bathroom that was	p.m. the call light in the shared by R77 and four other		nurse. The nurse is expected		<u>i</u>
	residents was obse	erved to have a chain pull,		notify the Maintenance		
	observed to be in t	he "down position" upon Call light not functional when		Staff.		:
	checked. Bathroon	n shared with neighboring	THE PROPERTY OF THE PROPERTY O	wahring	:	
	room.	7 4 7	-	The Maintenance Staff was		
	-At approximately (RN)-R verified the	7:15 p.m. registered nurse e call light was not consistently		re-educated on the expectat	ion	
	functional, RN-B m	noved the switch up and down;		to check the Maintenance R	epair	:
	the light outside th	e door activated sporadically nengaged. RN-B then stated		Books daily.		
ŀ	she would report the	he issue to maintenance; her				
: ::	supervisor. RN-B f	further stated "It's written in an		Audits will be completed to		
	orange book."			check call light function		
	On 6/10/14, at 10:	00 a.m. rechecked bathroom		weekly x 4 weeks, monthly		
	call light, remained activate fully.	d in the down position, did not	100 mm m m m m m m m m m m m m m m m m m	months. I suppor a	Livi	7
	On 6/10/14, at 1:4	8 p.m. when asked residents		The Maintenance Director/		
	that used the bath	room in both rooms NA-K		designee is responsible for		
	stated all the resid	lents were ambulatory and did om call light. NA-K also		maintaining compliance.		
	indicated all reside	ents were capable of using the		ille se entre d'action de marchine et au service et en la company de la		7/23/14
	call light. When as	sked if they required help with		11		//23/17
	walked into the ba	ated all residents except R77 athroom and walked out	en e	additions/www.		
	independently after				!	*
-	On 6/11/14, at 11:	15 a.m. rechecked the call light ne down position and was still	The second secon			Construction of the Cons
	not functioning an	d had not been fixed.				

	3/2014
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	and the second s
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 463 Continued From page 200 On 6/12/14, at 2:01 p.m. during the tour house-keeping and laundry manager, district manager and covering maintenance all verified the call-light was still in the down position and when call-light was pulled it did not activate and the maintenance director stated "It's not working." When informed that surveyor had reported the mailtunctioning call-light had been reported (6/9/14, maintenance stated he was not aware and the staff were supposed to write down any maintenance concerns in the maintenance log and the maintenance staff were supposed to go around daily to check the logs and fix the concerns but indicated the facility maintenance director was out on vacation this week. R77's diagnoses included below knee amputation and end stage renal disease obtained from the quarterly Minimum Data Std dated 5/29/14. In addition MDS indicated R77 required extensive assist of two with transfers, toileting and dressing. R78's quarterly MDS dated 4/14/14, indicated required supervision with toiletting and was independent with transfers. R6's quarterly MDS dated 5/12/14, indicated R6 was independent with toiletting and transfers. R6's quarterly MDS dated 5/26/14, indicated R6 was independent with toiletting and transfers. R78's quarterly MDS dated 5/26/14, indicated R6 was independent with toiletting and transfers. R78's quarterly MDS dated 5/26/14, indicated R6 required extensive assist with toileting, dressing and was independent with transfers. R78's annual MDS dated 5/26/14, indicated R6 required extensive assist with toileting, dressing and was independent with transfers. When interviewed on 6/12/14, at 3:01 p.m. RN-B stated she had reported the call-light not functioning to consultant registered nurse (CRN)	Estimation to The American

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		SURVEY PLETED
		245203	B. WING		06/	13/2014
	PROVIDER OR SUPPLIER		2	STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETION DATE
F 463	and had written the Maintenance Log with work order da signed as complet When interviewed stated RN-B had rher and had told F Maintenance Log call-light showed for four days since concern to the fact When interviewed stated "They need the Bryn Mawr Health Procedure dated will have a function with work and the stated to the stated to the stated will have a function with work as to the stated	e work order on the and showed surveyor the log ated 6/9/14, which had not been ed. on 6/12/14, at 3:34 p.m. CRN eported the call-light concern to RN-B to write it in the CRN acknowledged the nave been fixed and not waited a surveyor had brought the	F 463			
The state of the s						

PRINTED: 07/08/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 245203 06/11/2014 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 275 PENN AVENUE NORTH THE VILLA AT BRYN MAWR MINNEAPOLIS, MN 55405 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 K 000 INITIAL COMMENTS POC. 6k K67 W/AW for K67 FIRE SAFETY 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. 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. A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety. At the time of this survey, The Villa at Bryn Mawr 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 JUL 2 5 2014 (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care. IN DEPT. OF PUBLIC SAFETY PLEASE RETURN THE PLAN OF STATE FIRE MARSHAL DIVISION CORRECTION FOR THE FIRE SAFETY **DEFICIENCIES TO:** Healthcare Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145

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

St. Paul, MN 55101-5145, OR

TITLE

18/2014

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.

