

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered May 17, 2022

Administrator Avera Granite Falls Care Center 250 Jordan Drive Granite Falls, MN 56241

RE: CCN: 245243

Cycle Start Date: April 29, 2022

#### Dear Administrator:

On April 29, 2022, a 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 isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

#### ELECTRONIC PLAN OF CORRECTION (ePoC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

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

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

#### **DEPARTMENT CONTACT**

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F"and/or an E tag), i.e., the plan of correction should be directed to:

Nicole Osterloh, RN, Unit Supervisor Marshall District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 1400 East Lyon Street, Suite 102 Marshall, Minnesota 56258-2504 Email: nicole.osterloh@state.mn.us

Office: 507-476-4230

Mobile: (507) 251-6264 Mobile: (605) 881-6192

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of

the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

#### 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 July 29, 2022 (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).

In addition, if substantial compliance with the regulations is not verified by October 29, 2022 (six months after the identification of noncompliance) your provider agreement will be terminated. 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.

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.

#### INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: <a href="https://mdhprovidercontent.web.health.state.mn.us/ltc\_idr.cfm">https://mdhprovidercontent.web.health.state.mn.us/ltc\_idr.cfm</a>

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 electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04 8.html

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.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health Licensing and Certification Program

Kumalu Fishe Downing

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: <u>Kamala.Fiske-Downing@state.mn.us</u>



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered May 17, 2022

Administrator Avera Granite Falls Care Center 250 Jordan Drive Granite Falls, MN 56241

Re: State Nursing Home Licensing Orders

Event ID: GXT511

#### Dear Administrator:

The above facility was surveyed on April 25, 2022 through April 29, 2022 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 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 and/or statute 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 order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04</a> 8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction

order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

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

Nicole Osterloh, RN, Unit Supervisor Marshall District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 1400 East Lyon Street, Suite 102 Marshall, Minnesota 56258-2504 Email: nicole.osterloh@state.mn.us

Office: 507-476-4230

Mobile: (507) 251-6264 Mobile: (605) 881-6192

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,

Kamala Fiske-Downing

Minnesota Department of Health Licensing and Certification Program

Kumalu Fiske Downing

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

PRINTED: 09/29/2022 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
		245243	B. WING			C <b>04/29/2022</b>	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, 250 JORDAN DRIVE GRANITE FALLS, MN 5624	, ZIP CODE		
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F 000 F 600 SS=D	abbreviated survey Your facility was fo with the requirement for I The following computer SUBSTANTIATED deficiencies cited at The facility's plan of as your allegation of Departments acceen rolled in ePOC, at the bottom of the form. Your electron be used as verificate Upon receipt of an onsite revisit of you validate that substantiated that substantiated in the form Abuse at CFR(s): 483.12(a) §483.12 Freedom Exploitation The resident has the neglect, misappropri	th 4/29/22, a standard was conducted at your facility. Und to be NOT in compliance nts of 42 CFR 483, Subpart B, Long Term Care Facilities.  Plaints were found to be: H5243017C (MN82967), with at F600, F607, F609, and F610.  In the formal compliance upon the prance. Because you are your signature is not required the first page of the CMS-2567 and submission of the POC will attorn of compliance.  In acceptable electronic POC, an aur facility may be conducted to antial compliance with the en attained.  In Meglect	F 0	000		6/2/22	
	includes but is not corporal punishme any physical or che	limited to freedom from nt, involuntary seclusion and emical restraint not required to medical symptoms.					
L ABORATOR'	 Y DIRECTOR'S OR PROVI	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE	

Electronically Signed 05/24/2022

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′		NSTRUCTION	СОМ	E SURVEY PLETED
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F 600	§483.12(a)(1) Not physical abuse, co involuntary seclus. This REQUIREME by: Based on intervie facility failed to enfree from abuse at (licensed practical against potential further facility failed to enfree from abuse at (licensed practical against potential further findings include:  Review of the 4/23 State Agency (SA) approximately 6:00 entered R1's room practical nurse (LF oral medication. R and wanted to waith that sip of water. Note that the provide mouth and advised then turned a short time attempting to force mouth. R1 was co LPN-A told R1 to adult!" and advised then turned to leave my room!". NA-A attempted to comf NA-A got R1 dressed by NA-A, reported to RN-A tinto his mouth and and choked as the his face". R1 reported.	use verbal, mental, sexual, or or or or proral punishment, or ion; ENT is not met as evidenced w and document review, the sure 1 of 1 resident (R1) was not mistreatment by 1 of 1 staff nurse (LPN)-A) and protected	F 6	Or for the Act price was Research and the Standard on Bin Pole sitt.	a 4/23/2022, VA was reported to alleged abuse on R1 as indication Plan was completed 4/25/20 or to going back on the floor. East provided at this time related to sident Rights, Vulnerable Adult regiver Boundaries. Resident Fights accompanied by a CNA while was been updated, when LPI accompanied by a CNA while was and Neglect and Care Given undaries on Non-complaint resimpleted on 5/24/2022. Addition ucation was assigned to LPN A mplete within 30 days. LPN A is reting with DON weekly x 4 ween Monthly x 1 year 6/01/2022. If was re-educated on Vulnera use and Prevention Plan and notatory Reporting on 5/11/2022 of feducation completed on 6/02 5/04/22, all licensed staff were oaded onto the MDH Nursing Foorting website, education was 5/11/2022 on ders at the Nursing Stations willicies and Instructions on reportility will protect all residents in lations by continued education ployees about abuse prevention proviewing residents with quality	ted on ction 2022, ducation o and R1 Care N A will working BL's, er idents al to ble Adult 2. All 2/2022. Home provided ith ting. similar with en,	
	however, LPN-A re	eportedly threatened R1 he had		aud	dits and reviewing with Resider	nt Rights	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	DENTIFICATION NUMBER.		P) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED	
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F 600	Continued From p	page 2	F6	500				
		then noted she had called the			educating families during Family C	ouncil		
	director of nursing				During resident interviews no finding			
		g (2011).			potential abuse suspected.	190 01		
	Review of the 4/2	7/22, 5 day investigation report			poterniar abase suspesses.			
		d the facility investigation			Definitions of types of abuse review	wed and		
		administered medication			discussion of examples of abuse a			
	unsafely. There w	as found to be "inappropriate"			appropriate time frames with each			
	verbal communic	ation "which caused initial			It is the policy of this facility to assi	st those		
		nges were made to the policy. In			who, because of physical and mer			
		nts that same day on 4/25/22,			disability or dependence on institut			
		ewed LPN-A who denied R1 had			services, are vulnerable to abuse of			
		his pills without difficulty. LPN-A			neglect: to provide safe services a			
		propriate comments" after she			environments; and to require the re			
		e incident was witnessed. LPN-A plinary warning. LPN-A agreed			of suspected abuse or neglect of the serve on going.	lose we		
		action. The facility identified the			serve on going.			
		ck" weekly with the DON and			5/19/2022-Vulnerable Adult Report	was		
		The investigation conclusion			discussed in QAPI which includes,			
		elt LPN-A was "remorseful" and			Quality/Infection Control Nurse, DO			
		ches" were discussed. LPN-A			Administrator, Support Nurses, Ca			
	was "off the week	end and did not return until			Manager, Environmental Services	and		
		was in place". The facility noted			Medical Director. It was determine			
		g with HR for additional			an ALL Staff meeting (In person) b			
		ucation to benefit nurse". The			competed along with the CBL train			
		tal abuse had occurred as res			is currently assigned and due 5/31			
		ulness, but was lucid that			All staff meeting held June 2nd, 20			
		porting the allegation to RN-A.			Review of Who is a Mandated Rep			
		ention in the investigation the ely suspended LPN-A after they			and review of Vulnerable Adult and Mandatory Reporting policy.	1		
		sychosocial harm had occurred			Compliance Requirements: Initiate	М		
		ot yet been re-educated. There			5/23/2022	۷ .		
		ation the facility interviewed			Resident Audits x 4 weeks, quality	of life		
		PN-A's co-workers, or resident's			survey questions and then monthly			
		f this had occurred in any other			on-going. Education provided during			
		did it address how R1 would be			Resident Council meeting regarding			
	kept safe from ful	rther abuse by LPN-A.			Resident Rights			
					Staff Audits x 4 weeks with differer	ıt		
		rterly Minimum Data Set (MDS)			departments regarding Mandated			
	identified he had	severe cognitive impairment and			Reporting and Definitions. Monthly	x 3		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		` ′сом	(X3) DATE SURVEY COMPLETED C	
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F 600	had a history of harequired extensive for bed mobility, traunit, dressing, toile required supervision diagnoses included Parkinson's diseas  R1's current, undate identified he was not hourly checks due behaviors identified and elopement attestaff were made aw R1 safe from poter  R1's current, undate noted to have some bugs, bees flying, to obsessing about his be allergic to bee some anaphylactic (life elercation to a bee strelated to untrue be and anger directed repetitive noises. Find with staff, and confict Staff were to redire that R1 may have we gets "fixated" on an how the facility was potential abuse.  Observation and In p.m., with R1 about "still upset" and "hu LPN-A tried to "force of the procession of the p.m., with R1 about "still upset" and "hu LPN-A tried to "force of the procession of the p.m., with R1 about "still upset" and "hu LPN-A tried to "force of the p.m. and "hu LPN-A tried to	Illucinations and delusions. He assistance of 1 staff person nsfers, locomotion on/off the ting and personal hygiene. R1 n of 1 staff for eating. R1's hallucinations, dementia, and e.  ed nurse aide care sheet of to eat in bed, he was on to wandering, and had has hallucinations, delusions, empts. There was no indication ware of interventions to keep	F 60	months and then quarterl On-going Annual Educati Adult and Abuse Policy at Reporting	on on Vulnerable	

