DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
March 13, 2024

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

RE: CCN: 245276
Cycle Start Date: January 30, 2024

Dear Administrator:

On March 7, 2024, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

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Electronically delivered

March 13, 2024

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

Re: Reinspection Results
Event ID: U61S12

Dear Administrator:

On March 7, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on January 30, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

DEPARTMENT OF HEALTH

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Electronically delivered
February 7, 2024

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

RE: CCN: 245276
Cycle Start Date: January 30, 2024

Dear Administrator:

On January 30, 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 widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), 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:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 April 30, 2024 (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 July 30, 2024 (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: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable 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,

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
February 7, 2024

Administrator
Maplewood Care Center
1900 Sherren Avenue
Maplewood, MN 55109

Re: State Nursing Home Licensing Orders
Event ID: U61S11

Dear Administrator:

The above facility was surveyed on January 30, 2024 through January 30, 2024 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 only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the 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 https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_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:

Annette Winters, Rapid Response Unit Supervisor
Metro 1, Golden Rule Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: annette.m.winters@state.mn.us
Mobile: (651) 558-7558

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 feel free to call me with any questions.

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245276	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD CARE CENTER	1900 SHERREN AVENUE MAPLEWOOD, MN 55109

(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 1/30/24, 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 complaints were reviewed. H52769322C (MN00098835) with a deficiency issued at F550,F725 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 550 SS=E	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights. The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's	F 550		2/27/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/16/2024

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.

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F 550	Continued From page 1 individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart. This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to protect the dignity of three of ten residents (R3, R6, R8) reviewed when residents were left soiled in their incontinent brief for extended periods of time. Findings include: R3's admission record printed on 2/1/24 states R3 was admitted to the facility on 3/23/23 with a	F 550	This plan of correction is prepared and executed because it is required by the provisions of the State and Federal regulations and not because the facility agrees with the allegations and citations listed in the statement of deficiencies. Maplewood Rehabilitation maintains the alleged deficiencies do not individually or collectively, jeopardize the health and safety of the residents, nor are they of	

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F 550	Continued From page 2 primary diagnosis of heart failure. An additional pertinent diagnosis includes the absence of left foot. R3's Patient Activities of Daily Living (ADL) Recommendations Assessment dated 11/22/23 indicated R3 was dependent upon staff for lower body dressing and toileting. The assessment does not indicate how many staff R3 is dependent upon for lower body dressing and toileting. The assessment indicated R3 was dependent upon two staff members for bed mobility and transfers using a EZ Lift (Hoyer). R3's Bowel and Bladder Data Collection Assessment dated 12/6/23 indicated R3 is always incontinent of his bowels. The assessment indicated his bowel incontinence is managed using disposable briefs. The assessment does not indicate if R3 is continent or incontinent of his bladder but does state that he has an indwelling urinary catheter that staff need to change every month. The assessment does not indicate how many staff R3 is dependent upon for disposable brief changes or indwelling urinary catheter changes. R3's care plan dated 12/27/23 indicated R3 was dependent upon staff with toileting including clothing management. The care plan does not indicate how many staff R3 is dependent upon for toileting or clothing management. R3 requires extensive assistance from staff with grooming/hygiene. R3 was always incontinent of bowel. The care plan stated that R3 has a bed pan and a urinal at his bedside. R3's Minimum Data Set (MDS) dated 12/29/23 indicated R3 was dependent upon staff for all	F 550	such character as to limit our capacity to render adequate care as prescribed by regulation. Affected Resident(s): R3: Residents Bowel and bladder evaluation was completed, care plan now identifies the number of staff needed for assistance and care sheet were reviewed and updated. R6: Resident is currently in the hospital. Upon readmission her bowel and bladder evaluation will be completed and the care plan to be reviewed to include number of staff needed for assistance and care sheets reviewed and updated. R8: Residents bowel and bladder evaluation was completed; care plan now identified the number of staff needed for assistance and care sheets were reviewed and updated. Potential affected Resident(s): All other residents have had their bowel and bladder evaluations updated and care plans have been reviewed and updated as needed. Care sheets have been updated. Measures/systematic changes: Policy and Procedure for bowel and bladder were reviewed and remains currents. Education was provided to the nursing team on the policy and procedure on using care sheets to determine number of staff needed to do cares. Monitoring: Frequency will be weekly. All residents	

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F 550	Continued From page 3 toileting needs, bathing, lower body dressing, sitting to lying transfers, and bed to chair transfers. The MDS does not indicate how many staff R3 is dependent upon for toileting needs, bathing, lower body dressing, sitting to lying transfers, and bed to chair transfers. The MDS indicated that R3 was always incontinent of his bowels. The MDS indicated R3 has an indwelling urinary catheter. During an interview with R3 on 1/30/24 at 12:45 p.m., R3 stated that he will wait 1-2 hours for help when he activated his call light when he has had a bowel movement in his brief. R3 stated that when he was sitting there waiting for staff for 1-2 hours it "makes me feel like less of a human because they aren't helping you." R6's admission record printed on 2/1/24 stated R6 was admitted to the facility 8/21/23 with a primary diagnosis of hemiplegia (muscle weakness) on right side and repeated falls. R6's Bowel and Bladder Data Collection Assessment was dated on 11/21/23 indicated R6 was occasionally incontinent of her bowel and bladder. The assessment does not indicate how staff manages R6's incontinence. The assessment does not indicate how staff manage R6's bowel or bladder occasional incontinence. R6's Functional Abilities and Goals Assessment dated on 11/23/23 indicated that R6 needs substantial/maximal assistance for toileting hygiene, bathing, and lower body dressing. R6 was dependent upon staff for toilet transfer to get on and off a toilet or commode. The assessment does not indicate how many staff R6 is dependent upon for toileting needs, bathing,	F 550	who require assistance with toileting will have toileting audits completed to assure care sheets are followed which include assist level of toileting and timeliness. Three residents per week x 2 weeks; then, two residents per week x2 weeks; then one resident per week x 4 weeks. Director of Nursing/designee will be responsible for assuring that changes are sustained in compliance. The Administrator/designee will report audit results to the facility QAPI who will recommend frequency and duration of audits. The goal is 90% compliance.	

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F 550	Continued From page 4 lower body dressing, toilet transfers, and getting on and off a toilet or commode. R6's MDS dated on 11/23/23 indicated R6 needs substantial/maximal assistance from staff for toileting hygiene, bathing, and lower body dressing. R6 was frequently incontinent of her bowels and bladder. R6's care plan dated on 12/6/23 indicated R6 needs extensive assistance of two staff with an EZ stand for toileting and toileting-clothing management. R6 needs extensive assistance from staff for grooming and hygiene needs. The MDS does not indicate how many staff R6 is dependent upon for bathing, lower body dressing, grooming, and hygiene needs. During an interview with R6 on 1/30/24 at 2:22 p.m., R6 stated that when she puts her call light on it was usually because she needs to go to the bathroom. R6 stated that she can usually wait to go to the bathroom until staff come to help her but if she has to wait an hour and a half like she normally does she has to go to the bathroom in her brief. R6 stated that when that happens "it affects dignity and it's like do you even consider me to even be a human?" and "It just steals your dignity". R8's admission record printed on 2/1/24 indicated R8 was admitted to the facility on 8/22/23 with a primary diagnosis of fracture of the thoracic vertebra (back). Additional pertinent diagnoses include injury of the spinal cord, neuromuscular dysfunction of the bladder, urinary tract infection, paraplegia (inability to move legs and lower body), and neurogenic bowel (loss of normal bowel function).	F 550		

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F 550	Continued From page 5 R8's Functional Abilities and Goals Assessment dated on 11/27/23 indicated R8 needs substantial/maximal assistance for toileting hygiene, bathing, lower body dressing, and all transfers. The assessment does not indicate how many staff R8 is dependent upon for toileting, bathing, lower body dressing, and transfer needs. R8's MDS dated on 11/28/23 indicated R8 has impairment on both sides of his body. R8 needs substantial/maximal assistance from staff for toileting hygiene, bathing, lower body dressing, and personal hygiene. The MDS indicated that R8 was frequently incontinent of his bowels and was intermittently catheterized. The MDS does not indicate how many staff R8 is dependent upon for toileting, bathing, lower body dressing and personal hygiene needs. R8's care plan dated on 12/20/23 indicated R8 needs extensive assistance of two staff with an EZ stand for transfers, toileting, and toileting-clothing management. R8 needs extensive assistance of one person for mobility. R8 needs extensive assistance with grooming and hygiene and needs physical help for bathing. The care plan does not indicate how many staff R8 is dependent upon for grooming or bathing needs. The care plan indicated that R8 was occasionally incontinent of bowels and has an order to be straight catheterized every 4-6 hours and as needed. The MDS does not indicate how staff manages R8's occasional bowel incontinence. R8's treatment authorization request (TAR) from January 2024 indicates R8 has an order to be straight catheterized every 4-6 hours and as needed four times a day.	F 550		

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F 550	Continued From page 6 R8 does not have a Bowel and Bladder Assessment completed. During an interview with R8 on 1/30/24 at 2:38 p.m., R8 stated he was usually continent of his bowel and bladder, but he has occasionally sat in his urine and bowels in his brief due to waiting on staff for long periods of time to answer his call light. R8 stated staff will tell him it was okay if he goes to the bathroom in his brief because that was what it was there for. R8 stated "I find that very disturbing because I don't want to lay in my own urine or bowel. It was awful when I have been waiting and I have to eliminate in my brief." During an interview with R10 on 1/31/24 at 8:55 a.m., R10 stated that her roommate, R6, was left on the commode for a longer period in the middle of the night and her roommate was yelling for help to get off the commode. None of the staff was around to help her off the commode. R10 stated that she got out of bed and wheeled past her roommate who was sitting on the commode and found a nursing assistant to help her roommate off the commode. R10 stated "I felt bad for her because I wouldn't want my roommate going past me and watching me sit on the commode. That was embarrassing." Request for the facility's toileting policy but none was provided.	F 550		
F 725 SS=F	Sufficient Nursing Staff CFR(s): 483.35(a)(1)(2) §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with the appropriate competencies and skills sets to	F 725		2/27/24

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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MAPLEWOOD CARE CENTER	1900 SHERREN AVENUE MAPLEWOOD, MN 55109

(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 725	Continued From page 7 provide nursing and related services to assure resident safety and attain or maintain the highest practicable physical, mental, and psychosocial well-being of each resident, as determined by resident assessments and individual plans of care and considering the number, acuity and diagnoses of the facility's resident population in accordance with the facility assessment required at §483.70(e). §483.35(a)(1) The facility must provide services by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide nursing care to all residents in accordance with resident care plans: (i) Except when waived under paragraph (e) of this section, licensed nurses; and (ii) Other nursing personnel, including but not limited to nurse aides. §483.35(a)(2) Except when waived under paragraph (e) of this section, the facility must designate a licensed nurse to serve as a charge nurse on each tour of duty. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide nursing cares in a sufficient amount of time for ten of ten residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10) reviewed for call light times. R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10 depend on staff for assistance in their activities of daily living and there are delays in cares during to these call light times. Findings include: R1's admission record printed on 2/1/24 indicated	F 725	Affected Residents(s) All Residents identified, R1,R2,R3,R4,R5,R6,R7,R8,R9, and R10 were interview by social services and individual concerns were addressed. The care plan and care sheet specify ADL's level of care. All like residents in the facility have had their care plans and care sheets reviewed to see that specific ADLs has level of care for each individual resident.	

