

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 17, 2021

Administrator Wabasso Restorative Care Center 660 Maple Street Wabasso, MN 56293

RE: CCN: 245400

Cycle Start Date: December 28, 2020

Dear Administrator:

On December 31, 2020, we informed you that we may impose enforcement remedies.

On May 4, 2021, the Minnesota Department of Health completed a survey and it has been determined that your facility is not in substantial compliance. The most serious deficiencies in your facility were found to be a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

#### **REMEDIES**

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

• Mandatory Denial of Payment for new Mediare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective March 28, 2021, will remain in effect.

This Department is also recommending that CMS impose a civil money penalty. You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

• Civil money penalty. (42 CFR 488.430 through 488.444)

#### NURSE AIDE TRAINING PROHIBITION

As we notified you in our letter of December 31, 2020, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), your facility is prohibited from

conducting Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) for two years from March 28, 2021 since your facility didn't come into compliance by March 28, 2020. This does not apply to or affect any previously imposed NATCEP loss.

### 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. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

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.

#### DEPARTMENT CONTACT

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

Nicole Osterloh, RN, Unit Supervisor Marshall District Office Licensing and Certification Program Health Regulation Division Minnesota Department of Health 1400 East Lyon Street, Suite 102 Marshall, MN 56258-2504

Email: nicole.osterloh@state.mn.us

Office: 507-476-4230

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

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 SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 28, 2021 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

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

#### APPEAL RIGHTS

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

### Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of

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

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644
Washington, D.C. 20201
(202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

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

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

Nursing Home Informal Dispute Process Minnesota Department of Health Health Regulation Division P.O. Box 64900 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: <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04</a> 8.html

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

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health Licensing and Certification Program

Kumalu Fiske Downing

Program Assurance Unit Health Regulation Division

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

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered May 17, 2021

Administrator Wabasso Restorative Care Center 660 Maple Street Wabasso, MN 56293

Re: State Nursing Home Licensing Orders

Event ID: M9PI11

#### Dear Administrator:

The above facility was surveyed on April 30, 2021 through May 4, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <a href="https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\_8.html">https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\_8.html</a>. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the

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

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

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

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

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

Ellian. Incole.osterion@state.

Office: 507-476-4230

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

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

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

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumalu Fishe Downing

Licensing and Certification Program Program Assurance Unit Health Regulation Division

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

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

Minnesota Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING: \_\_\_ С

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		WABAS	SO, MN 5629	3	
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	that may result from orders provided tha the Department witl	hearing on any assessments n non-compliance with these t a written request is made to hin 15 days of receipt of a ent for non-compliance.			
	was conducted at y the Minnesota Depa facility was found N State Licensure. Pla plan of correction ye	rs: 5/4/21, a complaint survey our facility by surveyors from artment of Health (MDH). You OT in compliance with the MN ease indicate in your electronic ou have reviewed these the date when they will be	l		

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

**Electronically Signed** 

(X6) DATE 05/20/21

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	completed.					
	SUBSTANTIATED: MN72322, MN7228 licensing order issu (MN71933), was als however NO licensi The following comp UNSUBSTANTIATE  Minnesota Departm the State Licensing Federal software. T assigned to Minnes Nursing Homes. Th appears in the far le Tag." The state sta listed in the "Summ column and replace the correction order the findings which a statute after the sta as evidence by." Fo	plaint was found to be H5400028C (MN72275, B7, and MN72336) with a ed at S1540. H5400029C so SUBSTANTIATED, ing order was issued. plaint was found to be ED: H5400030C (MN72023). The ent of Health is documenting. Correction Orders using frag numbers have been assigned tag number efficult of compliance is ary Statement of Deficiencies ary Statement of Deficiencies are in violation of the state attement, "This Rule is not met of the surveyor's greated Method of Correction of the	,"			
	You have agreed to	participate in the electronic				
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Minnesota Department of Health

STATE FORM M9PI11 If continuation sheet 2 of 15

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	be corrected prior to the Minnesota Depa is enrolled in ePOC not required at the I state form. PLEASE DISREGA FOURTH COLUMN	n date, the date your orders will o electronically submitting to artment of Health. The facility and therefore a signature is bottom of the first page of ARD THE HEADING OF THE WHICH STATES, IN OF CORRECTION." THIS				
21540	APPLIES TO FEDE THIS WILL APPEA	ERAL DEFICIENCIES ONLY. R ON EACH PAGE.	21540			E/04/01
21540	Usage; Monitoring	5 Subp. 2 Unnecessary Drug	21540			5/24/21
	monitor each reside unnecessary drug to home's policies and pharmacist must re resident's attending physician does not home's recommend adequate justification believes the resident adversely affected, matter to the medical director is attended to the medical director is attended to the order and if the change the order, the review to the Qualit (QAA) committee rethe attending physician does not the attending physician does not the order and if the change the order, the attending physician does not the dualit (QAA) committee rethe attending physician does not the attending physician does not the order and if the change the order, the attending physician does not the duality (QAA) committee rethe attending physician does not the attending physician does not the order and if the change the order and if the order and if the change the order and if the order a	g. A nursing home must ent's drug regimen for usage, based on the nursing diprocedures, and the eport any irregularity to the physician. If the attending concur with the nursing dation, or does not provide on, and the pharmacist ent's quality of life is being the pharmacist must refer the eal director for review if the not the attending physician. If or determines that the attending have adequate justification for attending physician does not the matter must be referred for y Assurance and Assessment equired by part 4658.0070. If ician is the medical director, macist shall refer the matter				

6899

Minnesota Department of Health STATE FORM

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
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	by: Based on interview facility failed to proving for 1 of antipsychotic medicincreased behavior	ent is not met as evidenced and document review, the vide appropriate behavior 1 resident (R1) receiving cation (Seroquel) with is, resulting in an episode of dischizophrenia and inpatient int.		Completed		
	Findings include:					
	R1's 1/4/21, admission Minimum Data Set (MDS) identified he had moderate cognitive impairment. R1 had diagnoses of Wernicke's encephalopathy (acute neurological disorder caused by a thiamine deficiency induced by alcoholism resulting in delirium, confusion, and memory disturbances), anxiety, major depression and low thyroid and alcohol dependence with withdrawal delirium. R1's Care Area Assessment identified he required supervision on the unit. R1 had expectations to discharge back to the community after completing chemical dependency treatment.					
	administration reco administered Seroc (anti-psychotic) twice beginning 3/19/21, (anti-depressant) a venlafaxine 225 mg depression, buspire hour nicotine patch gum hourly as need abuse, and Melator insomnia.	ysicians orders and medication ord (MAR) identified he was quel 25 milligrams (mg) ce daily for major depression Trazodone 50 mg t bedtime for insomnia, g daily (anti-depressant) for one twice daily for anxiety, a 24 (14 micrograms), Nicorette ded, a multivitamin for alcoholnin 3 mg at bedtime for				

Minnesota Department of Health

STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY
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21340	not always aware oboundaries when it staff related to his NR1 had been found female resident's rounfound accusation items or access to certain informatic aggression towards were set regarding expectations. Staff 1) Administer his mhim with appropriatinteracting, explain behaviors were inalunacceptable, intermonitor behaviors. and attempt to dete and document thos causes. R1 also ha Wernicke's enceph anxiety. Staff were ordered and monitor effects and effective 3) Arrange for a psyindicated. 4) Monitor, docume signs or symptoms hopelessness, anxieating, verbalizing ranxious or health-re. There was no indicacare plan and monieffects or behaviors. Interview on 4/30/2 aide (NA)-C identification and monieffects or behaviors had but especially in the	f physical and verbally comes to other residents and Vernicke's encephalopathy. Iurking out side of another form. He had a history of its of staff not allowing him on. R1 had a history of its male staff when boundaries behavioral management and were to: edications as ordered, assist elemethods of coping and and reinforce why his oppropriate and/or wene as necessary, and 2) Monitor behavior episodes rmine the underlying cause elementary behaviors and potential didepression due to his alopathy, depression, and to administer medications as or for and document side eness. In your consult and follow up as on the part of depression, including ety, sadness, insomnia, not negative statements, repetitive elated complaints, tearfulness. Action staff had followed the tored for medication side	21040			