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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F 600	told LPN-A he need didn't give him one tried to "force the smouth. R1 stated I felt caused by one throat. R1 reported medication in his me	ded a drink of water, but she LPN-A stood by his bed and poon with the meds" in his he "still had a sore throat" he of the pills sticking in his d after LPN-A forced the houth, he began coughing and bit the pills out "all over his h gotten into my eyes". R1 he "3rd time this had happened se", but he hadn't wanted to he. R1 didn't know the nurse's told him she would "shove the ht" and had "yelled" at him. R1 hipset" by the incident and it m. R1 reported he liked most d not had any problems with hig him his medication. R1 d signs of intimidation or fear	F 60			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION DING		TE SURVEY
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F 600	repeated the events corresponded with events. RN-A identification on her cell phomessage, and sental a.m RN-A was awreport the incident awas unsure how to DON returned here and said she was a "would take care of Enforcement as the physical abuse, and contact" Law Enforno concern with R1 already left the facibetween 7:00 a.m. was not scheduled RN-A identified two R3 that had previous LPN-A, but R2 had R3 had a known discome of the reports need to begin the instaff or residents as the night shift had a history of refusing reviously. R1 always being administered she had received pabuse, resident right annual training, who completed in the fa additional re-educations was a redications was a side of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the reported a reany cares or treatment and the factor of the reported a reany cares or treatment and the reported and the repor	s of the incident that NA-A's recollection of the fied she had contacted the one later at 8:33 a.m., left a a follow-up email at 8:55 are of the need to immediately and begin an investigation, but do so. RN-A reported the call after the email was sent, oming to the facility and it". RN-A had not called Law DON had stated it was "not deter was no need to cement. RN-A felt there was 's safety as LPN-A had lity at the end of her shift to 7:30 a.m. that morning, and to return "until the next week". additional residents R2 and asly voiced concerns about a history of fabrication, and slike of LPN-A, so "nothing had s" previously. RN-A felt no extigation or question other is "all the staff that had worked all left the facility". R1 had no medication administration and staff that had worked all left the facility and reporting in it is she thought had been all of 2021. She received no tion following the incident. Sident had the right to refuse tents, and the fact that R1 had	F	600		

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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F 600	returned later or recto attempt to adminimate adminimate returned later or recto attempt to adminimate returned later or recto attempt to adminimate returned later returne	quest a different staff person	F6	00			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G	, ,	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	E CTR		STREET ADDRESS, CITY, STATE, ZIF 250 JORDAN DRIVE GRANITE FALLS, MN 56241		
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F 600	policies and proced the DON every 4 whad not completed in her corrective ad informed this was hadditional infraction LPN-A continued to shifts and had not d'unavoidable". LPN staff member in att R1's room.  Review of the facili worked night shifts morning she was sto work night shifts morning she was removed from the work until after the investigation on 4/2 re-educated per he also no indication at to work with LPN-A another nurse availabuse if LPN-A wo services to R1 in the Interview on 4/28/2 identified she was responded to R1's into R1's room arou LPN-A had walked lying flat on his bac carrying a spoon conheld out the spoon need a drink". NA-some items and reminutes later and confidence in the spoon need a drink and reminutes later and confidence in th	dures. She was to meet with reeks for the next year. LPN-A and re-education as indicated ation. LPN-A had been her final warning and any as would result in termination. It work her regular scheduled cared for R1 unless it was sl-A was told to have another endance when she entered ty schedules identified LPN-A ending her shift the following cheduled. LPN was scheduled should have and suspended from facility had completed its 27/22, or after she could be another nurse was scheduled or how the facility would have lable to protect R1 from further and need to provide care or	F 60			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION ING	(X3	B) DATE SURVEY COMPLETED	
		245243	B. WING	· · · · · · · · · · · · · · · · · · ·	C		
NAME OF I	PROVIDER OR SUPPLIER		B. WING	STREET ADDRESS, CITY, STATE, ZIP (		04/29/2022	
	BRANITE FALLS CAI			250 JORDAN DRIVE GRANITE FALLS, MN 56241	JODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES :Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		
F 600	to say "NO!" and L shove the spoon in successful and at and spitting the me "Don't you spit at medication into Rathen stated, "Stop adult!" At that poin between LPN-A arok. LPN-A then to the room, R1 yelle LPN-A. NA-A report water and he be "didn't want to be a had completed protransferred him into went to report the 1/2 hour later. NA immediately to repwas upset and she him alone when he she had been intended to R1 had water, him". NA- A denied incidents of potent R1 or any other remade to R1's care abuse she was away Interview on 4/28/2 member (FM)-A ind LPN-A due to living mother had actual previously. She derough", which she	PN-A continued to attempt to noto R1's mouth. LPN-A was that time, R1 began coughing edication out. LPN-A stated, ne!" then put the spoon of 1's mouth once more. LPN-A acting like a child you are an not, NA-A intervened by stepping not R1. NA-A asked R1 if he was rned and as she was leaving d, "Get him out of my room!" to ported she had given R1 a drink regan to cry and stated, he a bother". NA-A identified she oviding R1's morning cares and to his wheelchair before she incident to RN-A approximately and another she was "so upset". NA-A reported reviewed by RN-A and also by the had arrived back at work later the she "definitely felt this was R1 had refused medication but LPN-A "would not listen to d knowledge of any previous ital abuse involving LPN-A with sidents. No changes were to prevent potential additional	Fé	600			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245243	B. WING				C <b>29/2022</b>
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(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 SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600	comments that LPN liked to tell him what R1 would also mak was visiting and LPFM-A identified the R1 had refused to had tried later. If he record that he had didn't understand wadminister his med FM-A stated R1 did into his room. He do never expressed to FM-A reported she incidents involving contacted her, she provide care for R1 to LPN-A working the available, a 2nd statendance if provide satisfied with that in literview on 4/28/2 identified she was non 4/23/22 at 8:33 received at 8:55 and therefore it was about a the facility The DON gave no begin an investigate RN-A and NA-A up been able to conner a.m. to 12:00 p.m. reported when she had denied any untand that R1 had tal morning. The DON she had gone ahead	N-A "didn't have patience", and at he had to do. FM-A stated the rude comments when she PN-A walked past his room. The had been other times when take his medication and staff the still refused then staff would done so. FM-A stated she why the nurse had not tried to dication later or let him refuse. If not like it when LPN-A came id not like her, but he had to FM-A he was afraid of LPN-A. Was not aware of other LPN-A, but when the DON had had requested LPN-A not and the tried to the night shift and limited staff aff person would be in ding care to R1. FM-A was	F6	00			