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F 725	Continued From page 8 R1 was admitted to the facility on 2/6/20 with a primary diagnosis of schizoaffective disorder bipolar type and obesity. Additional pertinent diagnoses include morbid obesity, urge incontinence, limitation of activities due to disability, dependence on wheelchair, and muscle weakness. R1's care plan completed on 7/11/23 indicated R1 needs an assistance of one staff with dressing, grooming, and toileting, extensive assistance with bathing, and wears disposable briefs. R1's care plan indicated the prompt response by staff to all requests for assistance when R1's call light is activated. R1's Bowel and Bladder Assessment completed on 10/24/23 indicated R1 was always incontinent of his bowel and bladder, and he wears disposable briefs. The assessment indicated that R1 is able to use his call light and able to ask to use the toilet. The assessment indicates R1 needs extensive assistance with toilet use. The assessment does not indicate how many staff R1 is dependent upon for toileting needs. R1's Nursing Functional Abilities Assessment completed on 10/27/23 indicated R1 needs substantial/maximal assistance with toileting, bathing, and personal hygiene. R1 needs partial/moderate assistance with dressing. The assessment does not indicate how many staff R1 is dependent upon for toileting, bathing, personal hygiene, or dressing needs. R1's Minimum Data Set (MDS) completed on 10/27/23 indicated R1 has a Brief Interview for Mental Status (BIMS) of 15 which indicated R1 is cognitively intact. The MDS indicated R1 needs	F 725	Measures/Systematic changes: All staff were educated in customer service regarding call lights, interaction with residents and meeting resident's' needs in a timely and professional manner. A Caring Partners program has been implemented to help assess residents' needs and monitor timely answering of call-lights. Monitoring: Frequency will be weekly. All residents will be on a caring partners program and will have weekly contact by an assigned staff member. Weekly audits will be completed. Three residents per week X2 weeks; then two residents; then one resident per week x4 weeks. The Director of Social Services will be responsible for ensuring that the audits are completed and identified areas of concern are addressed. The Administrator/designee will report audit results to the facility QAPI who will recommend frequency and duration of audits. The goal is 90% compliance.	

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F 725	Continued From page 9 substantial/maximal assistance with toileting hygiene, bathing, lower body dressing, and personal hygiene, and needs partial/moderate assistance for upper body dressing. The MDS indicates R1 is frequently incontinent of his bowel and bladder. The MDS does not indicate how many staff R1 is dependent upon for toileting, bathing, lower body dressing, personal hygiene, or upper body dressing needs. The MDS does not indicate how staff manages R1's incontinence of his bowel or bladder. R1's BIMS assessment completed on 1/26/24 indicated R1's score is 15 which indicates cognitively intact. On the undated nursing care sheets given to the nursing assistant-registered (NAR) during their shift, it indicated R1 is independent for transfers and requires assistance of one for all activities of daily living (ADL). During an interview with R1's legal guardian on 1/30/24 at 11:39 a.m., R1's legal guardian stated R1 will activate his call light, he will then fall asleep, and then staff will come in and then turn the call light off which makes R1 think that he will wait for assistance longer than he should. R2's admission record printed on 2/1/24 indicated R2 was admitted to the facility on 8/14/22 with a primary diagnosis of atherosclerotic heart disease of native coronary artery. Additional pertinent diagnoses include morbid obesity, heart failure, lymphedema (build-up of fluid in the legs), macular degeneration (eye disease that affect one's central vision), muscle spasms, muscle weakness, gastritis, and micturition.	F 725		

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F 725	Continued From page 10 R2's progress note dated 4/12/23 stated that R2 denies being incontinent of her bladder or bowel and states that it all depends on how long it takes for the NAR to answer her call light. R2's Bowel and Bladder Assessment completed on 12/23/23 indicated R2 is occasionally incontinent of bladder and always continent of bowels. The assessment indicated R2 uses disposable incontinence products at night and staff to change every 4 hours at night. The assessment indicated staff to offer to toilet R2 every 4 hours and as needed while awake. The assessment indicated R2's need for assistance to transfer. The assessment indicated R2 is able to use her call light and ask to use the toilet. R2's Functional Abilities Assessment completed on 12/26/23 indicated R2 has bilateral lower extremity impairment. R2 needs substantial/maximal assistance with toileting, bathing, dressing, personal hygiene, and transfers. The assessment does not indicate how many staff R2 is dependent upon for toileting, bathing, dressing, personal hygiene, and transfer needs. R2's MDS completed on 12/27/23 indicated R2 has a BIMS of 14 which indicated R2 is cognitively intact. The MDS indicated R2 required substantial/maximal assistance with toileting, bathing, dressing, personal hygiene, and transfers. R2 is occasionally incontinent of her bladder and always continent of her bowels. The MDS does not indicate how many staff R2 is dependent upon for toileting, bathing, dressing, personal hygiene, or transfer needs. The MDS does not indicate how staff manages R2's bowel or bladder incontinence.	F 725		

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F 725	Continued From page 11 R2's care plan completed on 1/10/24 indicated staff to perform restorative range of motion for R2. The care plan indicated R2's need for extensive assist of two staff for bed mobility, EZ stand transfers, and toileting. R2 requires extensive to total staff assistance with personal hygiene and grooming. The care plan does not indicate how many staff R2 is dependent upon for personal hygiene and grooming needs. The care plan indicated that R2 needs assistance with perineal hygiene after toileting. The care plan does not indicate how many staff R2 is dependent upon for perineal hygiene after toileting needs. R2 needed staff to ask her to assist her to use the commode every evening at 6:30 p.m. The care plan indicated the prompt response by staff to all requests for assistance when using the call light. On the undated nursing care sheets given to the NAR during their shift, R2 required assistance of two with EZ stand for transfers and an assist of one for ADLs. During an interview with R2 on 1/30/24 at 10:15 a.m., R2 stated she will put her call light on and if staff does not assist her within a timeframe that she thinks that they should come, she will wheel herself in her wheelchair to her doorway and yell out of her doorway for help until someone comes and helps her. R2 stated that this morning was a busy morning and she had to go to her doorway this morning and yell for help to get assistance because "I must have been waiting for 45 minutes." R3's admission record printed 2/1/24 indicated R3 was admitted to the facility on 3/23/23 with a	F 725		

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F 725	Continued From page 12 primary diagnosis of heart failure. Additional pertinent diagnoses include chronic obstructive pulmonary disease with exacerbation, and the absence of his left foot. R3's ADL Recommendations Assessment completed on 11/22/23 indicated R3 is dependent upon two staff for dressing, toileting, mobility, and transfers using an EZ lift. R3's Bowel and Bladder Assessment completed on 12/6/23 indicated R3 is always incontinent of his bowels and his incontinence is managed by disposable incontinent brief's. The assessment indicated R3's urinary incontinence is managed by an indwelling foley catheter that is to be changed once a month. The assessment indicated R3 required assistance to transfer, and he is on bed rest. The assessment indicated R3 is able to use his call light and ask to use the toilet. R3's care plan completed on 12/27/23 indicated R3 required a mechanical lift and assist of two for transfers and mobility. R3's care plan stated R3 is dependent upon staff with toileting and bathing. The care plan does not indicate how many staff R3 is dependent upon for toileting and bathing needs. The care plan indicated R3 is frequently incontinent of his bowels and required staff to assist with perineal cares with pad changes. The care plan does not indicate how many staff R3 is dependent upon for perineal cares. The care plan indicated prompt response by staff to all requests for assistance when R3's call light is activated. R3's MDS completed on 12/29/23 indicated R3 has a BIMS of 15 which indicated R3 is cognitively intact. The MDS indicated R3 is	F 725		

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F 725	Continued From page 13 dependent upon staff for toileting, bathing, lower body dressing, and transfers from bed to chair and sitting to lying. The MDS does not indicate how many staff R3 is dependent upon for toileting, bathing, lower body dressing, and transfers from bed to chair and sitting to lying. The MDS indicated R3 is always incontinent of his bowels. The MDS does not indicate how staff manages R3's bowel incontinence. R3's filed a grievance report on 1/15/24 which stated that he activated his call light on 1/14/24 at 6:30 p.m. and he did not receive assistance until 8:30 p.m. The staff investigated this concern by watching cameras and concluded that staff was not in R3's room from 5:45 p.m. to 8:14 p.m. and that the main hallway call light was on but was not able to indicate which individual call light was activated. The follow up actions by management included staff education in huddles on 1/18/24 and 1/19/24. On the undated nursing care sheets given to the NAR during their shift, R3 required assistance of two with a Hoyer lift for transfers and an assist of two for ADLs. During an interview with R3 on 1/30/24 at 12:45 p.m., R3 stated there are long call light wait times here. R3 stated that it happens most of the time on 2nd shift. R3 stated that it takes about 1-2 hours for staff to assist him on the 2nd shift. R3 stated that he depends on staff for everything. R3 stated that if he had a heart attack "I would be dead by the time they got to me." R3 stated that he will go 1-2 hours for assistance when he has a BM in his brief and it "makes me feel like less of a human because they aren't helping you." R3 stated that he does not activate his call light	F 725		