Minnesota Department of Health

STATE FORM 6899 M9PI11 If continuation sheet 5 of 15

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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When staff charted behaviors at that moothers they may have shift. There was no completed for the mup the sheets".  Interview on 4/30/2 nurse (RN)-B identificand had been working was unsure what stamade aware of R1's was in the ER and word very cooperative with interaction she had or symptoms of paranoid. R1 report him". R1 had writter and was keeping a were encouraged to staff were there to had you with a batch of paper looked distressed". The stressed because of issues. He declined and legal challenge asked if he had any denied. A report wo worker to address had in the responsibility of the stressed because of issues. He paper woworker to address had shifted and degal challenge asked if he had any denied. A report woworker to address had in the shifted and degal challenge asked if he had any denied. A report woworker to address had in the shifted and degal challenge asked if he had any denied. A report woworker to address had in the shifted and degal challenge asked if he had any denied. A report woworker to address had in the shifted and legal challenge asked if he had any denied. A report woworker to address had in the shifted and legal challenge asked if he had any denied. A report woworker to address had in the shifted and legal challenge asked if he had any denied.	er monthly charting system. each shift, they only charted oment, and not documented we observed throughout their paper behavioral charting nonth of April as "no one made  1 at 11:30 a.m., with registered fied she was new to the facility ing there about a week. RN-B aff charted on R1. She was s escalating behaviors. R1 was on a 72 hr hold. He was th her and the limited with him, he showed no signs ranoia she was aware of.				

Minnesota Department of Health

STATE FORM M9PI11 If continuation sheet 6 of 15

Minnesota Department of Health

	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
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21540	Continued From pa	ge 6	21540			
21540	his concerns so the care team. 4) On 4/27/21 at 4:5 sleep at around 10 at 0430. 5) On 4/27/21 at 12 administrator and rewas requested to stompany's Facebox page. The admin in grievances, he should about it and it would upset and stated he help". The administ concerns pertaining to the facility would them to staff. R1 was examples of previous assistance given. Rigiven any help, ever bank account." Reswas helped, however access his private by verbally aggressive reinforced he was rewant to talk to you. Not want to talk to you not want to talk to a here. "The administic own responsible padecisions, and that leave, he was free the wastred yelling and I	ge 6  y could be addressed by the  55 a.m., staff noted R1 went to a.m. on 4/26/21, and woke up  :08 p.m., R1 met with the egistered nurse (RN)-A. R1 top posting messages on ok page and his own personal formed R1 if he had specific uld speak to himself or nursing d be addressed. R1 became e had not been "getting any rator advised R1 any of his g to his stay and care related be addressed if he voiced as reminded of specific us concerns he had and the et said "I have never been n when I had issues with my dident was informed that he er, staff were not authorized to be and started yelling. Staff not to yell. R1 stated "I do not This conversation is over. I do enybody. I am getting out of etrator informed R1 he was his rty and could make his own if he felt that he wanted to co do so. The admin requested e, that R1 would provide the red date of discharge and was going to discharged to. R1 eft. A few minutes later, R1 commons area and started	21540			
	and the interim dire informed R1 his sta	told to leave today. R1, RN-A ctor of nursing (IDON) tement was not true. RN-A had told R1 earlier. R1 was				

Minnesota Department of Health

STATE FORM 6899 M9PI11 If continuation sheet 7 of 15

Minneso	<u>ta Department of He</u>	ealth					
STATEMEN	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/C	CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBI	ER:	A. BUILDING:		COMP	LETED
				B. WING		C	
		00949		b. WING	<del></del>	05/0	4/2021
NAME OF I	PROVIDER OR SUPPLIER	S <sup>-</sup>	TREET ADD	BESS CITY S	STATE, ZIP CODE		
TO THE OT 1	TO VIDER ON OUT FIELD				777712, 211 0002		
WABASS	O RESTORATIVE CA	ARE CENTER		E STREET			
		W	ABASSC	), MN 56293	3		
(X4) ID		ATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FUI		PREFIX	(EACH CORRECTIVE ACTION SHOUL		COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATIC	ON)	TAG	CROSS-REFERENCED TO THE APPROF DEFICIENCY)	'RIAI E	DATE
					DEI IOIEITOT)		
21540	Continued From pa	age 7		21540			
	·						
		ner for privacy with the					
	administrator and RN-A. administrator and RN to						
		or privacy so other resid					
	were not present. F	R1 left to go to his room	while				
	yelling. Staff docum	nented they would contin	nue to				
	monitor.						
	6) On 4/28/21 at 1:3	31, staff documented ea	arlier				
		e the nurse was making					
		scharge another resider					
		standing outside of that					
		hen staff asked him who					
		d he was "protecting the					
		ed the female resident (					
		esent. R14 stated "I don					
		ere" Staff asked him to					
	away from the door		0 1110 0				
		2:30 a.m., R1 was noted	l to				
		ke his evening medication					
		to stay up all night" and					
		o him "any good". R1 th					
		om and started telling sta					
	filed a lawsuit agair		all lie				
		he IDON. R1 further sta	tod				
		ping to jail that is wher					
		ne lawsuits all my life. Th					
		ring. This facility is going					
		Me and my familywe					
		have hired a lawyer for					
		shut this place down and					
		also advised staff they					
		facility since the State					
		the facility following his					
		staff to give him the residue to					
		olice to get him out of th				ļ	
	,	en the phone and called	tne				
	police.					ļ	
		): 02 a.m., staff advised				ļ	
		tor of the situation rega					
		ed to be refusing medica				ļ	
	and threatening sta	aff. Staff noted there was	sa				

Minnesota Department of Health

STATE FORM 6899 If continuation sheet 8 of 15 M9PI11

STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00949	B. WING		05/0	) 4/2021
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WABASS	O RESTORATIVE CA	RF CENTER	E STREET O, MN 56293	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
21540	building. Staff then outside resources fresources encourage hour hold for furthe inpatient mental he. 9) On 4/29/21 at 1.3 was seen on round (MD)-A. Nursing stain the room during rincreased behaviors schizophrenia. He hincreased verbal ar seeing him on rouns send R1 to the local recommendation for currently in the ER. There was no mentidentified or docume escalating behaviors related to was also no indicate obtain R1 any mentiobain R1 any mentiobal R1 and R1 any mentiobal R1 any ment	I harm to others in the reached out to different or mental health. Those ged the facility to seek a 72 revaluation and possible alth services.  By p.m., staff documented R1 is today by the medical director aff was not allowed to remain rounds. R1 had been having is related to paranoid and been behaving with and physical aggression. After distance and order was written to all emergency room (ER) with a reference of the facility attempted to call the facility attempted to ca	21540			