By email to:

aminionation

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '		CONSTRUCTION 1 - MAIN BUILDING 01		E SURVEY IPLETED
		245203	B. WING		- Company of the Comp	06/	11/2014
	PROVIDER OR SUPPLIER A AT BRYN MAWR	- 0	/1	27	REET ADDRESS, CITY, STATE, ZIP CODE 5 PENN AVENUE NORTH NNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	Marian.Whitney@s THE PLAN OF COLDEFICIENCY MUS FOLLOWING INFO 1. A description of volume to correct the deficited. 2. The actual, or provided and the second responsible for correct a reoccurred building with a partice constructed at 2 different and the second west that was detected at 2 different addition are occurred to the second responsible for correct and the second responsible for construction. Becauthe 1 addition are occurred to the second responsible for construction, the factoridors and second responsible for corridors and second responsible for correct the deficiency of the second responsible for correct the second responsible for correct the deficiency of the second responsible for correct the second responsible for corre	tate,mn.us RRECTION FOR EACH T INCLUDE ALL OF THE DRMATION: what has been, or will be, done ency. poposed, completion date. It title of the person ection and monitoring to ence of the deficiency. Care Center is a 3-story al basement. The building was ferent times. The original 3 constructed in 1967 and was Type II(222) construction. In ition was constructed to the rmined to be of Type II(222) use the original building and	K	000		150	
K 045	NOT MET as evide	42 CFR, Subpart 483.70(a) is need by: FETY CODE STANDARD	K	145	¥		

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	PLE CONSTRUCTION 3 01 - MAIN BUILDING 01		E SURVEY PLETED
		245203	B, WING		06/	11/2014
	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405	1 00.	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 045 SS=F	Illumination of mea discharge, is arrand lighting fixture (bulk darkness. (This do	ns of egress, including exit ged so that failure of any single b) will not leave the area in les not refer to emergency ace with section 7.8.) 19.2.8	K 048	K-45 The stairwell lights switches have removed.	e been	7-23-1
	Based on observation failed to provide ad accordance with LS practice can effect. Findings include: During facility tour to AM on 06/11/2014,	s not met as evidenced by: tion and interview, the facility equate emergency lighting in SC (00) 19.2.8. This deficient all residents. Detween 9:15 AM and 10:45 observation revealed that the				
K 066 SS=F	switches. Turning a the entire stairwell. This deficient pract maintenance direct inspection.	iny one off shuts off the light to	K 066	Metal containers with sen		7/23/14
35=F	(1) Smoking is protompartment where combustible gases, and in any other ha area is posted with	is are adopted and include no ing provisions: hibited in any room, ward, or e flammable liquids, or oxygen is used or stored zardous location, and such signs that read NO SMOKING onal symbol for no smoking.		Closing cover devices have been purchased and are found both in the in-door are Out-door smoking areas.	nd	11:63/14

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	, ,	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		245203	B. WING		06/11/2014	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 275 PENN AVENUE NORTH MINNEAPOLIS, MN 55405		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	(TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
K 066	(2) Smoking by patiresponsible is prohidirect supervision:(3) Ashtrays of non design are provided permitted.(4) Metal containers devices into which	ients classified as not ibited, except when under combustible material and safe in all areas where smoking is with self-closing cover ashtrays can be emptied are all areas where smoking is	К 04	66	195	
	Based on observat has failed to proper policy. This deficier residents. Findings include: On facility tour betwon 06/11/2014, obsthe Indoor and outdevidence that peop cigarettes and discombustible trash of this deficient pract	s not met as evidenced by: flons and Interview, the facility fly enforce the facility smoking it practice could affect all freen 9:15 AM and 10:45 AM fervation revealed that at both floor smoking areas, there is fle are extinguishing their flaring them into the floor are the time of the	8 =			
K 067 SS=F		FETY CODE STANDARD	K 06	57		