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	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP CO 250 JORDAN DRIVE GRANITE FALLS, MN 56241	DDE	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 600	All staff directly in complete a writte During a follow-up 4/25/22, LPN-A a acting like a child LPN-A document medications with forced him to take his mouth. The D staff or residents allegations of abut LPN-A. The DON any retraining and R1's care plan to contacted both the Resources depars should proceed. Not needed to be had no intent to his suspended LPN-she was not sche of 4/25/22. The I directed manager plan in place. LPI and received compum. The policies the DON reviewe with LPN-A who wacceptance. The education or reviewe with LPN-A or other stronfirmed she had any additional saft LPN-A had finished the facility at the facili	page 10  avolved were requested to a statement of the incident. by interview with LPN-A on dmitted to telling R1 to "stop ", and told him to not spit at her. ed R1 had swallowed his out difficulty and she had not be them, but that he had opened ON had not interviewed other to identify if they had also had use or misconduct against agreed LPN-A had not received d no additions were added to ensure his safety. The DON e administrator and the Human tment for direction on how she She felt law enforcement was notified. The DON felt LPN-A harm R1, therefore she had not A pending investigation because duled to work until the night shift DON identified facility policy ment to put a corrective action N-A was counseled by the DON rective action on 4/25/22 at 2:00 s on abuse were reviewed and d appropriate bedside manner verbalized understanding and boon confirmed no additional ew of the facility policies had other staff, nor had additional been interviewed to determine if onal areas of concern related to eaff members. The DON and not immediately implemented fety measures for R1 due to eaff her shift and was no longer in time she began her e agreed the SA should have	F6	600		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		245243	B. WING _			/29/2022
	PROVIDER OR SUPPLIER  GRANITE FALLS CAR	E CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241	•	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	later than 2 hours, investigation should had spoken with LF person in attendant when possible, but on duty staff of this indication LPN-A had board of Nursing a Review of the July Prevention Plan powillful infliction of inharm, pain or ment violations involving immediately, but not allegation is made, individual abuse provulnerable adult reservices from the fameasures to be taken abuse to that person the facility must entitle involving mistreatm immediately to the and to other official law. The facility must prevent further investigation is in proving mistreatm and the informed decand treatment and and/or treatment.	e allegation immediately but no and a comprehensive d have been conducted. She PN-A about having a 2nd ce when entering R1's room had not care planed or notified intervention. There was no ad been reported to the MN is required.  2021, Vulnerable Adult Abuse licy defined abuse as the ajury with resulting physical cal anguish. All alleged abuse are to be reported of later than 2 hours after the The facility was to develop an evention plan for each siding in the facility or receiving acility that includes specific cen to minimize the risk of on and other vulnerable adults. Insure that all alleged violations then to rabuse are reported administrator of the facility, is in accordance with State list have evidence that all are thoroughly investigated, and are potential abuse while the	F 60	0		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245243	B. WING				2 <b>9/2022</b>
	PROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 50 JORDAN DRIVE 6RANITE FALLS, MN 56241		0,2022
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 607 SS=D	S483.12(b) The faimplement written §483.12(b)(1) Proneglect, and explored implement written §483.12(b)(2) Est to investigate any §483.12(b)(3) Incliparagraph §483.9 This REQUIREM by: Based on intervie facility failed to to immediately suspiparactical nurse (LI of an investigation verbal abuse toward all corrective action LPN-A returning to protective measurabuse of R1.  Findings include: Review of the 4/2: State Agency (SA approximately 6:0 entered R1's roon practical nurse (LI oral medication. Fand wanted to was that sip of water. It	cility must develop and policies and procedures that:  hibit and prevent abuse, bitation of residents and president property,  ablish policies and procedures such allegations, and  ude training as required at	F6	607	CFR(s) 483.12 Training: LPN A was assigned addition CBL training including Vulnerable Addition reporting and Care Giver Boundaries How to manage Non-compliance. List currently on a Corrective Action Plate of 4/25/2022 which included review of Vulnerable Adult Reporting, Mandato Reporting and Resident Rights. LPN was directed not to enter R1 room with another employee in attendance. Call plan has been updated and staff have been educated regarding entrance in Resident 1's room. Weekly Audits completed regarding behavior and practices x 4 weeks and then monthly one year with LPN 1. Additional CBL were assigned to LPN A and was completed on 5/24/2022. 5/11/2022-Licensed Staff Meeting- Rof Vulnerable Adult Reporting Policy Mandatory Reporting. Education provi	ult s and PN A an as of ory N A ithout re e nto ly x 's	6/2/22

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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / 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 607	attempting to force mouth. R1 was could. R1 to "sadult!" and advised then turned to leave my room!". NA-A cattempted to comfor NA-A got R1 dressed dressed by NA-A, Freported to RN-A trinto his mouth and and choked as the his face". R1 reportimes previously, an however, LPN-A re "better keep quiet" miserable". RN-A the director of nursing and Review of the 4/27/ to the SA identified identified R1 was a unsafely. There was verbal communicated distress". No changereview of the event the facility interview choked and took his admitted to "inapproved was given a discipling to the corrective accommonthly x 1 year. The noted the facility fel different "approach was "off the weeke corrective action was "off the w	R1's oral medication into his aghing, spit, and yelled "NO!". Intop being a child! You are an R1 "not to spit" at her. LPN-A when R1 yelled, "Get out of affered R1 a drink of water and ort him as he began crying. In the subsequently had coughed pills reportedly "went all over the ted LPN-A had done this 3 and he was "going to let it go", portedly threatened R1 he had or she would "make his life then noted she had called the	F6	607	alleged allegation regarding abuse resident, how to keep the resident sand how to keep other residents sawithin the facility.  Resident interviews implemented 5/23/2022 utilizing Quality of Life Stool. Staff education provided on horecognize potential abuse at All Stameeting, review of the Vulnerable Aprevention plan on 6/02/2022.  Audits to be reviewed in QAPI cont compliance.  PROCESS:  1.Remove the alleged individual frof facility until further investigation.  2.Notify the DON and the Administral 3.File Vulnerable Report according appropriate time frames.  4.Is this a reportable crime, notify cagencies (County, Law Enforcements of Junterview other residents who coupotentially have been a victim as was 6.Interview staff on resident behavit mood, etc., that the alleged may have come in contact with or could have affected by. Witness statements developed for Abuse issues.  7.Corrective Action Plan, additional training, increased monitoring or potermination.  8. Complete all education prior to returning back to work.  9. Notify correct Licensing Board  Policy and Procedure updated to reabove processes 5/23/2022-Inform Placed in Binders at the Nurses staboth Neighborhood A and Neighborhood A not Neighborhood A n	safe fe  urvey by to ff sbuse inued  m the rator to the orrect nt) uld ell. or□s, eve been  essible  effect ation ution on	

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F 607	supplemental eductifacility noted mental had some forgetful morning when reportant morning when reportant was no mentacility appropriatel had determined psand LPN-A had not was also no indicated other residents, LP family to identify if resident care, nor okept safe from furth R1's 1/19/22, quartidentified he had so had a history of har required extensive for bed mobility, traunit, dressing, toile required supervision diagnoses included Parkinson's diseas	ration to benefit nurse". The all abuse had occurred as resoness, but was lucid that orting the allegation to RN-A. It ion in the investigation the y suspended LPN-A after they yechosocial harm had occurred to yet been re-educated. There it ion the facility interviewed IN-A's co-workers, or resident's this had occurred in any other did it address how R1 would be ner abuse by LPN-A.  Terly Minimum Data Set (MDS) evere cognitive impairment and allucinations and delusions. He assistance of 1 staff person insfers, locomotion on/off the ting and personal hygiene. R1 on of 1 staff for eating. R1's dihallucinations, dementia, and	F 603	Per Lorie Tjaden, DON		
	identified he was n hourly checks due behaviors identified and elopement atte	ot to eat in bed, he was on to wandering, and had d as hallucinations, delusions, empts. There was no indication ware of interventions to keep				
	noted to have some bugs, bees flying, to obsessing about hit be allergic to bee some anaphylactic (life e	ted care plan identified he was e hallucinations of seeing alking to himself, and s medication. R1 was noted to tings and had a past ndangering complication) ting. R1's "delusions" were				