Minnesota Department of Health STATE FORM

STATEMENT OF DEFICIENCIES  NOME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE_ZIP CODE  660 MAPLE STREET  WABASSO RESTORATIVE CARE CENTER  STREET ADDRESS, CITY, STATE_ZIP CODE  660 MAPLE STREET  WABASSO, MN 56293	Minneso	<u>ita Department of He</u>	ealth				
NAME OF PROVIDER OR SUPPLIER  WABASSO RESTORATIVE CARE CENTER  SITURDING MADE STREET WABASSO, MN 56293  SUMMARY STATEMENT OF DEPOLENCIES FACH DEPOLEMENT OF				(X2) MULTIPI	LE CONSTRUCTION		
NAME OF PROVIDER OR SUPPLIER  WABASSO RESTORATIVE CARE CENTER  STREET ADDRESS, CITY, STATE, ZIP CODE  660 MAPLE STREET WABASSO, MN 56293  CMAILD  GENULARY STATEBENT OF DEPOCRACIES PILL FROM PRETY TAG  REGULATORY OR LSC IDENTIFY AG INFORMATION)  REGULATORY OR LSC IDENTIFY AG INFORMATION)  R1's physician notes and faxes identified on: 1) 1/12/21, nurse practitioner (NP)-A identified R1 was admitted to the hospital in December 2020 after a wellness check was performed after R1 missed work for 4 days. R1 was found lying in bed, delusional, weak, and confused. R1's alcohol level was negative and it was thought he was going through withdrawals. Neuropsychiatric testing was performed on 12/9/20 where it was determined R1 had no capacity to make his own decisions. Given the acute nature of his presentation to the hospital, it was recommended he have repeat testing performed after 61 to 90 days of sobriety. 2) 2/3/21 and again on 2/16/21, the order to get R1's testing was repeated by NP-A each visit. There were no notations identified in the medical record that identified staff had followed up on the order to determine why it had not been performed, or clarified if the order was needed or able to be obtained. 3) 4/7/21, NP-A saw R1 and noted R1 was oriented to person and place. He was very forgettul and had difficulty remembering conversations that occurred immediately prior. He does often repeat questions. Thought processes were coherent, speech was fluent and clear, mood was anxious, and his insight was fair. R1 was presently admitted for chemical dependency (CD) treatment. He had started classes. He continues with memory impairment. Follow-up neuropsychological testing had been requested, but was unlikely there would be much improvement. Staff were to continue medications and continue his occupational therapy for cognitive re-training. R1 had a mood disorder due to known physiological conditions with depressive	AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING	·	COMP	LETED
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CALL   DESCRIPTION   CARE CENTER   WABASSO, MN 56293	NAME OF I	PROVIDER OR SUPPLIER	STREE	ADDRESS, CITY,	STATE, ZIP CODE		
CALL   DESCRIPTION   CARE CENTER   WABASSO, MN 56293			660 M	API F STREET			
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to known physiological conditions with depressive				ue			
Teatures. n Friad experienced significant losses							
including the loss of his job recently due to							
alcoholism. His father was fighting cancer. R1							

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	E CONSTRUCTION		E SURVEY PLETED
		00949	B. WING			C <b>04/2021</b>
NAME OF	PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
WARAS	SO RESTORATIVE CA	BE CENTER 660 MAI	PLE STREET			
WADAS	OO RESTORATIVE CA	WABAS	SO, MN 56293	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETE DATE
21540	Continued From pa	ge 10	21540			
	mention NP-A was behaviors of R1 lea paranoid schizophro 4) 4/8/21, MD-A dis neurodiagnostic tes provided. There was no indica R1 prior to 4/29/21, R1 be sent to the E Interview on 4/30/2 identified R1 had no IDON had asked stroharted, to which st virtual visit on 4/29/paranoid schizophro	somnia. There was no made aware of escalating ding to his diagnosis of enia 2 days later. continued the order for sting. There was no rationale ation MD-A had ever assesse after staff called to request R for escalating behaviors.  1 at 1:33 p.m. with the IDON to behaviors charted. The aff why no behaviors were saff were unsure. The MD did 21 and diagnosed R1 with enia. R1 was sent to the ER 2 hour hold and psych				
	11:25 a.m., with NA well. He was quick angry". NA-A tried to wanted a haircut, he stated no one was I the [expletive] out ohave "had it out" for have communicated each shift by docum book. R1 was progressince his communication book entries were blank to NA-A agreed staff reference that the communication something changed staff hadn't worked only chart behaviors.	ment review on 5/03/21 at In-A identified she knew R1 to "snap, flip out and get to explain to R1 one time, if he eneeded to pay for it. R1 helping him and told her to get f his room. R1 seemed to resident behaviors or needs nenting in the communication ressively getting worse for admission. Review of the lock with NA-A identified most for residents or marked "ok". Outinely made no mentions of shift. "It was hard to know if the for a resident, especially if in a few days". NA-A would seemed at the moment they	t			

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		00949	B. WING			C <b>04/2021</b>
	PROVIDER OR SUPPLIER	RE CENTER 660 MAPI	DRESS, CITY, S LE STREET O, MN 56293	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE
21540	charted, during thei documentation wou accurately and doch his increasing behaper shift. Most of the to nursing staff verbound in the increasing staff verbound in th	r shift. She agreed the ald not reflect R1's behaviors umentation lacked evidence of viors as staff only charted 1 x etime behaviors were passed bally and not documented.  ment review on 5/03/21 at a Behaviors were passed to A-B stated R1 would "write and en rip them into tiny pieces He was very paranoid and bsessed" with R14. R1's ad since his admission and en once R14 was discharged on tified staff documented 1 x per rt only if a resident had a ment she charted, not for any y may have observed and the ok was lacking any real and the section or an "ok".  Ravior charting from 4/8/21 artified staff had continuously rs, although R1's behaviors teadily increased up to his	21540			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.		С	
		00949	B. WING			4/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
WABAS	SO RESTORATIVE CA	ARE CENTER	LE STREET O, MN 5629	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21540	Continued From pa	age 12	21540			
	IDON and administ requested to have as he didn't have a facility did not provi as the facility "does facility does have a provide psychiatric used her. The IDOI The facility was loo telehealth provider. were not document electronic medical versions staff were unaware staff were unaware staff were behavioral charting aware of his mentafacility he had been was not diagnosed until he was seen be to the ER. Both agr book staff used for missing days, and Inotes to pass off in IDON agreed staff increased behavior started on and contanti-psychotic medistrict monitoring.  Review of the current Prescribing Information the staff of the current prescribing Information the course of drug ther course of drug ther course of drug ther the didn't have a shadow the staff of the current prescribing Information should be observed closely for suicidality, and unuespecially during the course of drug ther	ment review on 5/3/21 with the trator identified the IDON R1's Seroquel be discontinued "justifiable diagnosis". The de R1 with mental health visits on't have one currently". The telehealth provider who could services, but they haven't N could not recall her name. king at bringing on another Both agreed R1's behaviors ted appropriately in the record or the paper monthly to also fill out. The IDON was n't filling out appropriate. R1's family member was I health. She advised the m'dealing with it for years". R1 with paranoid schizophrenia by the MD the day he was sent reed the daily communication report was incomplete, had no behaviors or other report to oncoming staff. The had not monitored R1's when is were noted, or when he was tinued to receive and ication Seroquel, requiring ent, undated Seroquel ation identified all patients antidepressants for any emonitored appropriately and or clinical worsening, sual changes in behavior, we initial few months of a rapy, or at times of dose reases or decreases. The				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00949	B. WING		05/0	) 4/2021
	PROVIDER OR SUPPLIER	RE CENTER 660 MAPL	DRESS, CITY, S LE STREET O, MN 56293	STATE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21540	following symptoms attacks, insomnia, i aggressiveness, im (psychomotor restlemania, have been rwith antidepressant disorder as well as psychiatric and non caregivers of patier antidepressants for other indications, be non-psychiatric, she to monitor patients agitation, irritability, and the other sympas the emergence such symptoms improviders. Such moobservation by family review of the Februs Services policy ider signs of emotional areceive services an individual needs an who do not display been diagnosed wit psychosocial adjusting manie, institution of the services and individual needs and who do not display been diagnosed wit psychosocial adjusting aggressive services and individual needs and who do not display been diagnosed wit psychosocial adjusting aggressiveness in the services and individual needs and who do not display been diagnosed wit psychosocial adjusting aggressiveness in the services and individual needs and who do not display been diagnosed wit psychosocial adjusting aggressiveness in the services and individual needs and who do not display been diagnosed wit psychosocial adjusting aggressiveness in the services and individual needs and who do not display been diagnosed wit psychosocial adjusting aggressiveness in the services and individual needs and who do not display been diagnosed with psychosocial adjusting aggressiveness and the services	s, anxiety, agitation, panic rritability, hostility, pulsivity, akathisia essness), hypomania, and eported in adults being treated s for major depressive for other indications, both psychiatric. Families and outs being treated with major depressive disorder or oth psychiatric and ould be alerted about the need for the emergence of unusual changes in behavior, toms described above, as well of suicidality, and to report mediately to healthcare nitoring should include daily dies and caregivers.  Luary 2019, Behavioral Health outfied residents who exhibit and/or psychosocial distress d support that address their d goals for care. Residents symptoms of, or have not h, mental, psychiatric, ament, substance abuse or				
	behavioral disturba to a specific clinical pattern unavoidable recognizing change psychological distre interventions that a diagnosis and appromonitor those intervention. The	es disorder will not develop nees that cannot be attributed condition that makes the e. Staff were to be trained in es in behavior that indicate ess, implement care plan re relevant to the resident's opriate to his or her needs and ventions and report changes in re was no indication the policy yearly for appropriateness.				