	OF DEFICIENCIES OF CORRECTION	(X1) P.ROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DAT COM	E SURVEY IPLETED
		245203	B. WING		7	06/	11/2014
NAME OF PROVIDER OR SUPPLIER THE VILLA AT BRYN MAWR			2	TREET ADDRESS, CITY, STATE, ZIP CODE 75 PENN AVENUE NORTH MINNEAPOLIS, MN 55405			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 067	Heating, ventilating with the provisions in accordance with	, and air conditioning comply of section 9.2 and are installed	К	067	K-067 Plenum Waiver K 84 Attached		
	Based on observation to be verified that and air conditioning accordance with the NFPA 90A, Section system could affect Findings include: During the facility to 10:45.AM on 06/11, that the ventilation appears to be utilized air plenum for the respect to the section of the results of the section of the se	our between 9:15 AM and /2014, observation revealed system for the 1967 corridors ing the egress corridor as an esident rooms.					
		n					



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7013 2250 0001 6356 5187

July 2, 2014

Ms. Patsy Voelker, Administrator The Villa at Bryn Mawr 275 Penn Avenue North Minneapolis, Minnesota 55405

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5203023

Dear Ms. Voelker:

The above facility was surveyed on June 9, 2014 through June 13, 2014 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, Compliance Monitoring 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 <u>only a suggestion</u> 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.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). 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.

The Villa at Bryn Mawr July 2, 2014 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.

When all orders are corrected, the order form should be signed and returned to:

Gloria Derfus, Unit Supervisor Minnesota Department of Health P.O. Box 64900 St. Paul, Minnesota 55164-0900 Telephone: (651) 201-3792

Fax: (651) 201-3790

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 me.

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.

Please feel free to call me with any questions.

Sincerely,

Dire Klegge

Anne Kleppe, Enforcement Specialist Licensing and Certification Program Division of Compliance Monitoring Minnesota Department of Health

Email: anne.kleppe@state.mn.us

Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility

Licensing and Certification File

Sheehan, Pat (DPS)

From:

Sheehan, Pat (DPS)

Sent:

Friday, July 25, 2014 4:05 PM

To:

'rochi Isc@cms.hhs.gov'

Cc:

robert.rexeisen@state.mn.us; 'pvoelker@villahc.com'; Dietrich, Shellae (MDH); 'Fiske-

Downing, Kamala'; Henderson, Mary (MDH); 'Johnston, Kate'; Kleppe, Anne (MDH);

Leach, Colleen (MDH); Meath, Mark (MDH); Zwart, Benjamin (MDH)

Subject:

Villa At Bryn Mawr (245203) 2014 K67 Annual Waiver Request - Previously Approved -

No Changes

This is to inform you that Villa At Bryn Mawr is again requesting an annual waiver for K67, corridors as a plenum. The exit date was 6-13-14.

I am recommending that CMS approve this waiver request.

Patrick Sheehan, Fire Safety Supervisor

Office: 651-201-7205 Cell: 651-470-4416 Health Care & Corrections Fire Inspections

Minnesota State Fire Marshal Division Est. 1905 445 Minnesota St., Suite 145, St Paul, MN 55101-5145

FAX: 651-215-0525 Web: fire.state.mn.us

Name of Facility

275 Penn Avenue Morth Villa at Bryn Mawr Minneapolis, Minnesota 55405

2000 CODE

PART IV RECOMMENDATION FOR WAIVER OF SPECIFIC LIFE SAFETY CODE PROVISIONS

adversely affect the health and safety of the patients. If additional space is required, attach additional sheet(s). For each item of the Life Safety code recommended for waiver, list the survey report form item number and state the reason for the conclusion that: (a) the specific provisions of the code, if rigidly applied, would result in unreasonable hardship on the facility, and (b) the waiver of such unmet provisions will not