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	PROVIDER OR SUPPLIER  GRANITE FALLS CAR	E CTR		STREET ADDRESS, CITY, STATE, ZIP CO 250 JORDAN DRIVE GRANITE FALLS, MN 56241	DE	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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 E		(X5) COMPLETION DATE
F 607	and anger directed repetitive noises. Fi withdrawing from car with staff, and confl Staff were to redirect that R1 may have we gets "fixated" on an how the facility was potential abuse.  Observation and Imp.m., with R1 about "still upset" and "hu LPN-A tried to "force reported he had be told LPN-A he need didn't give him one. tried to "force the symouth. R1 stated he felt caused by one of throat. R1 reported medication in his medication in	diefs about his family, anxiety toward his wife, and making at had behaviors noted of are and activities, had conflict ict with family and friends. It or help to resolve conflicts with family and/or staff when issue. There was no mention to keep R1 safe from future the incident identified he was rt" over the incident when e" him to take his meds. R1 en lying flat in bed, and had led a drink of water, but she LPN-A stood by his bed and boon with the meds" in his led "still had a sore throat" he of the pills sticking in his lafter LPN-A forced the outh, he began coughing and wit the pills out "all over his in gotten into my eyes". R1 is "3rd time this had happened e", but he hadn't wanted to a R1 didn't know the nurse's told him she would "shove the t" and had "yelled" at him. R1 pset" by the incident and it m. R1 reported he liked most not had any problems with g him his medication. R1 signs of intimidation or fear	F6	07			

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIF 250 JORDAN DRIVE GRANITE FALLS, MN 56241	<sup>2</sup> CODE		
(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 C (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD HE APPROPF	BE	(X5) COMPLETION DATE
F 607	NA-A came out of incident to her app 7:00 a.m RN-A li LPN-A and responde reported. Althorincident", she conmorning cares, de After NA-A had acallegation, RN-A rher morning medireport the allegatilater while she waresidents, R1 camwanted to talk with and oriented wherepeated the ever corresponded with events. RN-A ider DON on her cell pmessage, and ser a.m RN-A was a report the incident was unsure how to DON returned her and said she was "would take care of Enforcement as the physical abuse, and contact" Law Enfoncement as the physical abuse, and concern with Ralready left the fact between 7:00 a.m. was not scheduled RN-A identified two R3 that had previous process.	page 16 6:00 a.m. that morning when R1's room and reported the proximately between 6:30 to stened to allegation by NA-A of inded to her that would need to hugh NA-A "was upset over the tinued to assist R1 with his elaying reporting of the incident. Wised RN-A of the abuse eported she continued to pass cations and did not immediately on to the DON. A short time is passing medication to other need to fhis room and stated here here. RN-A noted R1 was alert in he came to speak with her. He has of the incident that in NA-A's recollection of the hone later at 8:33 a.m., left a not a follow-up email at 8:55 ware of the need to immediately and begin an investigation, but it odo so. RN-A reported the recall after the email was sent, coming to the facility and of it". RN-A had not called Law he DON had stated it was "not not there was no need to be common to the safety as LPN-A had cility at the end of her shift to 7:30 a.m. that morning, and do to return "until the next week". To additional residents R2 and ously voiced concerns about da history of fabrication, and dislike of LPN-A, so "nothing had tes" previously RN-A felt no additional residents R2 and the proviously RN-A felt no additional residents RN-A felt no addi	F 6	07			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
F 607	need to begin the instaff or residents as the night shift had a history of refusing repreviously. R1 always being administered she had received pabuse, resident right annual training, who completed in the far additional re-educational re-educatio	nvestigation or question other is "all the staff that had worked all left the facility". R1 had no medication administration may drank water first prior to medication. RN-A identified revious education online on its rights and reporting in itch she thought had been all of 2021. She received no tion following the incident. It is identified that the right to refuse ments, and the fact that R1 had he was offered his refusal and the appropriate been to stop and either quest a different staff person		607		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ACTION SHOULD BE COMPLET TO THE APPROPRIATE DATE	
F 607	his meds without room. LPN-A den mouth. LPN-A sta done anything wropresent in R1's ronot aware of any contacted by the 4/23/22, and was complaint with R1 contacted and tol on 4/25/22 in the to talk with her abcorrective action DON which include the facility abuse, policies and proceed the DON every 4 had not complete in her corrective actional infractional infraction	page 18 Ink of water, finished swallowing any difficulty, and she left the ited forcing the spoon into his ited she did not feel she "had ong". LPN-A reported NA-A was om providing cares. She was "issue" until she had been DON later that same day on informed there had been a . LPN-A reported she had been do to report to the DON's office afternoon as the DON needed out the alleged abuse. A colan had been presented by the led additional training, review of and a review of resident rights redures. She was to meet with weeks for the next year. LPN-A do and re-education as indicated action. LPN-A had been her final warning and any ons would result in termination. It to work her regular scheduled to cared for R1 unless it was N-A was told to have another ttendance when she entered	F6	607		
	worked night shift morning she was to work night shift 4/29/22. There wa removed from the work until after th investigation on 4 re-educated per halso no indication	ility schedules identified LPN-A is ending her shift the following scheduled. LPN was scheduled if 4/22/22, 4/25/22 through as no indication LPN-A had been a schedule and suspended from the facility had completed its 1/27/22, or after she could be a serior corrective action. There was another nurse was scheduled A or how the facility would have				