Minnesota Department of Health STATE FORM

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BUILDING:			,
		00949	B. WING			)4/2021
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
WABAS	SO RESTORATIVE CA	ARE CENTER	LE STREET O, MN 5629	3		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
21540	Review of the Marce Condition policy ide help identify individ having acute change stay. Direct care starecognizing subtled resident like increase communicate these MD will help identify combinations that a consequences that changes in conditionabout acute change collect pertinent de Staff were to contain respond in a timely problems or change Staff were to contain additional guidance not receive a timely There was no indicate reviewed yearly for SUGGESTED MET administrator, direct consulting pharmace policies and proced medication usage at DON or designee, a could audit medicat to ensure compliant.	ch 2018, Acute Changes in entified the physician was to uals with a significant risk for ges of condition during their aff were to be trained in out significant changes in the sed agitation and how to e changes to the nurse. The y medications and medication are associated with adverse could cause significant on. Before contacting the MD as of condition, staff were to tails to report to the physician. Let the MD. The MD was to manner to notification of es in condition and status. Let the medical director for and consultation if they do y or appropriate response. Lation the policy had been appropriateness.  THOD OF CORRECTION: The tor of nursing (DON) and coist could review and revise dures for proper monitoring of and potential side effects. The along with the pharmacist, tion reviews on a regular basis	21540			

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Minnesota Department of Health STATE FORM

PRINTED: 06/07/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING	B. WING		C <b>05/04/2021</b>	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 660 MAPLE STREET WABASSO, MN 56293	<u>  03/</u>	04/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE	
F 000	INITIAL COMMENT	-S	F 00	00			
	abbreviated survey Your facility was fou with the requirement	n 5/4/21, a standard was conducted at your facility. and to be NOT in compliance hts of 42 CFR 483, Subpart B, ong Term Care Facilities.					
	SUBSTANTIATED: MN72322, MN7228 deficiencies cited at	laints were found to be H5400028C (MN72275, 17, and MN72336) with t F689, F743, and F758. and 933) with a deficiency cited at					
		laints were found to be ED: H5400030C (MN72023).					
		f correction (POC) will serve f compliance upon the stance.					
	signature is not req						
	onsite revisit of you validate substantial regulations has bee	azards/Supervision/Devices	F 68	39		5/24/21	
	as free of accident	sure that - resident environment remains hazards as is possible; and					
_ABORATOR\	UIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE	