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F 725	Continued From page 14 frequently but when he does, he really does need something. R4's admission record printed 2/1/24 indicated R4 was admitted to the facility on 4/10/23 with a primary diagnosis of gout. Additional pertinent diagnoses include heart failure and obesity. R4's ADL Recommendations Assessment completed on 5/17/23 indicated R4 required extensive assistance with toileting, extensive assistance of two staff with transfers using an EZ stand, limited assistance with lower body dressing, and supervised assistance with upper body dressing. The assessment does not indicate how many staff R4 is dependent upon for toileting, lower body dressing, or upper body dressing. R4's Bowel and Bladder Assessment completed on 12/29/23 indicated R4 is always continent of his bowel and bladder. The assessment indicated R4 is able to use his call light and is able to ask to use the toilet. R4's Nursing Functional Abilities Assessment completed on 1/1/24 indicated R4 needs partial/moderate assistance with oral hygiene, toileting, dressing, and transfers. The assessment indicated R4 needs substantial/maximal assistance with bathing and personal hygiene. The assessment does not indicate how many staff R4 is dependent upon for oral hygiene, toileting, dressing, transfers, bathing, or personal hygiene. R4's MDS completed on 1/2/24 indicated R4 has a BIMS of 12 which indicated R4 has moderately impaired cognition. The MDS indicated R4	F 725		

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F 725	Continued From page 15 requires substantial/maximal assistance with bathing and personal hygiene, partial/moderate assistance with oral hygiene, toileting, dressing, and transfers. The MDS does not indicate how many staff R4 is dependent upon for bathing, personal hygiene, oral hygiene, toileting, dressing, and transfer needs. The MDS indicated R4 is always continent of his bowel and bladder. R4's care plan completed on 1/18/24 indicated R4 required assistance of two staff with EZ stand for transfers, toileting, and clothing management and extensive assist for bathing. The care plan indicated prompt response by staff to all requests for assistance when R4's call light is activated. On the undated nursing care sheets given to the NAR during their shift, R4 required assistance of two with an EZ stand for transfers and an assist of one for ADLs. During an interview with R4 on 1/30/24 at 1:56 p.m., R4 stated it varies how long it takes staff to get to him. R4 stated that in general it takes anywhere from 2-5 minutes to 45 minutes for staff to answer my call light. R5's admission record printed 2/1/24 indicated R5 was admitted to the facility on 7/1/23 with a primary diagnosis of cerebrovascular disease. Additional pertinent diagnoses include heart failure, dementia, multiple sclerosis, and hypoxemia. R5's Functional Abilities and Goals Assessment completed on 10/13/23 indicated R5 required partial/moderate assistance with toileting and dressing. The assessment indicated R5 requires substantial/maximal assistance with bathing. The	F 725		

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F 725	Continued From page 16 assessment did not indicate how many staff R5 is dependent upon for toileting, dressing, or bathing needs. R5 received an occupational therapy (OT) evaluation on 10/25/23 that indicated R5 required partial/moderate assistance for toileting and dressing, and substantial/maximal assistance for bathing. The evaluation does not indicate how many staff R5 is dependent upon for toileting, dressing, or bathing needs. R5's Bowel and Bladder Assessment completed on 10/27/23 indicated R5 is always continent of his bowel and bladder. The assessment indicated that R5 can use the toilet alone. The assessment indicated R5 is able to use his call light and is able to ask to use the toilet. R5's MDS completed on 1/7/24 indicated R5 has a BIMS score of 15 which indicated R5 is cognitively intact. The MDS indicated R5 needed supervision assistance with oral hygiene, toileting, lower body dressing and transfers to toilet and bed-to-chair. R5 needs partial/moderate assistance with bathing. The MDS indicates R5 is always continent of his bowel and bladder. The MDS does not indicate how many staff R5 is dependent upon for bathing needs. R5's care plan completed on 1/23/24 indicated R5 required limited assistance with toileting, dressing, and grooming. The care plan does not indicate how many staff R5 is dependent upon for toileting, dressing, and grooming needs. The care plan indicated R5 required one person assistance for bathing. The care plan indicated R5 is occasionally incontinent of his bladder. The care plan indicated R5 required assistance with	F 725		

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F 725	Continued From page 17 perineal hygiene after toileting and pad change. The care plan indicated R5 needed staff to change his incontinent brief every 2-3 hours and as needed. The care plan indicated a prompt response by staff to all requests for assistance when R5's call light is activated. On the undated nursing care sheets given to the NAR during their shift, R5 required supervised stand pivot for transfers and an assist of one for ADLs. During an interview with R5 and R5's power of attorney (POA) on 1/30/24 at 2:11 p.m., R5 stated the call light times are slow. R5 stated that it will be 45 minutes to 1 hour to wait for someone. R5 stated that it is usually 1 hour he is waiting at night for assistance. During my interview with R5, R5's POA stated that there was an instance when R5 had diarrhea and he put on his call light, and he was waiting on the staff for a little while and she was there with him. R5's POA stated that staff did not come for about 45 minutes to 1 hour and R5 asked her if he could take him to the bathroom and R5's POA was hesitant on bringing him to the bathroom because she did not want to be responsible for hurting herself or R5. R5 stated that when he has diarrhea, he will self-transfer instead of waiting on staff and he will change his disposable brief himself. R6's admission record printed 2/1/24 indicated R6 was admitted to the facility on 8/21/23 with a primary diagnosis of hemiplegia (muscle weakness) on right side. Additional pertinent diagnoses include repeated falls and cellulitis of right lower leg. R6's Bowel and Bladder Assessment completed	F 725		

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F 725	Continued From page 18 on 11/21/23 indicated R6 is occasionally incontinent of her bowel and bladder. The assessment does not indicate how staff manages R6's occasional bowel or bladder incontinence. The assessment indicated that R6 is able to use her call light and is able to ask to use the toilet. The assessment indicated R6 requires extensive assistance with toileting. The assessment does not indicate how many staff R6 is dependent upon for toileting needs. R6's Functional Abilities and Goals Assessment completed on 11/23/23 indicated R6 required substantial/maximal assistance with toileting, bathing, lower body dressing, and transfers from sitting to lying and lying to sitting on the side of the bed. R6 required partial/moderate assistance with upper body dressing, personal hygiene, and rolling from side to side in bed. R6 is dependent upon staff for transfers from bed to chair and to get on and off a toilet or commode. The assessment does not indicate how many staff R6 is dependent upon for toileting, bathing, lower body dressing, transfers from sitting to lying, transfers from lying to sitting on the side of the bed, upper body dressing, personal hygiene, tolling from side to side in bed, transfers from bed to chair, and to get on and off the toilet or commode needs. R6's MDs completed on 11/23/23 indicated R6's BIMS score is 15 which indicated R6 is cognitively intact. The MDS indicated R6 needs substantial/maximal assistance with toileting, bathing, lower body dressing, and transfers from sitting to lying and lying to sitting on the side of the bed. The MDS indicated R6 required partial/moderate assistance with upper body dressing, personal hygiene, and rolling from side	F 725		

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F 725	Continued From page 19 to side in bed. The MDS indicated R6 is dependent upon staff for bed to chair transfers and toilet and bath transfers. The MDS does not indicate how many staff R6 is dependent upon for toileting, bathing, lower body dressing, transfers from sitting to lying, transfers from lying to sitting on the side of the bed, upper body dressing, personal hygiene, rolling from side to side in bed, bed to chair transfers, and transfers to and from the toilet or bath needs. The MDS indicated R6 is frequently incontinent of her bowel and bladder. The MDS does not indicate how staff manages R6's bowel or bladder incontinence. R6's care plan completed on 12/6/23 indicated R6 required extensive assistance with mobility, grooming, hygiene, and dressing. The care plan indicated R6 required extensive assistance of two with an EZ stand for toileting and transfers. The care plan does not indicate how many staff R6 is dependent upon for mobility, grooming, hygiene, dressing, toileting, or transfer needs. The care plan indicated a prompt response by staff to all requests for assistance when R6 activates her call light. On the undated nursing care sheets given to the NAR during their shift, R6 required assistance of two with an EZ stand for transfers and assistance of one for ADLs. During an interview with R6 on 1/30/24 at 2:22 p.m., R6 stated it will usually take 30 minutes to an hour and a half for staff to answer her call light. R6 stated that when she puts her call light on it is because she needs to go to the bathroom. When she is waiting for staff, she can retain her bowel and bladder, but cannot hold it for 30 minutes to an hour and a half and is forced to use	F 725		

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	245276	A. BUILDING _____ B. WING _____	C 01/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAPLEWOOD CARE CENTER	1900 SHERREN AVENUE MAPLEWOOD, MN 55109

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F 725	Continued From page 20 the bathroom in her disposable brief. R6 stated that this "affects your dignity and it's like do you even consider me to even be a human?" and "This just steals your dignity." R6 stated that the call light times are worse on the evening and overnight shifts. R6 stated that a few nights ago, one of the NARS put her on the commode and when she was ready, she activated her call light and waited for 45 minutes for assistance. R6 stated that the only reason she received assistance is because her roommate had to get out of bed and wheel around in her wheelchair trying to find assistance for her. R7's admission record printed 2/1/24 indicated R7 was admitted to the facility on 8/23/22 with a primary diagnosis of bilateral osteoarthritis of the knees. Additional pertinent diagnoses include muscle spasms, radiculopathy (nerve damage in the back that creates radiating pain) in the back, muscle weakness, and obesity. R7's care plan completed on 11/22/23 indicated R7 required supervision for stand-pivot transfers, and limited assistance for toileting, personal hygiene, grooming, and bathing. The care plan does not indicate how many staff R7 is dependent upon for toileting, personal hygiene, or grooming needs. The care plan indicated R7 required physical help needed to transfer into bath. The care plan does not indicate how many staff R7 is dependent upon for transfers into the bath. The care plan indicated one person to assist R7 with bathing. The care plan indicated a prompt response by staff to all requests for assistance when R7 activates his call light. R7's MDS completed on 11/23/23 indicated R7 has a BIMS score of 15 which indicated R7 is	F 725		

