



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 29, 2024

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

RE: CCN: 245272
Cycle Start Date: October 7, 2024

Dear Administrator:

On October 17, 2024, we notified you a remedy was imposed. On October 24, 2024 the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of October 7, 2024.

As authorized by CMS the remedy of:

- Discretionary denial of payment for new Medicare and Medicaid admissions effective November 1, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of October 17, 2024, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 1, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on October 7, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 17, 2024

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

RE: CCN: 245272
Cycle Start Date: October 7, 2024

Dear Administrator:

On October 7, 2024, a survey was completed at your facility by the Minnesota Department of Health 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 actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective November 1, 2024.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 1, 2024. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 1, 2024.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$12,924; has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by November 1, 2024, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, Martin Luther Care Center will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 1, 2024. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions.

However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

ELECTRONIC PLAN OF CORRECTION (ePOC)

The purpose of the ePoC submission is to confirm your allegation of compliance and preparedness for a revisit.

Within ten (10) calendar days after your receipt of this notice, a provider should develop and submit an effective ePOC for the deficiencies cited. A revisit will determine if substantial compliance has been achieved.

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.

DEPARTMENT CONTACT

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

Terri Ament, Regional Operations Supervisor, Rapid Response
Health Regulation Division
Minnesota Department of Health
Duluth Technology Village
11 East Superior Street, Suite 290
Duluth, Minnesota 55802-2007
Email: teresa.ament@state.mn.us
Office: (218) 302-6151 Mobile: (218) 766-2720

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 - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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 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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS location and/or the Minnesota Department of Human Services that your provider agreement be terminated by April 7, 2025 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 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

Martin Luther Care Center

October 17, 2024

Page 4

formal notification of that determination.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Steven.Delich@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

Martin Luther Care Center

October 17, 2024

Page 5

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: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

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,

A handwritten signature in black ink, appearing to read "Melissa Poepping". The signature is fluid and cursive, with a large initial "M" and a long, sweeping underline.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

October 17, 2024

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

Re: Event ID: 23KN11

Dear Administrator:

The above facility survey was completed on October 7, 2024 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Melissa Poepping'.

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: Melissa.Poepping@state.mn.us

| | | | |
|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245272 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/07/2024 |
|--|---|--|--|

| | |
|--|--|
| NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 |
|--|--|

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

| | | | | |
|---------------|---|-------|----------------------|---------|
| F 000 | INITIAL COMMENTS On 10/7/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaint was reviewed: H52728283C (MN00106663) with a deficiency cited at F684. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained. | F 000 | | |
| F 684 SS=G | Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the | F 684 | F684 Quality of Care | 10/7/24 |

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

Electronically Signed

TITLE

(X6) DATE

10/22/2024

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.