Electronically Signed 05/20/2021

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245400	B. WING	B. WING		C <b>05/04/2021</b>	
NAME OF I	PROVIDER OR SUPPLIEF			STREET ADDRESS, CITY, STATE, ZIP CO	<u>-</u>	3 1/202 1	
				660 MAPLE STREET			
WABASS	SO RESTORATIVE C	ARE CENTER		WABASSO, MN 56293			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 689	Continued From p	age 1	F 6	89			
	supervision and as accidents. This REQUIREME by: Based on observareview, the facility assess, and imme of 1 resident (R3) with attempted eloof cannabis oil. Thall 10 of 26 residents (R6, R7, R8, R9, R) their lighters and eresidents from unstantial from the residents from th	en resident receives adequate esistance devices to prevent entire. In the seriod action, interview, and document failed to appropriately monitor, diately notify the provider for 1 who had new onset confusion pement after known ingestion to facility also failed to ensure ents who smoked (R3, R4, R5, 10, R11, R12, and R13) had encigarettes secured to prevent eafely smoking indoors.  Iterly Minimum Data Set (MDS) admitted to the facility in our chemical dependency of term care. R3 had diagnoses of dependence, nicotine our depression, anxiety and a cephalopathy (brain disease notion or structure, causing trus from toxic substances). R3 in for day to day activities and most Activities of Daily Living behaviors noted on her		1. R3 sent to ER on 4/15/2 returned on 4/16 for confusion Avera Marshall as in-patient 4/28/21. A smoking assessing completed on 4/21 which desident Council meeting with smoking policy was reviewed R3, R4, R6, R7, R8, R9, R10 and R13. and requested smoking policy. R5 was not at resident Council meeting hospitalization and no longe to use of O2.  2. All residents who smoke potential to be affected by the The Smoking/Vaping Policy Procedure has been updated use of no lighters in resident on their person. This was reflected to the Resident Council meeting with 5/20/21. Staff were educated regarding the smoking policy follow-up education will be council on 5/6/21.  3. A follow-up Resident Council Resident Council meeting will be council will be	on. Sent to on 4/22/21 to ment was emed her ely on 5/6/21 as held and d with resident 0, R11, R12, toking s per facility in attendance due to recent r smoking due have the is practice. and d to reflect the is rooms or eviewed at A follow-up ill be held on the don 5/6/21 y. Staff ompleted on sincil meeting		
	(cannabis), R3 ele	as reported to be THC octed to go outside with her a cigarette. R3 broke the fence		with residents that smoke with 5/20/21. Staff were educate regarding the smoking policy	d on 5/6/21		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING				04/ <b>2021</b>
	PROVIDER OR SUPPLIER	RE CENTER		60	TREET ADDRESS, CITY, STATE, ZIP CODE 60 MAPLE STREET VABASSO, MN 56293	03/0	7-7/LUL 1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 689	and ran to the adjace roommate reported retrieved R3 and ta hospital.  Review of the 4/16/(SA) and the 4/21/2 identified the facility plan at the time the investigation, staff i room by the charge confiscated the vap she was not allower included vaping manursing (IDON) spote "somewhat confidue to the resident smoking materials is search, staff found and a bottle of vapi IDON confiscated to where she got the vapication she produced it onlimitutes later, nursi becoming very conficultied on the smowhen her roommate broken the fence at playground, adjace immediately caught asked R3 what she wanted to swing". Frompleted an assession ormal limits and not the sent to the emitted to the sent to the emitted to swing the sent to the emitted to swing.	the elopement to staff. Staff ken by EMS to the local  21, report to the State Agency 1, facility 5 day investigation 2, noted staff "followed the care incident". Through their dentified R3 was found in her nurse (CN) vaping. The CN sing material and informed R3 dt o smoke in the facility which sterials. The interim director of ke with R3 who was noted to used". Staff did a room search having been caught with a hor room and upon the a box containing a vape pipe ng liquid marked THC. The he materials and asked R3 rape pipe and THC. R3 stated ine". Approximately 30-40 ng staff observed the resident fused and delusional. R3 was king patio with her roommate informed staff R3 had nd started running to the nt to the facility. Staff approximately staff and started running to the nt to the facility. Staff approximately staff and started running to the nt to the facility. Staff approximately staff and started running to the nt to the facility. Staff approximately staff and started running to the nt to the facility. Staff approximately staff and started running to the nt to the facility. Staff approximately staff and started running to the nt to the facility. Staff approximately staff approximately staff approximately staff and started running to the nt to the facility. Staff approximately staff approximately staff approximately staff approximately staff approximately staff and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and started running to the nt to the facility and the nt to the	F 6	889	follow-up education will be complete 5/19, 5/20, and 5/21. The outside li was fixed on 5/4/21 and a replacer lighter was ordered on 5/19/21. In case where the outside lighter is inoperable staff will light residents cigarettes.  4. Audits will be completed on reside compliance with the smoking/vaping policy 2x weekly for 4 weeks, 1x pe 1x a month and monthly for 3 month. These audits will be completed by the team. Any deficient practices will be immediately identified and corrected Results will be brought to QAPI confor further review and recommendations.	dent dent g r week hs. he IDT ed. nmittee	
	the ER hospital not marijuana (cannabi	n, agitation, and delusions. Per es, R3 test positive for s and/or THC) in her system. ministrator spoke with R3 and					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING			C / <b>04/2021</b>	
	NAME OF PROVIDER OR SUPPLIER  WABASSO RESTORATIVE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIF 660 MAPLE STREET WABASSO, MN 56293	· · · · · · · · · · · · · · · · · · ·	/0 <del>1</del> /2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 689	reluctant to give an stated she got the stated her boyfriend had given it to her a had used the THC.  R3's current, undat used anti-anxiety monitor, document, adverse reactions the drowsiness, lack of reflexes, slurred species disorientation, impairmpulsive behavior, R3 was a smoker. The suffer injury from the suspected she had there was no ment monitoring or side of had similar side effect of the building, or the cigarette lighter.  R3's progress noted in the building, or the cigarette lighter.  R3's progress noted in the building, or the cigarette lighter.  R3's progress noted in the building of the mair redirect R3 and her no mention staff ide elopement and commonitored her closed level of conscious physician of new or state in the work of the mair redirect R3 and her no mention staff ide elopement and commonitored her closed level of conscious physician of new or state in the work of the mair redirect R3 and her no mention staff ide elopement and conmonitored her closed level of conscious physician of new or state in the building of the mair redirect R3 and her no mention staff ide elopement and conmonitored her closed level of conscious physician of new or state in the building of the mair redirect R3 and her no mention staff ide elopement and conmonitored her closed level of conscious physician of new or state in the building of the mair redirect R3 and her no mention staff ide elopement and conmonitored her closed level of conscious physician of new or state in the building of the mair redirect R3 and her no mention staff ide elopement and conmonitored her closed level of conscious physician of new or state in the building of the mair redirect R3 and her no mention staff ide elopement and conmonitored her closed level of conscious physician of new or state in the building of the mair redirect R4 and R4 an	re got the THC. R3 was y information, however she THC from her boyfriend. R3 d had visited her recently and at that time. R3 identified she after that visit.  ed care plan identified she redication. Staff were to and report any potential to therapy, including energy, clumsiness, slow eech, confusion and aired thinking and judgement, and hallucinations every shift. The care plan noted she would me unsafe smoking practices to ke unsupervised. Staff were and skin for signs of cigarette enurse immediately it was or was violating the policy. First to the the thinking and judgement, and skin for signs of cigarette enurse immediately it was or was violating the policy. First to the thinking and judgement, and skin for signs of cigarette enurse immediately it was or was violating the policy. First to the thinking and judgement, and skin for signs of cigarette enurse immediately it was or was violating the policy. First to the thinking and judgement, and skin for signs of cigarette enurse immediately it was or was violating the policy. First to the thinking and judgement, and skin for signs of cigarette enurse immediately it was or was violating the policy. First the policy. First the policy is in the policy is in the policy. First the policy is in the policy is in the policy is in the policy is in the policy. First the policy is in	F 6	89			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING		05	C / <b>04/2021</b>
	PROVIDER OR SUPPLIER  SO RESTORATIVE CA			STREET ADDRESS, CITY, STATE, ZIP CO 660 MAPLE STREET WABASSO, MN 56293		704/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 689	in her room with Thobserved by staff in window sill with the cigarette. There was the lighter for safety while she awaited to assessment.  3) 8:07 p.m., staff of confusion and erration out her screen in her room. Staff noted we EMS, R3 was unmous moke with her room recovered her at the staff had a for "bizarre behaviousing illicit substancincreased paranoia history of alcohol are exam revealed her thoughts were errat subject to another, difficulty maintaining responses were slocannabis use disord complete labs. Late facility, staff notified vape in her room. Flot up" during the dasent to the ER. Neidentified any updat staff perform a seaf for safety and recommaterials or remove was also no mentio supervision and modern and mode	ge 4 IC. Then later R3 was her room, sitting in her window open smoking a s no mention staff confiscated or placed R3 on a 1 to 1 (1:1) ransport to the ER for cocumented R3 had increased ic behavior including popping er room and smoking in her while nursing had contacted onitored and went outside to m mate and eloped. Staff e adjacent property park. ual time), a Late Entry note by R3's physician (NP-A) asked for R3 to be assessed rs". Staff felt like R3 may be see and reported she had and confusion. R3 had a nd substance abuse. R3's pupils were dilated and ic and moving from one and was found to have g a conversation. Her w. NP-A diagnosed her with der and wrote orders to er, while NP-A was still in the later they discovered a THC R3 reported she had used it "a ay. R3 tried to elope and was A made no mention she red interventions. like to have red of R3's room immediately very of any other potential illicities her lighter for safety. There in staff had increased unitoring for the potential is from the THC to prevent her	F 6	889		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED	
		245400	B. WING _		05	C / <b>04/2021</b>
	PROVIDER OR SUPPLIER	ARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 660 MAPLE STREET WABASSO, MN 56293	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 689	day after the incide "no" to having any sas smoking in a no R4's progress note noted to be smokin Staff took away R4 advised R4 she wo lighter on her persoindication when sta on her person, or have be a safe amour lighter safety.  R4's 4/11/21, smok was marked "no" to incidents such as sarea.  R5's 4/29/21, smok was documented a incidents, however marked "check all the marked R5 had be non-smoking area.  R5's current, undat was a smoker and even though staff he previously.  Interview on 5/03/2 administrator and the identified they agres smoking. The agre	sing assessment, completed 1 nt identified R3 was marked smoking related incidents such n-smoking area.  Is identified on 4/1/21, R4 was g in her room at 1:30 a.m  Is lighter at the time and uld not be able to keep her on "for now". There was no ff returned R4's lighter to keep ow 24 hours was determined at of time to determine future  Ing assessment identified R4 on having any smoking related moking in a non-smoking  Is assessment identified R5 is having no smoking related the section directly below that apply" indicated staff en observed smoking in a	F 68	39		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING _		05	C 5/ <b>04/2021</b>	
	PROVIDER OR SUPPLIER	ARE CENTER	STREET ADDRESS, CITY, STATE, ZIP COE 660 MAPLE STREET WABASSO, MN 56293		•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 689	appropriately super have eloped. Smok safety hazard and were aware of som smoking policy and have smoked indocallowed lighters and resident's person a would rise if they did interviews on 5/3/2 (NA)-A and later at identified R3, R4, adiscovered by staff building. Lighters were identified residents when not who smoked current Review of the 9/25/identified residents be permitted to do smoke independent guidelines. Addition taken as determine Safety Assessment within the building, keep their smoking otherwise. For a first a 24 Hour Restriction were not to be allow materials on them. Staff were to ensure violation occurred.  Review of the Marc Elopement policy in the safety and the march staff were to ensure violation occurred.	had staff monitored and revised her, she likely would not sing or vaping indoors was a was not to be allowed. They e residents not following the had been observed by staff to ors. The IDON and admin have disupplies to be kept on the sthey felt residents' behaviors dinot.  1 at 11:25 a.m. with nurse aide 11:45 a.m., with NA-B and R5 were all known to be to be smoking inside the rere not secured away form outside smoking. All residents on the series and safety policy who desired to smoke would so provided they can safely thy and abide by the facilities had safety measures may be and by the Standard Smoking to smoking was allowed Residents would be allowed to materials unless care-planned at time violation, residents had on placed, indicating residents wed to have any smoking There was no mention how as smoking safety after a known the 2019, Wandering and dentified residents who were at	F 68	39			
	Elopement policy ic risk for wandering,						