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F 725	Continued From page 21 cognitively intact. The MDS indicated R7 is independent with eating, oral hygiene, dressing, personal hygiene, and transfers. The MDS indicated R7 required clean-up assistance with toileting and bathing. The MDS indicated R7 is always continent of his bowels and bladder. R7's Bowel and Bladder Assessment completed on 12/3/23 indicated he is always continent of his bowel and bladder. The assessment indicated that he is not able to use his call light and not able to ask to use the toilet. R7's progress note dated 1/24/24 indicated that R7 complained no one was answering his call light for a long time. The writer of the progress note stated that the aide was new to the floor and the writer talked to his aide to give R7 attention to the call light, the aide provided care to R7, and R7 was satisfied. On the undated nursing care sheets given to the NAR during their shift, R7 required supervised assistance for transfers and assistance of two for ADLs. During an interview with R7 on 1/30/24 at 2:30 p.m., R7 stated he has concerns about the call light times. R7 stated that staff does not answer the call lights. R7 stated that he has waited on staff for 30-40 minutes while he was ready to get off the toilet. R8's admission record printed 2/1/24 indicated R8 was admitted to the facility on 8/22/23 with a primary diagnosis of fracture of thoracic vertebra (back). Additional pertinent diagnoses include morbid obesity, injury of the spinal cord, neuromuscular dysfunction of the bladder (lack of	F 725		

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F 725	Continued From page 22 bladder control), paraplegia (inability to move legs and lower body), neurogenic bowel (loss of normal bowel function), and muscle spasms. R8's Bladder and Bowel Assessment completed on 11/25/23 indicated R8 is always continent of his bowel. The assessment indicated R8 has intermittent catheterization for his neurogenic bladder. The assessment indicated the R8 is able to use his call light and is able to ask to use the toilet. The assessment indicated R8 required total dependence for toilet use. The assessment does not indicate how many staff R8 is dependent upon for toileting needs. The assessment indicated R8 wears disposable briefs for his bowel and bladder incontinence. R8's Functional Abilities and Goals Assessment completed on 11/27/23 indicated R8 required substantial/maximal assistance with toileting, bathing, lower body dressing, and transfers including rolling from side to side in bed, sitting to lying, lying to sitting on the side of the bed, getting on and off a toilet or commode, and tub/shower transfer. The assessment indicated R8 requires partial/moderate assistance with upper body dressing and personal hygiene. The assessment indicated R8 is dependent upon staff for transfers from chair/bed-to-chair. The assessment does not indicate how many staff R8 is dependent upon for toileting, bathing, lower body dressing, transfers, upper body transfers, and personal hygiene. R8's MDS completed on 11/28/23 indicated R8's BIMs score is 15 which indicated R8 is cognitively intact. The MDS indicated R8 requires substantial/maximal assistance with toileting, bathing, lower body dressing, personal hygiene,	F 725		

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F 725	Continued From page 23 rolling from side to side in bed, sitting to lying, lying to sitting on side of the bed, and transfers into the tub/shower. The MDS indicated R8 required partial/moderate assistance with upper body dressing. The MDS does not indicate how many staff R8 is dependent upon for toileting, bathing, lower body dressing personal hygiene, rolling from side to side in bed, sitting to lying position, from lying to sitting on the side of the bed, transfers into the tub/shower, chair/bed-to-chair transfers, toilet transfers, and upper body dressing needs. The MDS indicated R8 is dependent upon staff for chair/bed-to-chair and toilet transfers. The MDS indicated R8 is intermittently catheterized and is frequently incontinent of his bowel. The MDS does not indicate how staff manages how bowel incontinence. R8's care plan completed on 12/20/23 indicated R8 required extensive assistance of two staff with an EZ stand with transfers and toileting, needs extensive assistance with bed mobility, lower body dressing, grooming and hygiene, and needs physical help with bathing. The care plan indicated R8 is able to ask to use the toilet for bowel movements (BMs) and is occasionally incontinent of his bowels. The care plan does not indicate how staff manages R8's occasional bowel incontinence. The care plan indicated a prompt response by staff to all requests for assistance when R8 activates his call light. R8's medication administration record (MAR) from January 2024 indicated an order for staff to reposition R8 every 2 hours on all shifts. R8's TAR from January 2024 indicated an order for R8 to be straight catheterized every 4-6 hours	F 725		

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F 725	Continued From page 24 and as needed. On the undated nursing care sheets given to the NAR during their shift, R8 required assistance of two with an EZ stand for transfers and assistance of two for ADLs. During an interview with R8 on 1/30/24 at 2:38 p.m., R8 stated he has concerns about the call light times. R8 stated the long call light times happen on every shift but is worse from 10 p.m. to 6 a.m. R8 stated staff say that the long call light times are due to being short staffed. R8 stated he has waited anywhere from 20 minutes to 1 hour for assistance. R9's admission record printed 2/1/24 indicated R9 was admitted to the facility on 6/6/22 with a primary diagnosis of type 2 diabetes mellitus with diabetic polyneuropathy. Additional pertinent diagnoses include neuromuscular dysfunction of the bladder, morbid obesity, lumbago with sciatic (low back pain that radiates down legs), and muscle spasms. R9's Bowel and Bladder Assessment completed on 12/22/23 indicated R9 is always continent of his bowel and has an indwelling foley catheter. The assessment indicated R9 wears disposable briefs. The assessment indicates R9 is able to use his call light and is able to ask to use the toilet. R9's Functional Abilities and Goals Assessment completed on 12/26/23 indicated R9 requires substantial/maximal assistance with toileting, bathing, lower body dressing, transfers from lying to sitting on the side of the bed, chair/bed-to-chair transfers, toilet transfers, and tub/shower	F 725		

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F 725	Continued From page 25 transfers. The assessment indicated R9 requires partial/moderate assistance with upper body dressing, personal hygiene, rolling from side to side in bed, and from a sitting to lying position. The assessment does not indicate how many staff R9 is dependent upon for toileting, bathing, lower body dressing, transfers from lying to sitting on the side of the bed, chair/bed-to-chair transfers, toilet transfers, tub/shower transfers, upper body dressing, hygiene, rolling from side to side in bed, and from a sitting to lying position needs. R9's MDS completed on 12/26/23 indicated R9's BIMS score is 15 which indicated R9 is cognitively intact. The MDS indicated R9 required substantial/maximal assistance with toileting, bathing, lower body dressing, chair/bed-to-chair transfers, and toilet and tub/shower transfers. The MDS indicated R9 requires partial/moderate assistance with upper body dressing, personal hygiene, rolling from side to side in bed, and from a sitting to a lying position. The MDS does not indicate how many staff R9 is dependent upon for toileting, bathing, lower body dressing, chair/bed-to-chair transfers, toilet and tub/shower transfers, upper body dressing, personal hygiene, rolling from side to side in bed, and from a sitting to lying position needs. The MDS indicated that R9 is always continent of his bowels and has an indwelling urinary catheter. R9's care plan completed on 1/8/24 indicated R9 required an assist of one for stand pivot transfers, bathing, and catheter cares. The care plan indicated R9 needs occasional limited assistance for toileting. The care plan does not indicate how many staff R9 is dependent upon for toileting needs. The care plan indicated R9 required	F 725		

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F 725	Continued From page 26 occasional limited to extensive assistance of one staff with dressing/grooming and hygiene. The care plan indicated R9 is occasionally incontinent of his bowels and to offer toileting in the morning, at night, after meals, with cares, and during rounds, and directs staff to assist R9 to and from the toilet. The care plan directs staff to empty R9's catheter every shift. The care plan directs staff to answer R9's call light as soon as possible. On the undated nursing care sheets given to the NAR during their shift, R9 required supervision for transfers with walker and assistance of one with ADLs. During an interview with R9 on 1/30/24 at 3:54 p.m., R9 stated that he does not use his call light because he knows staff will not answer it. R9 stated it takes a long time for the staff to get to me. R9 stated it could be anywhere from 15 minutes to 45 minutes for staff to assist him. R9 states that he will try to a lot of the cares by himself because he does not want to rely on the staff. R10's admission record printed 2/1/24 indicated R10 was admitted to the facility on 10/10/23 with a primary diagnosis of a fracture in her left lower leg. Additional pertinent diagnoses include morbid obesity, spinal stenosis (narrowing of the spinal canal causing pain, numbness, muscle weakness, and impaired bladder or bowel control), and an overactive bladder. R10's Bowel and Bladder Assessment completed on 10/14/23 indicated R10 is always continent of her bowel and bladder. The assessment indicated that R10 is able to use her call light and is able to ask to use the toilet.	F 725		

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F 725	Continued From page 27 R10's MDS completed on 11/3/23 indicated R10's BIMs score is 15 which indicated R10 is cognitively intact. The MDS did not indicate R10's need for assistance. R10's care plan completed on 1/18/24 indicated R10 requires assistance from staff with all transfer needs. The care plan indicated a prompt response by staff for all requests for assistance when R10 activates her call light. The care plan indicated R10 requires extensive assistance from one staff with transfers with toileting, transfers, bed mobility, and bathing. The care plan indicated R10 required assistance from staff with perineal hygiene after toileting. The care plan does not indicate how many staff R10 is dependent upon for perineal hygiene after toileting. The care plan directs staff to assist R10 with transfers to the toilet. On the undated nursing care sheets given to the NAR during their shift, R10 required assistance of one with stand pivot transfers and assistance of one for ADLs. During an interview with R10 on 1/31/24 at 8:55 a.m., R10 stated she has concerns with the call lights and how long it takes staff to answer them. R10 stated that the long call light waits usually happen between 10:30 p.m. and 4 a.m. R10 states that she is usually independent with her cares but when she does need help with her cares, she will activate her call light and it will take staff about 20 minutes to an hour and a half for staff to assist her. R10 stated there was a time recently when her roommate was on the commode in the middle of the night, and she was yelling for help and her call light was on. R10	F 725		