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	X (EACH CORRECTIVE CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
F 607	another nurse avail abuse if LPN-A work services to R1 in the Interview on 4/28/2 identified she was a responded to R1's into R1's room arout LPN-A had walked lying flat on his back carrying a spoon of held out the spoon need a drink". Nasome items and reminutes later and of spoon against R1's to say "NO!" and LI shove the spoon in successful and at the and spitting the me "Don't you spit at medication into R1' then stated, "Stop a adult!" At that poin between LPN-A and ok. LPN-A then turthe room, R1 yelled LPN-A. NA-A repoof water and he begoed "didn't want to be a had completed protransferred him into went to report the in 1/2 hour later. NA-immediately to repowas upset and she him alone when he she had been interview.	able to protect R1 from further ald need to provide care or	F 6	507		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245243	B. WING				C <b>29/2022</b>
	PROVIDER OR SUPPLIE BRANITE FALLS CA			250	REET ADDRESS, CITY, STATE, ZIP CODE  D JORDAN DRIVE  CANITE FALLS, MN 56241	<u>,                                      </u>	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 607	that day. NA-A sta abuse" by LPN-A. until he had water him". NA- A denici incidents of potent R1 or any other remade to R1's care abuse she was available, a 2nd sattendance if provisatisfied with that that that that a stisfied with that that a stisfied with that that a stisfied with that the nor abrupt. She recomments that LF liked to tell him will R1 would also may was visiting and LFM-A identified the R1 had refused to had tried later. If he record that he had didn't understand administer his me FM-A stated R1 dinto his room. He never expressed FM-A reported shincidents involving contacted her, shiprovide care for R1 to LPN-A working available, a 2nd sattendance if provisatisfied with that	R1 had refused medication refused in the bed knowledge of any previous tial abuse involving LPN-A with exidents. No changes were to prevent potential additional ware of.  R22 at 5:20 p.m., with family dentified she was familiar with g in the community and her lly worked with LPN-A escribed LPN-A as, "a little defined as she could be rude ported at times R1 would make PN-A "didn't have patience", and nat he had to do. FM-A stated ake rude comments when she PN-A walked past his room. Here had been other times when take his medication and staffine still refused then staff would done so. FM-A stated she why the nurse had not tried to dication later or let him refuse. It is in the had to FM-A was afraid of LPN-A. He was not aware of other gallows, but when the DON had a had requested LPN-A not the night shift and limited staff taff person would be in riding care to R1. FM-A was	F6	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
			A. DOILL			С	
		245243	B. WING			04/29/2022	
	PROVIDER OR SUPPLIER  BRANITE FALLS CAR	E CTR		STREET ADDRESS, CITY, STATE, ZIP C 250 JORDAN DRIVE GRANITE FALLS, MN 56241	ODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	D BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
F 607	on 4/23/22 at 8:33 areceived at 8:55 a.r therefore it was about arrived at the facility. The DON gave not begin an investigation RN-A and NA-A upbeen able to connea.m. to 12:00 p.m. reported when she had denied any unuand that R1 had take morning. The DON she had gone aheat after he had said 'N All staff directly invocomplete a written During a follow-up in 4/25/22, LPN-A adracting like a child", LPN-A documented medications without forced him to take this mouth. The DO staff or residents to allegations of abust LPN-A. The DON any retraining and reference department of the Resources	notified of the incident by RN-A a.m A follow up email was m The DON was out of town, but 10:30 a.m. when she y and began the investigation. direction to RN-A to report or on. The DON interviewed both on her arrival, but had not ct with LPN-A until about 11:30 on 4/23/22. The DON had spoken with LPN-A she usual incidents involving R1, ken his medications that I reported LPN-A had admitted d and given R1 his meds, IO", but denied forcing him. olved were requested to statement of the incident. Interview with LPN-A on mitted to telling R1 to "stop and told him to not spit at her. If R1 had swallowed his the difficulty and she had not them, but that he had opened N had not interviewed other identify if they had also had be or misconduct against greed LPN-A had not received no additions were added to not additions were added to administrator and the Human ment for direction on how she he felt law enforcement was offied. The DON felt LPN-A m R1, therefore she had not pending investigation because alled to work until the night shift DN identified facility policy ent to put a corrective action	F	607			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION  G		(X3) DATE SURVEY COMPLETED	
		245243	B. WING _		04	C / <b>29/2022</b>
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 250 JORDAN DRIVE GRANITE FALLS, MN 56241	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	RRECTION I SHOULD BE APPROPRIATE	(X5) COMPLETION DATE	
F 607	and received correp.m. The policies the DON reviewed with LPN-A who veracceptance. The education or review been provided to estaff or residents between eaddition LPN-A or other state confirmed she had any additional safe LPN-A had finished the facility at the time investigation. She been notified of the later than 2 hours, investigation should had spoken with Leperson in attendare when possible, but on duty staff of this indication LPN-A had board of Nursing and some staff of the later than 2 hours, investigation should be a spoken with Leperson in attendare when possible, but on duty staff of this indication LPN-A had board of Nursing and later than 2 hours, investigation should be a spoken with Leperson in attendare when possible, but on duty staff of this indication LPN-A had board of Nursing and later than 2 hours in a staff of this indication LPN-A had board of Nursing and later than 2 hours in a staff of this indication LPN-A had been staff of this indication LPN-A had some staff of th	areas of concern related to the shift and was no longer in me she began her agreed the SA should have eallegation immediately but no and a comprehensive dhave been conducted. She PN-A about having a 2nd at her entering R1's room and been reported to the MN as required.	F 60	7		
	Prevention Plan powillful infliction of inharm, pain or menviolations involving immediately, but nallegation is made individual abuse provulnerable adult reservices from the fameasures to be tall abuse to that personal infliction.	2021, Vulnerable Adult Abuse blicy defined abuse as the njury with resulting physical tal anguish. All alleged abuse are to be reported ot later than 2 hours after the . The facility was to develop an revention plan for each siding in the facility or receiving facility that includes specific ken to minimize the risk of on and other vulnerable adults.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245243	B. WING _			C / <b>29/2022</b>	
	PROVIDER OR SUPPLIER	E CTR		STREET ADDRESS, CITY, STATE, ZIP CO 250 JORDAN DRIVE GRANITE FALLS, MN 56241			
(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 ADEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 607	immediately to the and to other official law. The facility mu alleged violations a must prevent further investigation is in possible. Review of the Nove Rights and Responses and treatment and and/or treatment. Tright to be treated we respect.	eent or abuse are reported administrator of the facility, is in accordance with State at have evidence that all re thoroughly investigated, and er potential abuse while the rogress.  Ember 2021, Patient/Resident is ibilities policy identified a presentative has the right to esisions regarding the their care has the right to refuse care. The patient/resident has the with dignity, compassion and diviolations	F 60			6/2/22	
	neglect, exploitation must:  §483.12(c)(1) Ensurinvolving abuse, nemistreatment, inclusource and misapp are reported immed hours after the alleg that cause the alleg serious bodily injury the events that cause and do not retain the administrator of officials (including the adult protective serfor jurisdiction in lossessions).	onse to allegations of abuse, in, or mistreatment, the facility are that all alleged violations eglect, exploitation or ding injuries of unknown ropriation of resident property, diately, but not later than 2 gation is made, if the events gation involve abuse or result in y, or not later than 24 hours if se the allegation do not involve esult in serious bodily injury, to f the facility and to other o the State Survey Agency and vices where state law provides ing-term care facilities) in ate law through established					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  IG	COM	(X3) DATE SURVEY COMPLETED	
		245243	B. WING _			C <b>29/2022</b>	
	PROVIDER OR SUPPLIER  GRANITE FALLS CAR	E CTR	STREET ADDRESS, CITY, STATE, ZIP CODE  250 JORDAN DRIVE  GRANITE FALLS, MN 56241				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 609	procedures.  §483.12(c)(4) Repositive stigations to the designated represe accordance with St Survey Agency, wit incident, and if the appropriate correct This REQUIREMEI by:  Based on interview facility failed to ensand State Agency(\$hours of an allegatia abuse for 1 of 1 restake oral medication.  Review of the 4/23/State Agency (\$A), approximately 6:00 entered R1's room practical nurse (LP oral medication. R1 and wanted to wait that sip of water. Notems to provide more turned a short timattempting to force mouth. R1 was could LPN-A told R1 to "sadult!" and advised then turned to leave my room!". NA-A cattempted to comfor NA-A got R1 dresses		F 60	On 5/04/22, all licensed staff uploaded onto the MDH Nursi reporting website, education won 5/11/2022 on Policy Vulner Reporting and Mandatory Rep Verbiage in policies was upda reflect: Licensed staff was educated on reporting time lines for alle to the MDH  > 2 Hour time frame-abuse or bodily injury, Policy updated 5, > 24 Hour time frame- if the al violation does not involve abuserious bodily harm  Staff Weekly Audits x 4 weeks monthly on-going to review Mandatify abuse and know the preporting ongoing Audits will be brought to QAPI reviewed monthly.  Notify appropriate Licensing B	ng Home vas provided able Adult corting. ted to on 5/11/2022 ged abuse  serious /11/2022 lleged se or s, then andated ble to rocess of and		