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245272 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED C 10/07/2024 | |
|--|--|--|---|----------------------|
| NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 684 | <p>Continued From page 1</p> <p>facility failed to monitor and obtain orders for surgical wound dressing changes for 1 of 3 residents (R1) reviewed for skin conditions. This resulted in actual harm for R1 when her surgical incision became infected, and she required hospitalization with surgical intervention and increased medication.</p> <p>Findings include:</p> <p>R1's Admission Assessment dated 8/14/24, indicated R1 had a surgical incision on her back measuring 9.4 centimeters (cm) by 0.8 cm.</p> <p>R1's 5-day Minimum Data Set (MDS) dated 8/31/24 indicated R1 had intact cognition. The MDS also indicated R1 had a surgical wound, but lacked indication of surgical wound care. R1's diagnoses included surgical aftercare following back surgery.</p> <p>R1's August Wound Treatment Record (WTR) indicated an order for daily dry dressing change to her back starting on 8/22/24. This was not completed because R1 was admitted to the hospital for an unrelated problem. The order was discontinued on 8/25/24, when R1 returned to the facility from the hospital.</p> <p>R1's Readmission Assessment dated 8/25/24 indicated a surgical incision to the mid-back measuring 9.4 cm by 1 cm.</p> <p>R1's Weekly Skin Assessment dated 8/30/24 was not completed.</p> <p>R1's Weekly Skin Assessment dated 9/6/24</p> | F 684 | <p>Based on suspicion of possible issue, the facility self-reported the possible incident and completed the plan of correction prior to the survey on 10/7/2024.</p> <p>RN1, RN2, and RN3 working with R1 received Corrective Action's and education by RN supervisor covering expectations including admission skin checks, weekly skin checks, and wound care procedures. TCU Nurse Manager timely re-educated licensed staff on the policy and procedures: Management of Skin Alterations, Admission/Readmission Checklist, Standing Orders for SNF's, and Weekly Bath and Pain Sheets. Timely auditing showed continued compliance well before survey commenced.</p> <p>All Nurse managers in the facility were timely re-educated on the importance of monitoring all wounds, including surgical incisions, on 9/23/24. Nurse Managers will continue utilize the skin and wound app in PointClickCare, taking pictures of all pressure injures and surgical wounds. Nurse managers or designee are responsible for ensuring wound care orders are in place for all admits and readmits.</p> <p>Nurse managers or designee will complete Skin Documentation Chart audits twice weekly for three months. Audits will be reviewed quarterly by the Quality Assurance and Performance Improvement (QAPI) Committee to ensure compliance.</p> | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245272 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 10/07/2024 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 684 | <p>Continued From page 2</p> <p>lacked indication of a surgical incision on her back.</p> <p>R1's weekly skin assessment dated 9/14/24 was documented as refused by R1.</p> <p>R1's August and September WTRs lacked indication of orders for a dressing change for the surgical incision.</p> <p>R1's Daily Skilled Clinical Documentation dated 8/28/24 through 9/11/24 indicated R1 had no new skin issues, and lack indication of monitoring of the surgical incision.</p> <p>On 9/14/24, a progress note indicated R1's surgical wound on mid-lower back had opened with purulent (think, white, yellow, or brown fluid) drainage. The skin around the wound was white with some redness, and was warm to the touch. R1 was sent to the hospital for evaluation.</p> <p>On 9/14/24, R1's hospital provider note indicated R1 was at high risk for meningitis with any infection. R1's risks for surgery included need for long term antibiotics and blood clots. R1 had surgery to cleanse and re-close the surgical incision on 9/14/24.</p> <p>On 9/18/24, R1's hospital provider note indicated R1 developed an extensive blood clot in her left thigh causing swelling. R1 was subsequently started on intravenous (IV) blood thinner. A surgery to remove the blood clot was recommended; however, R1 declined.</p> <p>On 9/21/24, R1's hospital Discharge Summary</p> | F 684 | <p>A Registered Nurse to check that anyone with surgical wounds are entered into wound management in PointClickCare and care planned for the weekly wound checks and orders are complete on admission for surgical wound care until the wound is healed.</p> <p>The Director of Nursing or designee is responsible for compliance.</p> <p>Final education was completed on 10/4/24.</p> | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245272 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 10/07/2024 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 684 | <p>Continued From page 3</p> <p>indicated R1 was admitted to the hospital on 9/14/24 for infection of a surgical site and opening of a surgical wound. R1 had surgery with general anesthesia to clean out the infection and re-close the surgical wound.</p> <p>On 9/21/24, R1's hospital Discharge Orders included new medications apixaban (a blood thinner) for blood clot prevention and doxycycline (an antibiotic) for wound infection.</p> <p>On 10/7/24 at 12:35 p.m., R1 stated there had been a dressing on her back starting the first day she was at the facility, but no one changed it. The dressing had started itching, so R1 removed it. A staff member saw the wound and sent her to the hospital to have it looked at. R1 was "not happy" about needing anesthesia again due to her age and the risks involved, but understood the necessity of getting treatment for the incision. R1 stated staff were looking at her skin, and should have noted she had a surgical incision.</p> <p>On 10/7/24 at 2:24 p.m., the director of nursing (DON) stated all nurses can complete dressing changes. A full body check should be completed on admission and weekly. If any wounds were found, the nurse should confirm dressing change orders. If no orders were found, the provider should be contacted to obtain orders. Staff should use standing orders for dressing changes until the provider order was obtained. The DON confirmed R1's surgical incision to her back was assessed and measured on 8/25/24, but there were no orders for dressing changes. The DON also confirmed the wound was not assessed with weekly skin assessments. The DON stated R1's</p> | F 684 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245272 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 10/07/2024 |
|--|--|--|---|---|
| NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER | | STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 | | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| F 684 | <p>Continued From page 4</p> <p>surgical incision infection would have been caught sooner if dressing changes and skin assessments had been completed.</p> <p>The facility Standing Orders for Skilled Nursing Facilities signed 1/7/24 instructed assess wound and/or dressing daily, and complete wound measurements with dressing changes.</p> <p>The facility policy Management of Skin Alterations dated 9/11/24 directed residents with wounds will have at a minimum weekly monitoring for appropriateness of treatment/care plan, signs or symptoms of infection, pain or discomfort, appropriateness of support surfaces, and signs of healing and will report to the provider as needed.</p> | F 684 | | |