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F 725	Continued From page 28 stated that her roommate needed help getting off the commode and back into bed. R10 stated that after 45 minutes of her roommates call light being on and her yelling for help, R10 got out of bed and into her wheelchair, wheeled past her roommate who was sitting on the commode and went to find someone to help her roommate get off the commode. R10 stated it took a while for her to find someone to assist her roommate. During an interview with nursing assistant (NA)-A on 1/30/24 at 12:25 p.m., NA-A stated she knows when the call light is activated when we hear it make a "ding" noise and we see the light going off on the wall. NA-A states "we have been pretty busy this morning." During an interview with licensed practical nurse (LPN)-A on 1/30/24 at 1:13 p.m., LPN-A stated she does see R1 using his call light, but she does not see if the call light is being answered in a timely manner. During an interview with the assistant director of nursing (ADON) on 1/30/24 at 3:25 p.m., ADON stated that her expectations are that call lights are to be answered as fast as possible. ADON stated her best expectations is that call lights are answered in under 10 minutes. ADON stated that if the aides in the middle of a task such as lunch, her expectation would be for staff to stop by the room with the activated call light and let them know that they will be back to assist them after they are finished with their current task. During an interview with the director of nursing (DON) on 1/31/24 at 11:23 a.m., the DON stated a lot of the time if the aides are busy on the floor, they will let the resident know with the activated	F 725		

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F 725	Continued From page 29 call light that they will assist them after they finish with their current task. The DON stated there are times during the day like mealtimes where call lights may be longer, but her expectation is that staff communicate amongst themselves, the residents, and leadership to get to the residents as soon as they can. The DON stated her expectation is call lights would be answered in 5 to 10 minutes. The DON stated her expectations are that managers and the leadership team would be on the floor during busy times of the day to assist residents. During an interview with the Interim Executive Director (IED) on 1/31/24 at 11:34 a.m., the IED stated her expectation is when call lights are activated, staff should be answering them as soon as possible. The IED stated her expectation is staff will go into the resident's room with the activated call light and let the resident know they will come back and will be with them as soon as possible. IED stated she does not know that there is an actual time frame on when call lights should be answered. Call light reports requested on 1/30/24 at 1:20 p.m. and was not provided. The Payroll Based Journal (PBJ) Staffing Data Report for quarter 4 that included July 1, 2023-September 30,2023 indicated no triggers for staffing. The call light policy was received from the facility but did not indicate expectations from the facility on when call lights should be answered.	F 725		

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. 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. INITIAL COMMENTS: On 1/30/24 , a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order(s) (was/were) issued. Please indicate in your electronic plan of correction you have reviewed these orders and	2 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 02/16/24

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2 000	Continued From page 1 identify the date when they will be completed. The following complaints were reviewed. H52769322C (MN00098835) with a licensing order issued at 1870, 0830 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 out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction. 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 https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		

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2 000	Continued From page 2 PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on observation, interview, and record review, the facility failed to provide nursing cares in a sufficient amount of time for ten of ten residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10) reviewed for call light times. R1, R2, R3, R4, R5, R6, R7, R8, R9, and R10 depend on staff for assistance in their activities of daily living and there are delays in cares during to these call light times. Findings include:	2 830	Corrected	2/27/24

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	00520	A. BUILDING: _____ B. WING _____	C 01/30/2024

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2 830	Continued From page 3 R1's admission record printed on 2/1/24 indicated R1 was admitted to the facility on 2/6/20 with a primary diagnosis of schizoaffective disorder bipolar type and obesity. Additional pertinent diagnoses include morbid obesity, urge incontinence, limitation of activities due to disability, dependence on wheelchair, and muscle weakness. R1's care plan completed on 7/11/23 indicated R1 needs an assistance of one staff with dressing, grooming, and toileting, extensive assistance with bathing, and wears disposable briefs. R1's care plan indicated the prompt response by staff to all requests for assistance when R1's call light is activated. R1's Bowel and Bladder Assessment completed on 10/24/23 indicated R1 was always incontinent of his bowel and bladder, and he wears disposable briefs. The assessment indicated that R1 is able to use his call light and able to ask to use the toilet. The assessment indicates R1 needs extensive assistance with toilet use. The assessment does not indicate how many staff R1 is dependent upon for toileting needs. R1's Nursing Functional Abilities Assessment completed on 10/27/23 indicated R1 needs substantial/maximal assistance with toileting, bathing, and personal hygiene. R1 needs partial/moderate assistance with dressing. The assessment does not indicate how many staff R1 is dependent upon for toileting, bathing, personal hygiene, or dressing needs. R1's Minimum Data Set (MDS) completed on 10/27/23 indicated R1 has a Brief Interview for Mental Status (BIMS) of 15 which indicated R1 is cognitively intact. The MDS indicated R1 needs	2 830		

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2 830	Continued From page 4 substantial/maximal assistance with toileting hygiene, bathing, lower body dressing, and personal hygiene, and needs partial/moderate assistance for upper body dressing. The MDS indicates R1 is frequently incontinent of his bowel and bladder. The MDS does not indicate how many staff R1 is dependent upon for toileting, bathing, lower body dressing, personal hygiene, or upper body dressing needs. The MDS does not indicate how staff manages R1's incontinence of his bowel or bladder. R1's BIMS assessment completed on 1/26/24 indicated R1's score is 15 which indicates cognitively intact. On the undated nursing care sheets given to the nursing assistant-registered (NAR) during their shift, it indicated R1 is independent for transfers and requires assistance of one for all activities of daily living (ADL). During an interview with R1's legal guardian on 1/30/24 at 11:39 a.m., R1's legal guardian stated R1 will activate his call light, he will then fall asleep, and then staff will come in and then turn the call light off which makes R1 think that he will wait for assistance longer than he should. R2's admission record printed on 2/1/24 indicated R2 was admitted to the facility on 8/14/22 with a primary diagnosis of atherosclerotic heart disease of native coronary artery. Additional pertinent diagnoses include morbid obesity, heart failure, lymphedema (build-up of fluid in the legs), macular degeneration (eye disease that affect one's central vision), muscle spasms, muscle weakness, gastritis, and micturition. R2's progress note dated 4/12/23 stated that R2	2 830		

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2 830	Continued From page 5 denies being incontinent of her bladder or bowel and states that it all depends on how long it takes for the NAR to answer her call light. R2's Bowel and Bladder Assessment completed on 12/23/23 indicated R2 is occasionally incontinent of bladder and always continent of bowels. The assessment indicated R2 uses disposable incontinence products at night and staff to change every 4 hours at night. The assessment indicated staff to offer to toilet R2 every 4 hours and as needed while awake. The assessment indicated R2's need for assistance to transfer. The assessment indicated R2 is able to use her call light and ask to use the toilet. R2's Functional Abilities Assessment completed on 12/26/23 indicated R2 has bilateral lower extremity impairment. R2 needs substantial/maximal assistance with toileting, bathing, dressing, personal hygiene, and transfers. The assessment does not indicate how many staff R2 is dependent upon for toileting, bathing, dressing, personal hygiene, and transfer needs. R2's MDS completed on 12/27/23 indicated R2 has a BIMS of 14 which indicated R2 is cognitively intact. The MDS indicated R2 required substantial/maximal assistance with toileting, bathing, dressing, personal hygiene, and transfers. R2 is occasionally incontinent of her bladder and always continent of her bowels. The MDS does not indicate how many staff R2 is dependent upon for toileting, bathing, dressing, personal hygiene, or transfer needs. The MDS does not indicate how staff manages R2's bowel or bladder incontinence. R2's care plan completed on 1/10/24 indicated	2 830		

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2 830	Continued From page 6 staff to perform restorative range of motion for R2. The care plan indicated R2's need for extensive assist of two staff for bed mobility, EZ stand transfers, and toileting. R2 requires extensive to total staff assistance with personal hygiene and grooming. The care plan does not indicate how many staff R2 is dependent upon for personal hygiene and grooming needs. The care plan indicated that R2 needs assistance with perineal hygiene after toileting. The care plan does not indicate how many staff R2 is dependent upon for perineal hygiene after toileting needs. R2 needed staff to ask her to assist her to use the commode every evening at 6:30 p.m. The care plan indicated the prompt response by staff to all requests for assistance when using the call light. On the undated nursing care sheets given to the NAR during their shift, R2 required assistance of two with EZ stand for transfers and an assist of one for ADLs. During an interview with R2 on 1/30/24 at 10:15 a.m., R2 stated she will put her call light on and if staff does not assist her within a timeframe that she thinks that they should come, she will wheel herself in her wheelchair to her doorway and yell out of her doorway for help until someone comes and helps her. R2 stated that this morning was a busy morning and she had to go to her doorway this morning and yell for help to get assistance because "I must have been waiting for 45 minutes." R3's admission record printed 2/1/24 indicated R3 was admitted to the facility on 3/23/23 with a primary diagnosis of heart failure. Additional pertinent diagnoses include chronic obstructive pulmonary disease with exacerbation, and the	2 830		

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2 830	Continued From page 7 absence of his left foot. R3's ADL Recommendations Assessment completed on 11/22/23 indicated R3 is dependent upon two staff for dressing, toileting, mobility, and transfers using an EZ lift. R3's Bowel and Bladder Assessment completed on 12/6/23 indicated R3 is always incontinent of his bowels and his incontinence is managed by disposable incontinent brief's. The assessment indicated R3's urinary incontinence is managed by an indwelling foley catheter that is to be changed once a month. The assessment indicated R3 required assistance to transfer, and he is on bed rest. The assessment indicated R3 is able to use his call light and ask to use the toilet. R3's care plan completed on 12/27/23 indicated R3 required a mechanical lift and assist of two for transfers and mobility. R3's care plan stated R3 is dependent upon staff with toileting and bathing. The care plan does not indicate how many staff R3 is dependent upon for toileting and bathing needs. The care plan indicated R3 is frequently incontinent of his bowels and required staff to assist with perineal cares with pad changes. The care plan does not indicate how many staff R3 is dependent upon for perineal cares. The care plan indicated prompt response by staff to all requests for assistance when R3's call light is activated. R3's MDS completed on 12/29/23 indicated R3 has a BIMS of 15 which indicated R3 is cognitively intact. The MDS indicated R3 is dependent upon staff for toileting, bathing, lower body dressing, and transfers from bed to chair and sitting to lying. The MDS does not indicate how many staff R3 is dependent upon for	2 830		