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION  NG	COMI	E SURVEY PLETED
		245400	B. WING _		C <b>05/04/2021</b>	
	PROVIDER OR SUPPLIER SO RESTORATIVE CA	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 660 MAPLE STREET WABASSO, MN 56293		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION OF THE	D BE	(X5) COMPLETION DATE
F 743 SS=D	interventions staff winterventions were to the review of the above there was no indicated or revised as needed No Behavior Difficutor CFR(s): 483.40(b)(2) A resulting to the reveal or who desired interventions and the reveal or who desired interventions were to the reveal of the reveal or who desired interventions were to the reveal of the reveal of the reveal of the reveal or who desired interventions were to the reveal of	rere was no mention what were to place or when those to be in effect or for how long. The mentioned policies identified tion they had been reviewed and yearly. Ities Unless Unavoidable (2) ident whose assessment did oes not have a diagnosis of a	F 64			5/24/21
	documented history traumatic stress dispattern of decrease increased withdraw behaviors, unless the demonstrates that owas unavoidable; This REQUIREMEN by: Based on interview facility failed to notiful appropriate mental resident (R1) who ewith no mental heal onset acute parano psychiatric treatments. Findings include: R1's 1/4/21, admission identified he had mental had diagnoses of (acute neurological deficiency induced).	cial adjustment difficulty or a of trauma and/or post- corder does not display a of social interaction and/or n, angry, or depressive ne resident's clinical condition development of such a pattern of such a pat		<ol> <li>R1 was sent to Redwood Hos 4/29/21 for a 72-hour psychiatric he R1on 4/29/21 made the self deter to not sign a bed-hold and was disfrom the facility.</li> <li>A review of all residents on psychotropic medications was cor on 5/19/21. All residents care pla behavior sheets have been update reflect the use of psychotropic medications. Residents currently receiving psychotropic medication seen by the psychiatric nurse praction 5/21 and 5/24/21 to review the any further mental health services</li> </ol>	mination scharged mpleted ns and ed to s will be ctitioner need for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING			C <b>05/04/2021</b>	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO	<b>_</b>	75/0 <del>4</del> /2021	
WABASS	SO RESTORATIVE CA	ARE CENTER		660 MAPLE STREET WABASSO, MN 56293			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR  (EACH CORRECTIVE ACTION OF COROSS-REFERENCED TO THE ACTION OF CROSS-REFERENCED TO THE ACTION OF COROSTORY OF CROSS-REFERENCED TO THE ACTION OF	SHOULD BE	(X5) COMPLETION DATE	
F 743	alcohol dependence R1's Care Area Assupervision on the discharge back to the chemical depender R1's April 2021, physical administration reconsistered Seroc (anti-psychotic) twice Trazodone 50 mg (insomnia, venlafaxi (anti-depressant) for daily for anxiety, and insomnia, venlafaxi (anti-depressant) for daily for anxiety, and depressant bedtime for insomnia to the factorial anxiety, and depression to the factorial anxiety, and depression and physical while admission to the factorial anxiety, and depression and physical while admission to the factorial anxiety, and depression and delirium tremens (to stoppage of alcohol dependence delirium tremens (to stoppage of alcohol disorder. There was lengthy stay that R1's current, undata not always aware of the R1's current always awa	ression and low thyroid and e with withdrawal delirium. Resement identified he required unit. R1 had expectations to he community after completing ncy treatment.  residently sicians orders and medication rd (MAR) identified he was quel 25 milligrams (mg) are daily for major depression, anti-depressant) at bedtime for ine 225 mg daily or depression, buspirone twice 24 hour nicotine patch (14 rette gum hourly as needed, a chol abuse, and Melatonin 3 msomnia.  all health consultation history R1 was hospitalized before his cility identified a past medical buse, alcohol dependence, asion. No diagnosis of enia was noted.  conal hospital discharge diagnoses of alcohol abuse, e, anxiety, and depression, remors caused by abrupt 1), and major neurocognitive is no mention during R1's 1 exhibited signs or symptoms obrenia upon discharge from	F 74	3. The process of behavior has been reviewed and will be re-implemented on 5/24/21. include pharmacy recommer involving psychotropic medicare being administer. Educate behavior committee process completed with those involved.  4. Audits will be completed of behavioral documentation are of physician 2x weekly for 4 week 1x a month and month months. These audits will be by the IDT team. Any deficie will be immediately identified corrected. Results will be brocommittee for further review recommendations.	This will indations cations that ation on the will be ed on 5/19/2 on appropriand notification weeks, 1x poly for 3 e completed ent practices if and bught to QA	te on eer	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		245400	B. WING _			C / <b>04/2021</b>	
NAME OF PROVIDER OR SUPPLIER  WABASSO RESTORATIVE CARE CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES				STREET ADDRESS, CITY, STATE, ZIP CO 660 MAPLE STREET WABASSO, MN 56293			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 743	R1 had been found female resident's rounfound accusation items or access to history of aggressic boundaries were semanagement and early Administer his min with appropriatinteracting, explain behaviors were ina unacceptable, intermonitor behaviors. 2) Monitor behaviors. 2) Monitor behaviors and depression due encephalopathy, dewere to administer monitor for and doceffectiveness. 3) Arrange for a psindicated. 4) Monitor, docume signs or symptoms hopelessness, anxieating, verbalizing anxious or health-round the monitor for and doceffectiveness. 3 hopelessness, anxieating, verbalizing anxious or health-round the monitor for and doceffectiveness. 3 hopelessness, anxieating, verbalizing anxious or health-round the monitor for and doceffectiveness. 3 hopelessness, anxieating, verbalizing anxious or health-round the monitor for and doceffectiveness. 3 hopelessness, anxieating, verbalizing anxious or health-round for the later was no indicated on the later behaviors had but especially in the chart behaviors in the chart behavior in th	Wernicke's encephalopathy. Iurking out side of another oom. He had a history of its of staff not allowing him certain information. R1 had a on towards male staff when expectations. Staff were to: redications as ordered, assist e methods of coping and and reinforce why his peropriate and/or expectations as necessary, and repisodes and attempt to erlying cause and document depotential causes. R1 also expersion, and anxiety. Staff medications as ordered and cument side effects and eych consult and follow up as ent, and report as needed any of depression, including ety, sadness, insomnia, not negative statements, repetitive elated complaints, tearfulness, ation staff had followed the neged for mental health services	F 74	43			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING			C <b>05/04/2021</b>	
NAME OF PROVIDER OR SUPPLIER  WABASSO RESTORATIVE CARE CENTER				STREET ADDRESS, CITY, STATE, Z 660 MAPLE STREET WABASSO, MN 56293	<b>.</b>	0104/2021	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG		TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE	
F 743	When staff charted behaviors at that exobserved throughor reason his behavior not documented. The charting completed one made up the shadone made aware of R1's was in the ER and very cooperative winteraction she hador symptoms of particles of the facility several interactions R1 seemed to be "in a friend, [R14] and IDON confronted heleave. The admin wat him". R1 talked at there taking notes. Tight. He rattled on to leave. "R1 wasn' (court order requiring so S-A reminded him any time. R1 said heleave. He to choosing to stay the choosing to stay the choosing to stay the constructions."	each shift, they only charted tact moment, and not any at their shift. That was the resthroughout their shift were there was no paper behavioral for the month of April as "no		743			

AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		245400	B. WING			C <b>05/04/2021</b>	
NAME OF PROVIDER OR SUPPLIER  WABASSO RESTORATIVE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP C 660 MAPLE STREET WABASSO, MN 56293	ODE	03/0-	4/2021
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF COR X (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD E		(X5) COMPLETION DATE
F 743	was apparent to S-zgoing on. Had para phone was being m saw no issues with be ok safety-wise. S "not stay on subject 1) 1/21/21, the soci R1's progress notes 1) 1/21/21, the soci R1 related to his de initial meeting ident was actively dying a and depressed. R1 he came to be at the related to his alcohologous and the care about (R14). A "known hothead" en R1. He told the nurs the female resident wished. R1 advised severe need of help breakdown. He (the there making things resident had yelled "sometimes I want was encouraged to and triggers. If he was a situation to calm of 3) 3/10/21, the SW wanted to transfer a friends bank accounting poor memory, sassisting him. R1 we residents in the facility of the same situation to residents in the facility of the same situation to calm o	A "there was a mental issue noid thoughts. He said his onitored. He was upset". S-A R1's safety. He appeared to S-A further stated R1 would and had fleeting thoughts".  Is identified on: all worker (SW) asked to see appression and anxiety. His ified he reported his father and he reported feeling angry reported to the social worker e facility from the hospital olism.  The SW an email stating there is facility he grew to know and another man who was a antered her room. This upset is e. The nurse informed R1, could speak to whomever she is the nurse "[R14] was in and about to have a nervous is other male resident) was in a worse. R1 noted the male at him in the past and to stand up for myself". R1 be aware of his boundaries was triggered, he was to leave down.  It again received an email R1 a large sum of money to his int. Staff informed him due to taff did not feel comfortable as also told to not ask other lity for assistance as they are	F 7	743			
	would like to seek g	s well. R1 was asked if he juardianship or a conservator, was "perfectly capable of					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			COMPLETED	
		245400	B. WING _		05/0	; )4/2021	
NAME OF PROVIDER OR SUPPLIER  WABASSO RESTORATIVE CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 660 MAPLE STREET WABASSO, MN 56293			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 743	making my own ded 4) 3/19/21, the SW Protections Service 5) 3/22/21, the SW Ombudsman's office guardian/conservat 6) Between 4/8/21 behaviors documen 7) 4/25/21 at 4:02 pparanoid. R1 report him". R1 had writte and was keeping a were encouraged to staff were there to 1 8) 4/25/21 at 8:19 ppeen pacing severa with a batch of papplooked distressed". most of the time. So his concerns. He to stressed because of issues. He declined and legal challenge asked if he had any denied. A report wo worker to address if continue to monitor his concerns so the care team. 9) 4/27/21 at 4:55 a sleep at around 10 at 4:30 a.m 10) 4/27/21 at 12:0 administrator and re was requested to s company's Facebo page. The admin in grievances, he sho	cisions." reached out to Adult es for guardianship questions. reached out to the se for	F 74	43			

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
		245400	B. WING _		05	C / <b>04/2021</b>	
	PROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP ( 660 MAPLE STREET WABASSO, MN 56293	•		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIOI CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
F 743	help". The administrator and Freiterated what the asked to meet furth administrator and Fulling. Staff documents of the facility, R1 was helped, however access his privated to verbally aggressive reinforced he was a want to talk to a here". The administrator and the interim directly and the interim directly and the interim directly and the meeting room for were not present. Fyelling. Staff documents of the facility, R1 was administrator and the facility, R1 was administrator and formed R1 his started yelling. Staff documents of the meeting room for were not present. Fyelling. Staff documents to dithe facility, R1 was asked to dithe facility with his desired asked to dithe facility with	ge 13 e had not been "getting any trator advised R1 any of his of to his stay and care related be addressed if he voiced as reminded of specific us concerns he had and the R1 said "I have never been on when I had issues with my sident was informed that he er, staff were not authorized to banking accounts. R1 became and started yelling. Staff not to yell. R1 stated "I do not This conversation is over. I do anybody. I am getting out of trator informed R1 he was his arty and could make his own if he felt that he wanted to to do so. The admin requested e, that R1 would provide the red date of discharge and was going to discharge and vas going to discharged to. R1 left. A few minutes later, R1 ommons area and started a told to leave today. R1, RN-A ector of nursing (IDON) attement was not true. RN-A of had told R1 earlier. R1 was her for privacy with the RN-A administrator and RN to or privacy so other residents at left to go to his room while mented they would continue to p.m., staff documented earlier es the nurse was making scharge another resident from standing outside of that then staff asked him what he	F 74	3			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING _		05	C 5/ <b>04/2021</b>
	PROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP C 660 MAPLE STREET WABASSO, MN 56293		
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F 743	was doing he stater resident". Staff ask she wanted him prowhat he is doing the away from the door 12) 4/29/21 at 12:3 refused to take his stated he "wanted to medication didn't docame out of his roof filed a lawsuit again administrator and to the total the good belong!. I have don how I earned my live pay me a lot of more have teamed up and this case. We have have them go to jail better quit working was going to shut to lawsuit. He asked so phone to call the post facility. R1 was give police.  13) 4/29/21 at 10: Oregional administra R1. R1 was reported and threatening state concern of potential building. Staff then outside resources fresources encourage hour hold for further inpatient mental he 14) 4/29/21 at 1:39 was seen on round (MD)-A. Nursing states.	d he was "protecting the ed the female resident (R14) if esent. R14 stated "I don't know ere" Staff asked him to move of a.m., R1 was noted to have evening medications. R1 to stay up all night" and the or him "any good". R1 then and started telling staff he net the facility, the net IDON. R1 further stated "ang to jail that is where they elawsuits all my life. That is ring. This facility is going to ney. Me and my familywe ad we have hired a lawyer for to shut this place down and I". He also advised staff they for the facility since the State lown the facility following his staff to give him the resident's olice to get him out of the enthe phone and called the of the situation regarding ed to be refusing medications of the staff noted there was a I harm to others in the reached out to different or mental health. Those ged the facility to seek a 72 revaluation and possible	F 74	.3		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION  NG		ATE SURVEY DMPLETED
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	245400  AME OF PROVIDER OR SUPPLIER  //ABASSO RESTORATIVE CARE CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			STREET ADDRESS, CITY, STATE, ZIP CODE 660 MAPLE STREET WABASSO, MN 56293		0/0 1/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ( (EACH CORRECTIVE ACTION SH: CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 743	increased behavior schizophrenia. He lincreased verbal ar seeing him on roun send R1 to the locarecommendation for currently in the ER. There was no mentidentified or docume escalating behaviors related to was also no indicate obtain R1 any mentidescontinued relate part of a gradual document of a gradual document of the endication staff had MD-A, notifying MD behaviors and the massessment. There had actually assess behaviors since be 3/19/21, or notified increased behavior.  R1's physician note of the endication staff had actually assess the endication staff had a	rs related to paranoid had been behaving with and physical aggression. After a had an order was written to all emergency room (ER) with a part 72 hour hold. R1 was at that time. The tion in the progress notes staff a hented R1's continued are, or were monitoring R1's or his antipsychotic use. There are tion the facility attempted to tall health services prior to the services prior to the services are reduction attempt (GDR). The services are reduction attempt (GDR). The services are the provider. There was not ever attempted to call the D-A about R1's increased the ed and monitored R1's ginning his Seroquel on MD-A on the fax to R1's services. The services are the services at the services are t	F 7-	43		
	alcohol level was n was going through	egative and it was thought he withdrawals. Neuropsychiatric ned on 12/9/20 where it was				