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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	NAME OF PROVIDER OR SUPPLIER  AVERA GRANITE FALLS CARE CTR			STREET ADDRESS, CITY, STATE, ZIF 250 JORDAN DRIVE GRANITE FALLS, MN 56241	· · · · · · · · · · · · · · · · · · ·		
(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 C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 609	and choked as the his face". R1 reportimes previously, at however, LPN-A re "better keep quiet" miserable". RN-A the director of nursing Review of the 4/27 to the SA identified identified R1 was a unsafely. There was verbal communicated distress". No chang review of the event the facility interview choked and took his admitted to "inapprevias reminded the inwas given a disciple to the corrective action was "off the weeke corrective action was puplemental eduction of acility noted mental had some forgetful morning when report there was no mentacility appropriatel had determined ps and LPN-A had not was also no indicated.	he subsequently had coughed pills reportedly "went all over rted LPN-A had done this 3 and he was "going to let it go", portedly threatened R1 he had or she would "make his life hen noted she had called the	F 609	Per Lorie Tjaden RN DON			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245243	B. WING _		04	C / <b>29/2022</b>	
NAME OF PROVIDER OR SUPPLIER  AVERA GRANITE FALLS CARE CTR				STREET ADDRESS, CITY, STATE, ZIF 250 JORDAN DRIVE GRANITE FALLS, MN 56241	· · · · · · · · · · · · · · · · · · ·	·	
(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 C (EACH CORRECTIVE ACTION (EACH CORRECTIVE ACTION (EACH) (EA	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 609	family to identify if the resident care, nor of kept safe from furth was no indication supporting allegation administrator, SA, and R1's 1/19/22, quartidentified he had see had a history of harequired extensive for bed mobility, traunit, dressing, toile required supervision diagnoses included Parkinson's diseas Interview 4/28/22 and identified she had wand arrived about 6 NA-A came out of fincident to her apport 7:00 a.m RN-A list LPN-A and responde to the reported. Althout incident", she contimorning cares, dela After NA-A had advallegation, RN-A reher morning medic report the allegation later while she was residents, R1 came wanted to talk with and oriented when repeated the event corresponded with events. RN-A identifications and incidents in the report the event corresponded with events. RN-A identifications are incompleted.	this had occurred in any other did it address how R1 would be her abuse by LPN-A. There taff were re-educated to as of abuse immediately to the and law enforcement.  The entry Minimum Data Set (MDS) evere cognitive impairment and allucinations and delusions. He assistance of 1 staff person ansfers, locomotion on/off the ting and personal hygiene. R1 on of 1 staff for eating. R1's I hallucinations, dementia, and	F 60	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		` '		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED C	
		245243	B. WING _		04	/29/2022	
	PROVIDER OR SUPPLIER	RE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241		, <b>- V - V</b>	
(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 CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 609	a.m RN-A was aw report the incident was unsure how to DON returned her and said she was o "would take care oo Enforcement as the physical abuse, and there was no concent had already left the between 7:00 a.m. was not scheduled Interview on 4/28/2 identified she was responded to R1's into R1's room arout LPN-A had walked lying flat on his back carrying a spoon of held out the spoon need a drink". NAsome items and reminutes later and of spoon against R1's to say "NO!" and L shove the spoon in successful and at the and spitting the me "Don't you spit at medication into R1 then stated, "Stop adult!" At that poin between LPN-A an ok. LPN-A then turthe room, R1 yelled LPN-A. NA-A report the said spitting the medication into R1 then stated, "Stop adult!" At that poin between LPN-A an ok. LPN-A then turthe room, R1 yelled LPN-A. NA-A report the said spitting the medication into R1 then stated, "Stop adult!" At that poin between LPN-A an ok. LPN-A then turthe room, R1 yelled LPN-A. NA-A report the said spitting the medication into R1 then stated, "Stop adult!" At that poin between LPN-A an ok. LPN-A then turthe room, R1 yelled LPN-A. NA-A report the said spitting the medication into R1 then stated, "Stop adult!" At that poin between LPN-A an ok. LPN-A then turthe room, R1 yelled LPN-A. NA-A report the said spitting the medication into R1 the room, R1 yelled LPN-A. NA-A report the said spitting the medication into R1 the room, R1 yelled LPN-A. NA-A report the said spitting the medication into R1 the room R1 yelled LPN-A. NA-A report the return the room R1 yelled LPN-A. NA-A report the room R1 yelled LPN-A. NA-A report the return the room R1 yelled LPN-A.	age 27 It a follow-up email at 8:55 Ivare of the need to immediately and begin an investigation, but a do so. RN-A reported the call after the email was sent, coming to the facility and fit". RN-A had not called Law to DON had stated it was "not dothere was no need. RN-A felt tern with R1's safety as LPN-A to facility at the end of her shift to 7:30 a.m. that morning, and to return "until the next week".  It at 10:02 a.m., with NA-A working on 4/23/22 and had call light when LPN-A came und 5:45 a.m NA-A reported up the the bed where R1 was to k with a pillow under his head containing medication. LPN-A to R1 who responded, "No, It is A left the room to retrieve turned approximately 2 to 3 observed LPN-A shoving the seclosed mouth. R1 continued PN-A continued to attempt to to R1's mouth. LPN-A was that time, R1 began coughing edication out. LPN-A stated, ne!" then put the spoon of "s mouth once more. LPN-A acting like a child you are an act, NA-A intervened by stepping d R1. NA-A asked R1 if he was med and as she was leaving d, "Get him out of my room!" to orted she had given R1 a drink gan to cry and stated, he	F 60	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245243	B. WING _			C <b>/29/2022</b>	
	PROVIDER OR SUPPLIER	E CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241		ZOIZUZZ	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 609	"didn't want to be a had completed prov transferred him into went to report the ir 1/2 hour later. NA-immediately to repowas upset and she him alone when he Interview on 4/28/2 identified she was ron 4/23/22 at 8:33 a received at 8:55 a.r therefore it was absarrived at the facility. The DON gave no begin an investigati RN-A and NA-A upseen able to connea.m. to 12:00 p.m. confirmed no additifacility policies had agreed the SA and been notified of the later than 2 hours. had been reported required.  Review of the July 2 Prevention Plan powillful infliction of in harm, pain or ment violations involving	bother". NA-A identified she viding R1's morning cares and his wheelchair before she noident to RN-A approximately A stated she had not gone out the incident because R1 did not feel she should leave	F 60				
	allegation is made.	/Correct Alleged Violation	F 61	0		6/2/22	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION ING	(X3) DATE SURVEY COMPLETED	
		245243	B. WING			C <b>29/2022</b>
	PROVIDER OR SUPPLIEI			STREET ADDRESS, CITY, STATE, ZIP 250 JORDAN DRIVE GRANITE FALLS, MN 56241		
(X4) ID PREFIX TAG	(EACH DEFICIEN	UMMARY STATEMENT OF DEFICIENCIES H DEFICIENCY MUST BE PRECEDED BY FULL LATORY OR LSC IDENTIFYING INFORMATION)  TAG  PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 610	§483.12(c) (1) Haviolations are thore \$483.12(c)(2) Haviolations are thore \$483.12(c)(3) Preneglect, exploitation in the stigation is in \$483.12(c)(4) Reginvestigation is in \$483.12(c)(4) Reginvestigations to the designated representation and if the appropriate correct This REQUIREMI by:  Based on intervier facility failed to the allegation of abust residents (R1), erfurther potential and action was implementation was implementation. Findings include:  Review of the 4/2 State Agency (SA approximately 6:0 entered R1's room practical nurse (Li oral medication. Find wanted to was that sip of water. It	oonse to allegations of abuse, on, or mistreatment, the facility we evidence that all alleged roughly investigated.  vent further potential abuse, on, or mistreatment while the	F 6	LPN A has completed Vul Reporting and Care Giver How to manage non-comp Education was provided to 5/11/2022 regarding proce Allegations. Processes ha updated and added to the Reporting Policy. Immedi the alleged perpetrator, no Administrator and Director Filing the Vulnerable Adult within the appropriate time notifying Law Enforcemen Agency if this a reportable other residents are safe, in and residents that could be affected. Witness statement developed 5/23/2022 to he interview process and detailed.	Boundaries and coliance. To staff on esses of Abuse are been Mandatory atte removal of cotification of the r of Nursing, at report to OFHC es frame and att or County es crime. Ensure anterview staff the potentially ents have been elp with the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			COME	SURVEY PLETED	
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NAME OF	PROVIDER OR SUPPLIER	₹ 	1	STI	REET ADDRESS, CITY, STATE, ZIP CODE	1 0-1/2		
				250	0 JORDAN DRIVE			
AVERA (	BRANITE FALLS CA	RE CTR		GF	RANITE FALLS, MN 56241			
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 610	returned a short tin attempting to force mouth. R1 was co LPN-A told R1 to "adult!" and advise then turned to leave my room!". NA-A attempted to comf NA-A got R1 dress dressed by NA-A, reported to RN-A tinto his mouth and choked as the his face". R1 reportimes previously, a however, LPN-A re "better keep quiet" miserable". RN-A director of nursing Review of the 4/27 to the SA identified identified R1 was a unsafely. There we verbal communicated distress". No chan review of the eventhe facility intervier choked and took hadmitted to "inapp was reminded the was given a discip to the corrective a DON would "check monthly x 1 year." noted the facility fedifferent "approach was "off the weeked was "off the weeked was "off the weeked as "off the weeked was "off	me later, LPN-A was seen e R1's oral medication into his ughing, spit, and yelled "NO!". Istop being a child! You are and R1 "not to spit" at her. LPN-A we when R1 yelled, "Get out of offered R1 a drink of water and fort him as he began crying. Sed at that time. After getting R1 came out of his room and that LPN-A had "shoved pills" If he subsequently had coughed be pills reportedly "went all over orted LPN-A had done this 3 and he was "going to let it go", eportedly threatened R1 he had or she would "make his life then noted she had called the	F 6	510	suspected abuse allegations to be false. These reports will be used a of the investigation and reported to within in 5 days of initial report. No appropriate Licensing Board of surabuse.  The Avera Granite Falls Abuse Pre Plan consists of the following 7 components:  1. Prevention  2. Screening  3. Identification  4. Training  5. Protection  6. Investigation  7. Reporting/response  All Staff Meeting Discussion: Vulne Adult Reporting Avera Granite Fall maintain a proactive approach to i events that may contribute to abuse and/or neglect. Risk factors will be identified within our population include asse process, mental and physical disabilities of those we serve, staff factors to include scheduling pract turnover rates, absenteeism and owork life. Training provided to empon dealing with appropriate interversion for aggressive or challenging behavior aggressive and frustrations that may lepotential abuse.  Process and Vulnerable Adult Prevention and the process and vulnerable Adult Prevention and the process and vulnerable aggressive and control aggressive and control aggressive and control aggressive and control aggressive aggressive and control aggressive and control aggressive and contr	erable evention erable els will dentify se eluding cices, quality of ployees entions aviors, ons elizing ad to evention		

AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION  G		COMPLETED		
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 250 JORDAN DRIVE GRANITE FALLS, MN 56241			
(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 610	they were "working supplemental eduction facility noted mental had some forgetful morning when reported was no mentacility appropriate had determined personal LPN-A had nown was also no indicate other residents, LF family to identify if resident care, nor kept safe from furting the had a history of hare	with HR for additional cation to benefit nurse". The all abuse had occurred as resultness, but was lucid that porting the allegation to RN-A. Intion in the investigation the ly suspended LPN-A after they sychosocial harm had occurred to yet been re-educated. There tion the facility interviewed PN-A's co-workers, or resident's this had occurred in any other did it address how R1 would be ther abuse by LPN-A.  Iterly Minimum Data Set (MDS) evere cognitive impairment and allucinations and delusions. He assistance of 1 staff person ansfers, locomotion on/off the sting and personal hygiene. R1 on of 1 staff for eating. R1's did hallucinations, dementia, and ite.  Ited nurse aide care sheet of to eat in bed, he was on to wandering, and had did as hallucinations, delusions, tempts. There was no indication ware of interventions to keep					
	noted to have som bugs, bees flying, to obsessing about h be allergic to bees	ted care plan identified he was e hallucinations of seeing talking to himself, and is medication. R1 was noted to stings and had a past ndangering complication)					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245243				CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		245243	B. WING			1	29/2022
	PROVIDER OR SUPPLIER  GRANITE FALLS CAR	E CTR		250	EET ADDRESS, CITY, STATE, ZIP CODE JORDAN DRIVE ANITE FALLS, MN 56241	1 0 41.	
(X4) ID PREFIX TAG			ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 610	reaction to a bee st related to untrue be and anger directed repetitive noises. Fwithdrawing from country staff, and confi Staff were to redire that R1 may have vigets "fixated" on an how the facility was potential abuse.  Observation and In p.m., with R1 about "still upset" and "hu LPN-A tried to "force reported he had be told LPN-A he need didn't give him one. tried to "force the simouth. R1 stated in felt caused by one of the tried to "force the simouth. R1 reported medication in his michoking and had spfacethey had evereported this was the with this same nurse say anything before name, but she had pills down my throat repeated he was "user "really bothered" him of the staff and had any other staff giving showed no outward while speaking to the staff and the staff and had any other staff giving showed no outward while speaking to the staff and the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff giving showed no outward while speaking to the staff and had any other staff and had any other staff giving showed no outward while speaking to the s	ing. R1's "delusions" were bliefs about his family, anxiety toward his wife, and making R1 had behaviors noted of are and activities, had conflict lict with family and friends. It or help to resolve conflicts with family and/or staff when a issue. There was no mention to keep R1 safe from future terview on 4/27/22 at 2:34 at the incident identified he was rt" over the incident when he limit had a sore throat he will had a sore throat he still had a sore throat he south, he began coughing and both the pills sticking in his after LPN-A forced the routh, he began coughing and both the pills out "all over his in gotten into my eyes". R1 he "3rd time this had happened he", but he hadn't wanted to be R1 didn't know the nurse's told him she would "shove the t" and had "yelled" at him. R1 upset" by the incident and it m. R1 reported he liked most a find had any problems with hig him his medication. R1 a signs of intimidation or fear	F6	10			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD		(X3) DATE SURVEY COMPLETED			
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		245243	B. WING	B. WING		04/29/2022	
	NAME OF PROVIDER OR SUPPLIER  AVERA GRANITE FALLS CARE CTR			250 J	EET ADDRESS, CITY, STATE, ZIP CODE JORDAN DRIVE INITE FALLS, MN 56241		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)					(X5) COMPLETION DATE
F 610	identified she had and arrived about NA-A came out of incident to her app 7:00 a.m RN-A list LPN-A and response reported. Althorincident", she contimorning cares, de After NA-A had ad allegation, RN-A reher morning medic report the allegation later while she was residents, R1 cam wanted to talk with and oriented when repeated the event corresponded with events. RN-A iden DON on her cell please a.m RN-A was avereport the incident was unsure how to DON returned her and said she was "would take care of Enforcement as the physical abuse, and contact" Law Enfono concern with R already left the fact between 7:00 a.m. was not scheduled RN-A identified two R3 that had previous LPN-A, but R2 had	worked on Saturday 4/23/22 6:00 a.m. that morning when R1's room and reported the proximately between 6:30 to stened to allegation by NA-A of ded to her that would need to ugh NA-A "was upset over the inued to assist R1 with his laying reporting of the incident. Vised RN-A of the abuse exported she continued to pass cations and did not immediately on to the DON. A short time is passing medication to other in the came to speak with her. He is of the incident that in NA-A's recollection of the tified she had contacted the hone later at 8:33 a.m., left a set a follow-up email at 8:55 were of the need to immediately and begin an investigation, but in do so. RN-A reported the call after the email was sent, coming to the facility and if it". RN-A had not called Law in the DON had stated it was "not and there was no need to recement. RN-A felt there was 1's safety as LPN-A had illity at the end of her shift to 7:30 a.m. that morning, and it to return "until the next week". It is additional residents R2 and usly voiced concerns about it a history of fabrication, and islike of LPN-A, so "nothing had"	F6	310			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245243		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		245243	B. WING			29/2022
	NAME OF PROVIDER OR SUPPLIER  AVERA GRANITE FALLS CARE CTR			STREET ADDRESS, CITY, STATE, ZIP CODE 250 JORDAN DRIVE GRANITE FALLS, MN 56241	, ,	
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD B		D BE	(X5) COMPLETION DATE		
F 610	come of the reports need to begin the i staff or residents a the night shift had a history of refusing previously. R1 alwabeing administered she had received pabuse, resident rig annual training, who completed in the fa additional re-educational re-educational re-educational re-education stated, "NO" when medications was a action should have returned later or reto attempt to adminimate to adminimate the returned later or reto attempt to adminimate the returned later or reto attempt to adminimate later on the returned later or reto attempt to adminimate later on the returned later or reto attempt to adminimate later on the returned later or reto attempt to adminimate later on the returned later or reto attempt to adminimate later on the returned later or reto attempt to adminimate later on the returned later or reto attempt to adminimate later on the returned later or reto attempt to adminimate later or reto attempt t	s" previously. RN-A felt no nvestigation or question other is "all the staff that had worked all left the facility". R1 had no medication administration ays drank water first prior to a medication. RN-A identified previous education online on this rights and reporting in ich she thought had been all of 2021. She received no ation following the incident. It is identified the was offered his refusal and the appropriate is been to stop and either quest a different staff person inster the meds.  12 9:25 a.m., with LPN- A peen working the night of dministered R1's 6:00 a.m. A reported she would	F 610			
	spoon. R1 would the his medications. LF when R1 would star medication or that he would eventuall have any issues. A LPN-A recalled R1 entered the room. bed and stated "let reported the medicapplesauce. When a drink of water, he choking me!". R1	edications by placing them on a nen open his mouth and take PN-A stated there were times ate "NO" that didn't want his he "couldn't swallow", however, by take his medication and not at the time of the incident, was lying in bed when she had She had raised the head of his stake your meds". LPN-A station was in a spoon with she had attempted to give R1 are replied "NONO, you are started spitting out his meds d she told R1 "We are adults"				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
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F 610	hereWe don't s taken another drihis meds without room. LPN-A den mouth. LPN-A stadone anything wr present in R1's ronot aware of any contacted by the 4/23/22, and was complaint with R1 contacted and tol on 4/25/22 in the to talk with her abcorrective action DON which include the facility abuse, policies and proceed the DON every 4 had not complete in her corrective a informed this was additional infractional infrac	pit.". LPN-A reported R1 had hk of water, finished swallowing any difficulty, and she left the ied forcing the spoon into his ated she did not feel she "had ong". LPN-A reported NA-A was soom providing cares. She was "issue" until she had been DON later that same day on informed there had been a l. LPN-A reported she had been d to report to the DON's office afternoon as the DON needed out the alleged abuse. A plan had been presented by the ded additional training, review of and a review of resident rights edures. She was to meet with weeks for the next year. LPN-A d and re-education as indicated action. LPN-A had been sher final warning and any ons would result in termination. to work her regular scheduled to cared for R1 unless it was PN-A was told to have another attendance when she entered	F6	310		
	morning she was to work night shift 4/29/22. There waremoved from the work until after the investigation on 4 re-educated per h	ts ending her shift the following scheduled. LPN was scheduled 4/22/22, 4/25/22 through as no indication LPN-A had been a schedule and suspended from the facility had completed its 4/27/22, or after she could be the corrective action. There was another nurse was scheduled				

1, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		E CONSTRUCTION		E SURVEY PLETED
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F 610	Continued From pa	ge 36	F 6	10			
	another nurse avail	or how the facility would have able to protect R1 from further ald need to provide care or e future.					
	identified she was we responded to R1's of into R1's room arou LPN-A had walked lying flat on his bac	2 at 10:02 a.m., with NA-A working on 4/23/22 and had call light when LPN-A came and 5:45 a.m NA-A reported up the the bed where R1 was k with a pillow under his head ontaining medication. LPN-A					
	held out the spoon need a drink". NA- some items and ret minutes later and o	to R1 who responded, "No, I A left the room to retrieve urned approximately 2 to 3 bserved LPN-A shoving the closed mouth. R1 continued					
	to say "NO!" and LF shove the spoon into successful and at the and spitting the me "Don't you spit at m	PN-A continued to attempt to continued to A1's mouth. LPN-A was nat time, R1 began coughing dication out. LPN-A stated, e!" then put the spoon of					
	then stated, "Stop a adult!" At that point between LPN-A and	s mouth once more. LPN-A acting like a child you are an a, NA-A intervened by stepping d R1. NA-A asked R1 if he was ned and as she was leaving					
	the room, R1 yelled LPN-A. NA-A report of water and he beg "didn't want to be a	, "Get him out of my room!" to ted she had given R1 a drink gan to cry and stated, he bother". NA-A identified she					
	transferred him into went to report the ir 1/2 hour later. NA-	viding R1's morning cares and his wheelchair before she noident to RN-A approximately A stated she had not gone out the incident because R1					
	was upset and she him alone when he	did not feel she should leave was "so upset". NA-A reported riewed by RN-A and also by					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED		
		245243	B. WING _		04	C <b>04/29/2022</b>	
	PROVIDER OR SUPPLIER	E CTR		STREET ADDRESS, CITY, STATE, ZIP C 250 JORDAN DRIVE GRANITE FALLS, MN 56241	•	120/2022	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 610	that day. NA-A state abuse" by LPN-A. Funtil he had water, him". NA- A denied incidents of potentia R1 or any other resmade to R1's care abuse she was awa Interview on 4/28/2 member (FM)-A ide LPN-A due to living mother had actually previously. She derough", which she cor abrupt. She repcomments that LPN liked to tell him wha R1 would also mak was visiting and LP FM-A identified ther R1 had refused to thad tried later. If he record that he had didn't understand wadminister his medi FM-A stated R1 did into his room. He dinever expressed to FM-A reported she incidents involving I contacted her, she provide care for R1 to LPN-A working tha vailable, a 2nd states.	had arrived back at work later ed she "definitely felt this was R1 had refused medication but LPN-A "would not listen to I knowledge of any previous all abuse involving LPN-A with idents. No changes were to prevent potential additional are of.  2 at 5:20 p.m., with family entified she was familiar with in the community and her worked with LPN-A scribed LPN-A as, "a little defined as she could be rude orted at times R1 would make I-A "didn't have patience", and at he had to do. FM-A stated the rude comments when she N-A walked past his room. The had been other times when the his medication and staff a still refused then staff would done so. FM-A stated she why the nurse had not tried to ication later or let him refuse. The had requested the had FM-A came and not like her, but he had FM-A he was afraid of LPN-A. was not aware of other LPN-A, but when the DON had had requested LPN-A not. The DON had reported due the night shift and limited staff ff person would be in ling care to R1. FM-A was	F 6	10			

245243 B. WING 04/29/3	/2022
	72022
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE	
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AVERA GRANITE FALLS CARE CTR  GRANITE FALLS, MN 56241	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
Interview on 4/28/22 at 2:47 p.m., with the DON identified she was notified of the incident by RN-A on 4/23/22 at 8:33 a.m A follow up email was received at 8:55 a.m The DON was out of town, therefore it was about 10:30 a.m. when she arrived at the facility and began the investigation. The DON gave no direction to RN-A to report or begin an investigation. The DON interviewed both RN-A and NA-A upon her arrival, but had not been able to connect with LPN-A until about 11:30 a.m. to 12:00 p.m. on 4/23/22. The DON reported when she had spoken with LPN-A she had denied any unusual incidents involving R1, and that R1 had taken his medications that morning. The DON reported LPN-A had admitted she had gone ahead and given R1 his meds, after he had said 'NO", but denied forcing him. All staff directly involved were requested to complete a written statement of the incident. During a follow-up interview with LPN-A on 4/25/22. LPN-A admitted to telling R1 to 'stop acting like a child", and told him to not spit at her. LPN-A documented R1 had swallowed his medications without difficulty and she had not forced him to take them, but that he had opened his mouth. The DON had not interviewed other staff or residents to identify if they had also had allegations of abuse or misconduct against LPN-A. The DON agreed LPN-A had not received any retraining and no additions were added to R1's care plan to ensure his safety. The DON contacted both the administrator and the Human Resources department for direction on how she should proceed. She felt law enforcement was not needed to be notified. The DON felt LPN-A had no intent to harm R1, therefore she had not suspended LPN-A pending investigation because she was not scheduled to work until the night shift of 4/25/22. The DON identified actility policy	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			TE SURVEY MPLETED
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F 610	directed manager plan in place. LPN and received corr p.m. The policies the DON reviewe with LPN-A who wacceptance. The education or reviewed been provided to staff or residents there were additionally additional saft LPN-A or other stronfirmed she has any additional saft LPN-A had finished the facility at the transpace of the later than 2 hours investigation. She been notified of the later than 2 hours investigation should a spoken with a person in attenda when possible, but on duty staff of the indication LPN-A Board of Nursing. Review of the Jul Prevention Plan provided with the provided in the p	ment to put a corrective action N-A was counseled by the DON ective action on 4/25/22 at 2:00 s on abuse were reviewed and d appropriate bedside manner erbalized understanding and DON confirmed no additional ew of the facility policies had other staff, nor had additional been interviewed to determine if onal areas of concern related to aff members. The DON d not immediately implemented ety measures for R1 due to ed her shift and was no longer in ime she began her e agreed the SA should have ne allegation immediately but no , and a comprehensive alld have been conducted. She LPN-A about having a 2nd not care planed or notified is intervention. There was no had been reported to the MN	Fé	510		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:				ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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F 610	The facility must en involving mistreath immediately to the and to other official law. The facility must prevent furth investigation is in prevent furth investigation is in previous and Responses and Responses and Responses informed deand treatment and and/or treatment.	nsure that all alleged violations nent or abuse are reported administrator of the facility, ls in accordance with State ust have evidence that all are thoroughly investigated, and er potential abuse while the	F6	10			