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2 830	Continued From page 8 toileting, bathing, lower body dressing, and transfers from bed to chair and sitting to lying. The MDS indicated R3 is always incontinent of his bowels. The MDS does not indicate how staff manages R3's bowel incontinence. R3's filed a grievance report on 1/15/24 which stated that he activated his call light on 1/14/24 at 6:30 p.m. and he did not receive assistance until 8:30 p.m. The staff investigated this concern by watching cameras and concluded that staff was not in R3's room from 5:45 p.m. to 8:14 p.m. and that the main hallway call light was on but was not able to indicate which individual call light was activated. The follow up actions by management included staff education in huddles on 1/18/24 and 1/19/24. On the undated nursing care sheets given to the NAR during their shift, R3 required assistance of two with a Hoyer lift for transfers and an assist of two for ADLs. During an interview with R3 on 1/30/24 at 12:45 p.m., R3 stated there are long call light wait times here. R3 stated that it happens most of the time on 2nd shift. R3 stated that it takes about 1-2 hours for staff to assist him on the 2nd shift. R3 stated that he depends on staff for everything. R3 stated that if he had a heart attack "I would be dead by the time they got to me." R3 stated that he will go 1-2 hours for assistance when he has a BM in his brief and it "makes me feel like less of a human because they aren't helping you." R3 stated that he does not activate his call light frequently but when he does, he really does need something. R4's admission record printed 2/1/24 indicated R4 was admitted to the facility on 4/10/23 with a	2 830		

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2 830	Continued From page 9 primary diagnosis of gout. Additional pertinent diagnoses include heart failure and obesity. R4's ADL Recommendations Assessment completed on 5/17/23 indicated R4 required extensive assistance with toileting, extensive assistance of two staff with transfers using an EZ stand, limited assistance with lower body dressing, and supervised assistance with upper body dressing. The assessment does not indicate how many staff R4 is dependent upon for toileting, lower body dressing, or upper body dressing. R4's Bowel and Bladder Assessment completed on 12/29/23 indicated R4 is always continent of his bowel and bladder. The assessment indicated R4 is able to use his call light and is able to ask to use the toilet. R4's Nursing Functional Abilities Assessment completed on 1/1/24 indicated R4 needs partial/moderate assistance with oral hygiene, toileting, dressing, and transfers. The assessment indicated R4 needs substantial/maximal assistance with bathing and personal hygiene. The assessment does not indicate how many staff R4 is dependent upon for oral hygiene, toileting, dressing, transfers, bathing, or personal hygiene. R4's MDS completed on 1/2/24 indicated R4 has a BIMS of 12 which indicated R4 has moderately impaired cognition. The MDS indicated R4 requires substantial/maximal assistance with bathing and personal hygiene, partial/moderate assistance with oral hygiene, toileting, dressing, and transfers. The MDS does not indicate how many staff R4 is dependent upon for bathing, personal hygiene, oral hygiene, toileting,	2 830		

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2 830	Continued From page 10 dressing, and transfer needs. The MDS indicated R4 is always continent of his bowel and bladder. R4's care plan completed on 1/18/24 indicated R4 required assistance of two staff with EZ stand for transfers, toileting, and clothing management and extensive assist for bathing. The care plan indicated prompt response by staff to all requests for assistance when R4's call light is activated. On the undated nursing care sheets given to the NAR during their shift, R4 required assistance of two with an EZ stand for transfers and an assist of one for ADLs. During an interview with R4 on 1/30/24 at 1:56 p.m., R4 stated it varies how long it takes staff to get to him. R4 stated that in general it takes anywhere from 2-5 minutes to 45 minutes for staff to answer my call light. R5's admission record printed 2/1/24 indicated R5 was admitted to the facility on 7/1/23 with a primary diagnosis of cerebrovascular disease. Additional pertinent diagnoses include heart failure, dementia, multiple sclerosis, and hypoxemia. R5's Functional Abilities and Goals Assessment completed on 10/13/23 indicated R5 required partial/moderate assistance with toileting and dressing. The assessment indicated R5 requires substantial/maximal assistance with bathing. The assessment did not indicate how many staff R5 is dependent upon for toileting, dressing, or bathing needs. R5 received an occupational therapy (OT) evaluation on 10/25/23 that indicated R5 required partial/moderate assistance for toileting and	2 830		

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2 830	Continued From page 11 dressing, and substantial/maximal assistance for bathing. The evaluation does not indicate how many staff R5 is dependent upon for toileting, dressing, or bathing needs. R5's Bowel and Bladder Assessment completed on 10/27/23 indicated R5 is always continent of his bowel and bladder. The assessment indicated that R5 can use the toilet alone. The assessment indicated R5 is able to use his call light and is able to ask to use the toilet. R5's MDS completed on 1/7/24 indicated R5 has a BIMS score of 15 which indicated R5 is cognitively intact. The MDS indicated R5 needed supervision assistance with oral hygiene, toileting, lower body dressing and transfers to toilet and bed-to-chair. R5 needs partial/moderate assistance with bathing. The MDS indicates R5 is always continent of his bowel and bladder. The MDS does not indicate how many staff R5 is dependent upon for bathing needs. R5's care plan completed on 1/23/24 indicated R5 required limited assistance with toileting, dressing, and grooming. The care plan does not indicate how many staff R5 is dependent upon for toileting, dressing, and grooming needs. The care plan indicated R5 required one person assistance for bathing. The care plan indicated R5 is occasionally incontinent of his bladder. The care plan indicated R5 required assistance with perineal hygiene after toileting and pad change. The care plan indicated R5 needed staff to change his incontinent brief every 2-3 hours and as needed. The care plan indicated a prompt response by staff to all requests for assistance when R5's call light is activated. On the undated nursing care sheets given to the	2 830		

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2 830	Continued From page 12 NAR during their shift, R5 required supervised stand pivot for transfers and an assist of one for ADLs. During an interview with R5 and R5's power of attorney (POA) on 1/30/24 at 2:11 p.m., R5 stated the call light times are slow. R5 stated that it will be 45 minutes to 1 hour to wait for someone. R5 stated that it is usually 1 hour he is waiting at night for assistance. During my interview with R5, R5's POA stated that there was an instance when R5 had diarrhea and he put on his call light, and he was waiting on the staff for a little while and she was there with him. R5's POA stated that staff did not come for about 45 minutes to 1 hour and R5 asked her if he could take him to the bathroom and R5's POA was hesitant on bringing him to the bathroom because she did not want to be responsible for hurting herself or R5. R5 stated that when he has diarrhea, he will self-transfer instead of waiting on staff and he will change his disposable brief himself. R6's admission record printed 2/1/24 indicated R6 was admitted to the facility on 8/21/23 with a primary diagnosis of hemiplegia (muscle weakness) on right side. Additional pertinent diagnoses include repeated falls and cellulitis of right lower leg. R6's Bowel and Bladder Assessment completed on 11/21/23 indicated R6 is occasionally incontinent of her bowel and bladder. The assessment does not indicate how staff manages R6's occasional bowel or bladder incontinence. The assessment indicated that R6 is able to use her call light and is able to ask to use the toilet. The assessment indicated R6 requires extensive assistance with toileting. The assessment does not indicate how many staff R6 is dependent	2 830		

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2 830	Continued From page 13 upon for toileting needs. R6's Functional Abilities and Goals Assessment completed on 11/23/23 indicated R6 required substantial/maximal assistance with toileting, bathing, lower body dressing, and transfers from sitting to lying and lying to sitting on the side of the bed. R6 required partial/moderate assistance with upper body dressing, personal hygiene, and rolling from side to side in bed. R6 is dependent upon staff for transfers from bed to chair and to get on and off a toilet or commode. The assessment does not indicate how many staff R6 is dependent upon for toileting, bathing, lower body dressing, transfers from sitting to lying, transfers from lying to sitting on the side of the bed, upper body dressing, personal hygiene, tolling from side to side in bed, transfers from bed to chair, and to get on and off the toilet or commode needs. R6's MDs completed on 11/23/23 indicated R6's BIMS score is 15 which indicated R6 is cognitively intact. The MDS indicated R6 needs substantial/maximal assistance with toileting, bathing, lower body dressing, and transfers from sitting to lying and lying to sitting on the side of the bed. The MDS indicated R6 required partial/moderate assistance with upper body dressing, personal hygiene, and rolling from side to side in bed. The MDS indicated R6 is dependent upon staff for bed to chair transfers and toilet and bath transfers. The MDS does not indicate how many staff R6 is dependent upon for toileting, bathing, lower body dressing, transfers from sitting to lying, transfers from lying to sitting on the side of the bed, upper body dressing, personal hygiene, rolling from side to side in bed, bed to chair transfers, and transfers to and from the toilet or bath needs. The MDS indicated R6 is	2 830		

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2 830	Continued From page 14 frequently incontinent of her bowel and bladder. The MDS does not indicate how staff manages R6's bowel or bladder incontinence. R6's care plan completed on 12/6/23 indicated R6 required extensive assistance with mobility, grooming, hygiene, and dressing. The care plan indicated R6 required extensive assistance of two with an EZ stand for toileting and transfers. The care plan does not indicate how many staff R6 is dependent upon for mobility, grooming, hygiene, dressing, toileting, or transfer needs. The care plan indicated a prompt response by staff to all requests for assistance when R6 activates her call light. On the undated nursing care sheets given to the NAR during their shift, R6 required assistance of two with an EZ stand for transfers and assistance of one for ADLs. During an interview with R6 on 1/30/24 at 2:22 p.m., R6 stated it will usually take 30 minutes to an hour and a half for staff to answer her call light. R6 stated that when she puts her call light on it is because she needs to go to the bathroom. When she is waiting for staff, she can retain her bowel and bladder, but cannot hold it for 30 minutes to an hour and a half and is forced to use the bathroom in her disposable brief. R6 stated that this "affects your dignity and it's like do you even consider me to even be a human?" and "This just steals your dignity." R6 stated that the call light times are worse on the evening and overnight shifts. R6 stated that a few nights ago, one of the NARS put her on the commode and when she was ready, she activated her call light and waited for 45 minutes for assistance. R6 stated that the only reason she received assistance is because her roommate had to get	2 830		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	Continued From page 15 out of bed and wheel around in her wheelchair trying to find assistance for her. R7's admission record printed 2/1/24 indicated R7 was admitted to the facility on 8/23/22 with a primary diagnosis of bilateral osteoarthritis of the knees. Additional pertinent diagnoses include muscle spasms, radiculopathy (nerve damage in the back that creates radiating pain) in the back, muscle weakness, and obesity. R7's care plan completed on 11/22/23 indicated R7 required supervision for stand-pivot transfers, and limited assistance for toileting, personal hygiene, grooming, and bathing. The care plan does not indicate how many staff R7 is dependent upon for toileting, personal hygiene, or grooming needs. The care plan indicated R7 required physical help needed to transfer into bath. The care plan does not indicate how many staff R7 is dependent upon for transfers into the bath. The care plan indicated one person to assist R7 with bathing. The care plan indicated a prompt response by staff to all requests for assistance when R7 activates his call light. R7's MDS completed on 11/23/23 indicated R7 has a BIMS score of 15 which indicated R7 is cognitively intact. The MDS indicated R7 is independent with eating, oral hygiene, dressing, personal hygiene, and transfers. The MDS indicated R7 required clean-up assistance with toileting and bathing. The MDS indicated R7 is always continent of his bowels and bladder. R7's Bowel and Bladder Assessment completed on 12/3/23 indicated he is always continent of his bowel and bladder. The assessment indicated that he is not able to use his call light and not able to ask to use the toilet.	2 830		