Date	Office	Title	Fire Authority Official (Signature)
Date	Office	Title	Surveyor (Signature)
The facility has obtained an approval plan of correction for any other fire safety deficiencies. This annual/continuing waiver has been approved in the past.	proval plan of correction for has been approved in the pa	 The facility has obtained an approval plan of correction for any This annual/continuing waiver has been approved in the past. 	
The magnetic release containment corridor doors have been equipped with smoke limiting fire gaskets in all compartments to further restrict the transfer of smoke.	lent corridor doors have bee further restrict the transfer	 The magnetic release containment corridor doors have been equipped with smok gaskets in all compartments to further restrict the transfer of smoke. 	
Solo dottortion protes	ha complaint monitored or		
pers to eliminate shaft smoke	een modified with fire dam	Edition. 2. The existing HVAC system has been modified with fire damper.	
There will be no adverse effect on the building occupant's safety because: The building is protected by a complete fire sprinkler system that complies with NFPA 13, 199	on the building occupant's somplete fire sprinkler syster	 B. There will be no adverse effect on the building occupant's safety because: 1. The building is protected by a complete fire sprinkler system that complie 	
oproval for waiver of K-067.	K-056 deficiencies barring ap	6. There are no existing K-017 or K-056 deficiencies barring approval for waiver of K-067.	*
ntinue in use with modifications in	ystems can be allowed to co	Existing non-compliant HVAC systems can be allowed to cont #4.	Are being used as a Plenum.
work behind supply air registers in corridor on each floor for compartmentalization of smoke containment.	's in corridor on each floor fo	work behind supply air register containment.	90A 1999 Edition., Because the corridors
integrity. Existing HVAC system has been updated to provide for automated fire damners in existing duck	updated to provide for auto	 integrity. Existing HVAC system has been 	Section 9.2 and NFPA
walls, decreasing building structural	I to penetrate load bearing v	The ducted system would need to penetrate load bearing wa	Equipment does not
The building electrical system would need to be upgraded to support a new ducted system.	ed, 7/14/2014 for complying would need to be upgraded	 ine most recent estimate dated, 7/14/2014 for complying du The building electrical system would need to be upgraded to 	The building HVAV
մship because։	cause an unreasonable hard	m	K-067
	s being requested for K-067	A. An annual/continuing waiver is being requested for K-o67	K84
	JUST IN CATRON		



Gilbert Mechanical Contractors, Inc Gilbert Electrical Technologies 4451 West 76th Street Minneapolis, MN 55435 Phone: (952) 835-3810 Fax: (952) 835-4765

Company:	Plumbing • Electrical • Bryn Mawr Health Care	Date:	07/14/14
Street:	275 Penn Avenue	Project:	Bryn Mawr Health Care - Ducted
City/State:	Minneapolis, MN		Fresh Air to Resident Rooms - Station 1 & 2 North & South Wings
ATTN:	Craig Nicholson	Pages	2

Gilbert Mechanical Contractors will provide the necessary labor and materials to complete the following at 275 Penn Avenue in Minneapolis:

Installation of two 9 ton Aaon heat/cool 100% outside air roof top units and associated air distribution ductwork to directly serve air to resident rooms. Station 1 and station 2 south wings would be served by one roof top unit. Station 1 and station 2 north wings would be served by the second roof top unit. We are delivering air to a total of 38 resident rooms and the associated corridors for these stations beyond the fire doors. Ductwork will be run on the roof and penetrate above resident rooms and corridors. Ductwork will run through roof to a register in the second floor resident room and continue through a fire damper at the floor to a register in the first floor resident room. Two diffusers will be added to the corridors on each floor of the 4 wings. The installation of these systems will achieve 2 air changes of fresh air per hour in the resident rooms and 4 total air changes per hour in the corridor. Work specifically includes: 2 new Aaon double wall construction 100% outside air heat/cool roof top units, roof top unit curbs, duct penetration curbs, duct support bucks, roofing for all duct roof curbs, core drilling and saw cutting of holes through roof and floors, double wall insulated ductwork on roof, single wall externally insulated ductwork inside space, supply air registers & diffusers, fire dampers at penetrations through first floor ceiling, gas piping to new units, power wiring from main panel, discharge air temp control with space temperature override, control wiring, smoke detector inside unit. crane, professional mechanical engineering, drawing, labor, material, taxes, check/test/start, air balance and one year warranty

Amount: \$259,000.00 (budget price)

Add: \$1,300.00 to \$3,800.00 for structural engineering. Considering the unique design of the roof and floor, we recommend that structural engineering is performed in connection with the holes and roof top placements.

Add: \$14,000.00 (rough approximate price) to have a general contractor install sheet rock enclosures around each of approximately 14 vertical ducts in the resident rooms as a result of this project. You may also want to have a contingency fund for patching and painting at penetrations (approximately \$5,000.00?)

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Exclusions:		
Work to be performed during normal working hours. We have not included any asbestos abatement.		
Existing AC and Heat system for the hallways will remain in place.		
Pricing is based on 2014 installation costs.	*a-	
Payment Terms: Project will be invoiced monthly as work progresses. Invoice t	erms are net 30 days.	
Proposed By: Accepted By: Gilbert Mechanical Contractors, Inc.	angu.	
Ed Dahlgren Date: 7/14/14	Date:	
Vice President, PE Print Name:		1