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2 830	Continued From page 16 R7's progress note dated 1/24/24 indicated that R7 complained no one was answering his call light for a long time. The writer of the progress note stated that the aide was new to the floor and the writer talked to his aide to give R7 attention to the call light, the aide provided care to R7, and R7 was satisfied. On the undated nursing care sheets given to the NAR during their shift, R7 required supervised assistance for transfers and assistance of two for ADLs. During an interview with R7 on 1/30/24 at 2:30 p.m., R7 stated he has concerns about the call light times. R7 stated that staff does not answer the call lights. R7 stated that he has waited on staff for 30-40 minutes while he was ready to get off the toilet. R8's admission record printed 2/1/24 indicated R8 was admitted to the facility on 8/22/23 with a primary diagnosis of fracture of thoracic vertebra (back). Additional pertinent diagnoses include morbid obesity, injury of the spinal cord, neuromuscular dysfunction of the bladder (lack of bladder control), paraplegia (inability to move legs and lower body), neurogenic bowel (loss of normal bowel function), and muscle spasms. R8's Bladder and Bowel Assessment completed on 11/25/23 indicated R8 is always continent of his bowel. The assessment indicated R8 has intermittent catheterization for his neurogenic bladder. The assessment indicated the R8 is able to use his call light and is able to ask to use the toilet. The assessment indicated R8 required total dependence for toilet use. The assessment does not indicate how many staff R8 is dependent	2 830		

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2 830	Continued From page 17 upon for toileting needs. The assessment indicated R8 wears disposable briefs for his bowel and bladder incontinence. R8's Functional Abilities and Goals Assessment completed on 11/27/23 indicated R8 required substantial/maximal assistance with toileting, bathing, lower body dressing, and transfers including rolling from side to side in bed, sitting to lying, lying to sitting on the side of the bed, getting on and off a toilet or commode, and tub/shower transfer. The assessment indicated R8 requires partial/moderate assistance with upper body dressing and personal hygiene. The assessment indicated R8 is dependent upon staff for transfers from chair/bed-to-chair. The assessment does not indicate how many staff R8 is dependent upon for toileting, bathing, lower body dressing, transfers, upper body transfers, and personal hygiene. R8's MDS completed on 11/28/23 indicated R8's BIMs score is 15 which indicated R8 is cognitively intact. The MDS indicated R8 requires substantial/maximal assistance with toileting, bathing, lower body dressing, personal hygiene, rolling from side to side in bed, sitting to lying, lying to sitting on side of the bed, and transfers into the tub/shower. The MDS indicated R8 required partial/moderate assistance with upper body dressing. The MDS does not indicate how many staff R8 is dependent upon for toileting, bathing, lower body dressing personal hygiene, rolling from side to side in bed, sitting to lying position, from lying to sitting on the side of the bed, transfers into the tub/shower, chair/bed-to-chair transfers, toilet transfers, and upper body dressing needs. The MDS indicated R8 is dependent upon staff for chair/bed-to-chair and toilet transfers. The MDS indicated R8 is	2 830		

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2 830	Continued From page 18 intermittently catheterized and is frequently incontinent of his bowel. The MDS does not indicate how staff manages how bowel incontinence. R8's care plan completed on 12/20/23 indicated R8 required extensive assistance of two staff with an EZ stand with transfers and toileting, needs extensive assistance with bed mobility, lower body dressing, grooming and hygiene, and needs physical help with bathing. The care plan indicated R8 is able to ask to use the toilet for bowel movements (BMs) and is occasionally incontinent of his bowels. The care plan does not indicate how staff manages R8's occasional bowel incontinence. The care plan indicated a prompt response by staff to all requests for assistance when R8 activates his call light. R8's medication administration record (MAR) from January 2024 indicated an order for staff to reposition R8 every 2 hours on all shifts. R8's TAR from January 2024 indicated an order for R8 to be straight catheterized every 4-6 hours and as needed. On the undated nursing care sheets given to the NAR during their shift, R8 required assistance of two with an EZ stand for transfers and assistance of two for ADLs. During an interview with R8 on 1/30/24 at 2:38 p.m., R8 stated he has concerns about the call light times. R8 stated the long call light times happen on every shift but is worse from 10 p.m. to 6 a.m. R8 stated staff say that the long call light times are due to being short staffed. R8 stated he has waited anywhere from 20 minutes to 1 hour for assistance.	2 830		

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2 830	Continued From page 19 R9's admission record printed 2/1/24 indicated R9 was admitted to the facility on 6/6/22 with a primary diagnosis of type 2 diabetes mellitus with diabetic polyneuropathy. Additional pertinent diagnoses include neuromuscular dysfunction of the bladder, morbid obesity, lumbago with sciatic (low back pain that radiates down legs), and muscle spasms. R9's Bowel and Bladder Assessment completed on 12/22/23 indicated R9 is always continent of his bowel and has an indwelling foley catheter. The assessment indicated R9 wears disposable briefs. The assessment indicates R9 is able to use his call light and is able to ask to use the toilet. R9's Functional Abilities and Goals Assessment completed on 12/26/23 indicated R9 requires substantial/maximal assistance with toileting, bathing, lower body dressing, transfers from lying to sitting on the side of the bed, chair/bed-to-chair transfers, toilet transfers, and tub/shower transfers. The assessment indicated R9 requires partial/moderate assistance with upper body dressing, personal hygiene, rolling from side to side in bed, and from a sitting to lying position. The assessment does not indicate how many staff R9 is dependent upon for toileting, bathing, lower body dressing, transfers from lying to sitting on the side of the bed, chair/bed-to-chair transfers, toilet transfers, tub/shower transfers, upper body dressing, hygiene, rolling from side to side in bed, and from a sitting to lying position needs. R9's MDS completed on 12/26/23 indicated R9's BIMS score is 15 which indicated R9 is cognitively intact. The MDS indicated R9 required	2 830		

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2 830	Continued From page 20 substantial/maximal assistance with toileting, bathing, lower body dressing, chair/bed-to-chair transfers, and toilet and tub/shower transfers. The MDS indicated R9 requires partial/moderate assistance with upper body dressing, personal hygiene, rolling from side to side in bed, and from a sitting to a lying position. The MDS does not indicate how many staff R9 is dependent upon for toileting, bathing, lower body dressing, chair/bed-to-chair transfers, toilet and tub/shower transfers, upper body dressing, personal hygiene, rolling from side to side in bed, and from a sitting to lying position needs. The MDS indicated that R9 is always continent of his bowels and has an indwelling urinary catheter. R9's care plan completed on 1/8/24 indicated R9 required an assist of one for stand pivot transfers, bathing, and catheter cares. The care plan indicated R9 needs occasional limited assistance for toileting. The care plan does not indicate how many staff R9 is dependent upon for toileting needs. The care plan indicated R9 required occasional limited to extensive assistance of one staff with dressing/grooming and hygiene. The care plan indicated R9 is occasionally incontinent of his bowels and to offer toileting in the morning, at night, after meals, with cares, and during rounds, and directs staff to assist R9 to and from the toilet. The care plan directs staff to empty R9's catheter every shift. The care plan directs staff to answer R9's call light as soon as possible. On the undated nursing care sheets given to the NAR during their shift, R9 required supervision for transfers with walker and assistance of one with ADLs. During an interview with R9 on 1/30/24 at 3:54 p.m., R9 stated that he does not use his call light	2 830		

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2 830	Continued From page 21 because he knows staff will not answer it. R9 stated it takes a long time for the staff to get to me. R9 stated it could be anywhere from 15 minutes to 45 minutes for staff to assist him. R9 states that he will try to a lot of the cares by himself because he does not want to rely on the staff. R10's admission record printed 2/1/24 indicated R10 was admitted to the facility on 10/10/23 with a primary diagnosis of a fracture in her left lower leg. Additional pertinent diagnoses include morbid obesity, spinal stenosis (narrowing of the spinal canal causing pain, numbness, muscle weakness, and impaired bladder or bowel control), and an overactive bladder. R10's Bowel and Bladder Assessment completed on 10/14/23 indicated R10 is always continent of her bowel and bladder. The assessment indicated that R10 is able to use her call light and is able to ask to use the toilet. R10's MDS completed on 11/3/23 indicated R10's BIMs score is 15 which indicated R10 is cognitively intact. The MDS did not indicate R10's need for assistance. R10's care plan completed on 1/18/24 indicated R10 requires assistance from staff with all transfer needs. The care plan indicated a prompt response by staff for all requests for assistance when R10 activates her call light. The care plan indicated R10 requires extensive assistance from one staff with transfers with toileting, transfers, bed mobility, and bathing. The care plan indicated R10 required assistance from staff with perineal hygiene after toileting. The care plan does not indicate how many staff R10 is dependent upon for perineal hygiene after toileting. The care plan	2 830		

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2 830	Continued From page 22 directs staff to assist R10 with transfers to the toilet. On the undated nursing care sheets given to the NAR during their shift, R10 required assistance of one with stand pivot transfers and assistance of one for ADLs. During an interview with R10 on 1/31/24 at 8:55 a.m., R10 stated she has concerns with the call lights and how long it takes staff to answer them. R10 stated that the long call light waits usually happen between 10:30 p.m. and 4 a.m. R10 states that she is usually independent with her cares but when she does need help with her cares, she will activate her call light and it will take staff about 20 minutes to an hour and a half for staff to assist her. R10 stated there was a time recently when her roommate was on the commode in the middle of the night, and she was yelling for help and her call light was on. R10 stated that her roommate needed help getting off the commode and back into bed. R10 stated that after 45 minutes of her roommates call light being on and her yelling for help, R10 got out of bed and into her wheelchair, wheeled past her roommate who was sitting on the commode and went to find someone to help her roommate get off the commode. R10 stated it took a while for her to find someone to assist her roommate. During an interview with nursing assistant (NA)-A on 1/30/24 at 12:25 p.m., NA-A stated she knows when the call light is activated when we hear it make a "ding" noise and we see the light going off on the wall. NA-A states "we have been pretty busy this morning." During an interview with licensed practical nurse (LPN)-A on 1/30/24 at 1:13 p.m., LPN-A stated	2 830		

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2 830	Continued From page 23 she does see R1 using his call light, but she does not see if the call light is being answered in a timely manner. During an interview with the assistant director of nursing (ADON) on 1/30/24 at 3:25 p.m., ADON stated that her expectations are that call lights are to be answered as fast as possible. ADON stated her best expectations is that call lights are answered in under 10 minutes. ADON stated that if the aides in the middle of a task such as lunch, her expectation would be for staff to stop by the room with the activated call light and let them know that they will be back to assist them after they are finished with their current task. During an interview with the director of nursing (DON) on 1/31/24 at 11:23 a.m., the DON stated a lot of the time if the aides are busy on the floor, they will let the resident know with the activated call light that they will assist them after they finish with their current task. The DON stated there are times during the day like mealtimes where call lights may be longer, but her expectation is that staff communicate amongst themselves, the residents, and leadership to get to the residents as soon as they can. The DON stated her expectation is call lights would be answered in 5 to 10 minutes. The DON stated her expectations are that managers and the leadership team would be on the floor during busy times of the day to assist residents. During an interview with the Interim Executive Director (IED) on 1/31/24 at 11:34 a.m., the IED stated her expectation is when call lights are activated, staff should be answering them as soon as possible. The IED stated her expectation is staff will go into the resident's room with the activated call light and let the resident know they	2 830		

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2 830	Continued From page 24 will come back and will be with them as soon as possible. IED stated she does not know that there is an actual time frame on when call lights should be answered. Call light reports requested on 1/30/24 at 1:20 p.m. and was not provided. The Payroll Based Journal (PBJ) Staffing Data Report for quarter 4 that included July 1, 2023-September 30,2023 indicated no triggers for staffing. The call light policy was received from the facility but did not indicate expectations from the facility on when call lights should be answered. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	2 830		
21870	MN St. Statute 144.651 Subd. 18 Patients & Residents of HC Fac.Bill of Rights Subd. 18. Responsive service. Patients and residents shall have the right to a prompt and reasonable response to their questions and requests. This MN Requirement is not met as evidenced by: Based on interview and record review, the facility	21870	Corrected	2/27/24

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21870	Continued From page 25 failed to protect the dignity of three of ten residents (R3, R6, R8) reviewed when residents were left soiled in their incontinent brief for extended periods of time. Findings include: R3's admission record printed on 2/1/24 states R3 was admitted to the facility on 3/23/23 with a primary diagnosis of heart failure. An additional pertinent diagnosis includes the absence of left foot. R3's Patient Activities of Daily Living (ADL) Recommendations Assessment dated 11/22/23 indicated R3 was dependent upon staff for lower body dressing and toileting. The assessment does not indicate how many staff R3 is dependent upon for lower body dressing and toileting. The assessment indicated R3 was dependent upon two staff members for bed mobility and transfers using a EZ Lift (Hoyer). R3's Bowel and Bladder Data Collection Assessment dated 12/6/23 indicated R3 is always incontinent of his bowels. The assessment indicated his bowel incontinence is managed using disposable briefs. The assessment does not indicate if R3 is continent or incontinent of his bladder but does state that he has an indwelling urinary catheter that staff need to change every month. The assessment does not indicate how many staff R3 is dependent upon for disposable brief changes or indwelling urinary catheter changes. R3's care plan dated 12/27/23 indicated R3 was dependent upon staff with toileting including clothing management. The care plan does not indicate how many staff R3 is dependent upon for	21870		

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21870	Continued From page 26 toileting or clothing management. R3 requires extensive assistance from staff with grooming/hygiene. R3 was always incontinent of bowel. The care plan stated that R3 has a bed pan and a urinal at his bedside. R3's Minimum Data Set (MDS) dated 12/29/23 indicated R3 was dependent upon staff for all toileting needs, bathing, lower body dressing, sitting to lying transfers, and bed to chair transfers. The MDS does not indicate how many staff R3 is dependent upon for toileting needs, bathing, lower body dressing, sitting to lying transfers, and bed to chair transfers. The MDS indicated that R3 was always incontinent of his bowels. The MDS indicated R3 has an indwelling urinary catheter. During an interview with R3 on 1/30/24 at 12:45 p.m., R3 stated that he will wait 1-2 hours for help when he activated his call light when he has had a bowel movement in his brief. R3 stated that when he was sitting there waiting for staff for 1-2 hours it "makes me feel like less of a human because they aren't helping you." R6's admission record printed on 2/1/24 stated R6 was admitted to the facility 8/21/23 with a primary diagnosis of hemiplegia (muscle weakness) on right side and repeated falls. R6's Bowel and Bladder Data Collection Assessment was dated on 11/21/23 indicated R6 was occasionally incontinent of her bowel and bladder. The assessment does not indicate how staff manages R6's incontinence. The assessment does not indicate how staff manage R6's bowel or bladder occasional incontinence. R6's Functional Abilities and Goals Assessment	21870		

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21870	Continued From page 27 dated on 11/23/23 indicated that R6 needs substantial/maximal assistance for toileting hygiene, bathing, and lower body dressing. R6 was dependent upon staff for toilet transfer to get on and off a toilet or commode. The assessment does not indicate how many staff R6 is dependent upon for toileting needs, bathing, lower body dressing, toilet transfers, and getting on and off a toilet or commode. R6's MDS dated on 11/23/23 indicated R6 needs substantial/maximal assistance from staff for toileting hygiene, bathing, and lower body dressing. R6 was frequently incontinent of her bowels and bladder. R6's care plan dated on 12/6/23 indicated R6 needs extensive assistance of two staff with an EZ stand for toileting and toileting-clothing management. R6 needs extensive assistance from staff for grooming and hygiene needs. The MDS does not indicate how many staff R6 is dependent upon for bathing, lower body dressing, grooming, and hygiene needs. During an interview with R6 on 1/30/24 at 2:22 p.m., R6 stated that when she puts her call light on it was usually because she needs to go to the bathroom. R6 stated that she can usually wait to go to the bathroom until staff come to help her but if she has to wait an hour and a half like she normally does she has to go to the bathroom in her brief. R6 stated that when that happens "it affects dignity and it's like do you even consider me to even be a human?" and "It just steals your dignity". R8's admission record printed on 2/1/24 indicated R8 was admitted to the facility on 8/22/23 with a primary diagnosis of fracture of the thoracic vertebra (back). Additional pertinent diagnoses	21870		

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
21870	Continued From page 28 include injury of the spinal cord, neuromuscular dysfunction of the bladder, urinary tract infection, paraplegia (inability to move legs and lower body), and neurogenic bowel (loss of normal bowel function). R8's Functional Abilities and Goals Assessment dated on 11/27/23 indicated R8 needs substantial/maximal assistance for toileting hygiene, bathing, lower body dressing, and all transfers. The assessment does not indicate how many staff R8 is dependent upon for toileting, bathing, lower body dressing, and transfer needs. R8's MDS dated on 11/28/23 indicated R8 has impairment on both sides of his body. R8 needs substantial/maximal assistance from staff for toileting hygiene, bathing, lower body dressing, and personal hygiene. The MDS indicated that R8 was frequently incontinent of his bowels and was intermittently catheterized. The MDS does not indicate how many staff R8 is dependent upon for toileting, bathing, lower body dressing and personal hygiene needs. R8's care plan dated on 12/20/23 indicated R8 needs extensive assistance of two staff with an EZ stand for transfers, toileting, and toileting-clothing management. R8 needs extensive assistance of one person for mobility. R8 needs extensive assistance with grooming and hygiene and needs physical help for bathing. The care plan does not indicate how many staff R8 is dependent upon for grooming or bathing needs. The care plan indicated that R8 was occasionally incontinent of bowels and has an order to be straight catheterized every 4-6 hours and as needed. The MDS does not indicate how staff manages R8's occasional bowel incontinence.	21870		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00520	A. BUILDING: _____ B. WING _____	C 01/30/2024

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21870	Continued From page 29 R8's treatment authorization request (TAR) from January 2024 indicates R8 has an order to be straight catheterized every 4-6 hours and as needed four times a day. R8 does not have a Bowel and Bladder Assessment completed. During an interview with R8 on 1/30/24 at 2:38 p.m., R8 stated he was usually continent of his bowel and bladder, but he has occasionally sat in his urine and bowels in his brief due to waiting on staff for long periods of time to answer his call light. R8 stated staff will tell him it was okay if he goes to the bathroom in his brief because that was what it was there for. R8 stated "I find that very disturbing because I don't want to lay in my own urine or bowel. It was awful when I have been waiting and I have to eliminate in my brief." During an interview with R10 on 1/31/24 at 8:55 a.m., R10 stated that her roommate, R6, was left on the commode for a longer period in the middle of the night and her roommate was yelling for help to get off the commode. None of the staff was around to help her off the commode. R10 stated that she got out of bed and wheeled past her roommate who was sitting on the commode and found a nursing assistant to help her roommate off the commode. R10 stated "I felt bad for her because I wouldn't want my roommate going past me and watching me sit on the commode. That was embarrassing." Request for the facility's toileting policy but none was provided. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to	21870		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00520	A. BUILDING: _____ B. WING _____	C 01/30/2024

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21870	Continued From page 30 determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21870		