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	PROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, STATE, ZIP C 660 MAPLE STREET WABASSO, MN 56293	<u>.</u>	7 O 4 / 2 O Z I
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE	(X5) COMPLETION DATE
F 743	determined R1 had decisions. Given the presentation to the he have repeat test days of sobriety.  2) 2/3/21 and again R1's testing was reported that identifies order to determine performed, or clarificable to be obtained 3) 4/7/21, NP-A saw oriented to person a forgetful and had diconversations that does often repeat quare coherent, speed Anxious, and insigh admitted for chemic treatment. He had swith memory impair neuropsychological but was unlikely the improvement. Staff and continue his occognitive re-training to known physiologifeatures. R1 had exincluding the loss of alcoholism. His fath reported ongoing in mention NP-A was behaviors of R1 leaparanoid schizophre 4) 4/8/21, MD-A dis neurodiagnostic tesprovided.	no capacity to make his own a acute nature of his hospital, it was recommended ing performed after 60 to 90 on 2/16/21, the order to get beated by NP-A each visit. It it it is it is it is it is it is it is fair. R1 was presently each is fluent and clear, mood is it is fair. R1 was presently each dependency (CD) started classes. He continues is it is fair. R1 was presently each dependency (CD) started classes. He continues is it is fair. R1 was presently each dependency (CD) started classes. He continues is it is fair. R1 was presently each dependency (CD) each classes. He continues is it is fair. R1 was presently each dependency (CD) each classes. He continues is it is fair. R1 was presently each classes in the continue medications cupational therapy for provided it is in the continue with depressive experienced significant losses if his job recently due to the was fighting cancer. R1 somnia. There was no made aware of escalating ding to his diagnosis of	F 7	743		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING			C <b>05/04/2021</b>
	PROVIDER OR SUPPLIER  SO RESTORATIVE CA			STREET ADDRESS, CITY, S 660 MAPLE STREET WABASSO, MN 56293		03/04/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIA FICIENCY)	
F 743	R1 prior to 4/29/21, R1 be sent to the E Interview on 4/30/2 RN-C identified R1 on 4/29/21 on a 72 actively seeking inpadmission.  Interview on 4/30/2 identified R1 had not IDON had asked st charted, even though increased, to which were "unsure". Her document all behave MD did a virtual visit with paranoid schiz ER with a request for services.  Interview and document and the way and the way and the way and the way and the services.  Interview and document and the way and the way and the services and the service and the way and the stated no one was also the service one way and the service of the way and the way and the service of the way and the way an	after staff called to request R for escalating behaviors.  1 at 12:42 p.m., local hospital was admitted to the hospital hr hold. The hospital was attient psychiatric hospital  1 at 1:33 p.m. with the IDON behaviors charted. The aff why no behaviors were gh R1's behaviors had staff reported to her they expectation was staff were to riors with any resident. The ton 4/29 and diagnosed R1 ophrenia. R1 was sent to the or 72 hour hold and psych  ment review on 5/03/21 at A-A identified she knew R1 to "snap, flip out and get o explain to R1 one time, if he eneeded to pay for it. R1 nelping him and told her to get f his room. R1 seemed to gadministrator]. Staff were to d resident behaviors or needs nenting in the communication rs had escalated in April, ecommunication book with st entries were blank for d "ok". NA-A agreed staff	F 7	743		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  A. BUILDING			(X3) DATE SURVEY COMPLETED				
		245400	B. WING				0 <b>4/2021</b>
	PROVIDER OR SUPPLIER	RE CENTER		STREET ADDRESS, CITY, S 660 MAPLE STREET WABASSO, MN 56293		1 03/1	0-4/2021
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	X (EACH CORRECT CROSS-REFERENC	LAN OF CORRECTIOI IVE ACTION SHOULD ED TO THE APPROPI FICIENCY)	BE	(X5) COMPLETION DATE
F 743	only chart behaviors record if they happe charted, during thei documentation wou accurately and doct his increasing behaper shift. Most of the to nursing staff verball.	ge 18 s in the electronic medical ened at the moment they r shift. She agreed the ald not reflect R1's behaviors umentation lacked evidence of eviors as staff only charted 1 x e time behaviors were passed oally and not documented.	F 7	43			
	11:45 a.m., with NA document behavior nurses verbally. NA write notes and the and throw it away". was known to be "o behaviors increased seemed to escalate 4/28/21. NA-B ident shift and would chabehavior at the mornot include all beha shift. NA-B stated the lacking any real per "hard to know if res	a-B identified staff did not so. Behaviors were passed to A-B stated R1 would "write and en rip them into tiny pieces. He was very paranoid and bsessed" with R14. R1's disince his admission and enonce R14 was discharged on tified staff documented 1 x per rt only if a resident had a ment when she charted, and viors seen throughout the ne communication book was tinent information. It was idents had appointments or n by a blank section or an					
	through 4/29/21 ide marked no behavio	avior charting from 4/8/21 ntified staff had continuously rs, although R1's behaviors teadily increased up to his 21.					
	there was to be pag for each resident. T pages for the dates	munication book identified ges for each day with sections he communication book had beginning 4/25/21 through for the dates of 4/28/21 and					

_		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONST NG		` ´CON	E SURVEY MPLETED
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	AME OF PROVIDER OR SUPPLIER  VABASSO RESTORATIVE CARE CENTER  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES			660 MAPL	DDRESS, CITY, STATE, ZIP CODE LE STREET SO, MN 56293	1 00/	0-1/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIC EACH CORRECTIVE ACTION SHOULI OSS-REFERENCED TO THE APPROF DEFICIENCY)	) BE	(X5) COMPLETION DATE
F 743	4/29/21, followed by and 5/2/21. If staff of marked "ok". No de routinely document Interview and the Interview as R1 didn't have a facility did not proviate the facility "does facility does have a provide psychiatric used her and the Interview I	y pages for 4/30/21, 5/1/21 documented, it was commonly finitive information was ed.  ment review on 5/3/21, with nistrator identified the IDON R1's Seroquel be discontinued "justifiable diagnosis". The de R1 with mental health visits n't have one currently". The telehealth provider who could services, but they haven't DON stated she could not be facility was looking at telehealth provider to provide ces. Both agreed R1's documented appropriately in cal record or the paper aff were to also fill out. The estaff weren't filling out oral charting. She advised the "dealing with it for years". R1 with paranoid schizophrenia y the MD the day he was sent eed the daily communication report was incomplete, had no behaviors or other report to oncoming staff. The had not monitored R1's when is were noted, or when he was inued to receive and cation Seroquel, requiring	F 7	43			
	Services policy ider signs of emotional	ntified residents who exhibit and/or psychosocial distress d support that address their					

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F 743	who do not display been diagnosed wit psychosocial adjust post-traumatic stress behavioral disturbat to a specific clinical pattern unavoidable recognizing change psychological distresinterventions that a diagnosis and appromonitor those intervention. The had been reviewed  Review of the Marc Condition policy ide help identify individe having acute change stay. Direct care starecognizing subtle to resident like increase communicate these MD will help identify combinations that a consequences that changes in condition about acute change collect pertinent defect of the staff were to contage staff were to contage additional guidance not receive a timely	d goals for care. Residents symptoms of, or have not th, mental, psychiatric, tment, substance abuse or as disorder will not develop nees that cannot be attributed condition that makes the condition that makes the condition that indicate the ses, implement care plan are relevant to the resident's opriate to his or her needs and ventions and report changes in the rewas no indication the policy yearly for appropriateness.  The 2018, Acute Changes in the resident of the physician was to the policy yearly for appropriateness.  The 2018, Acute Changes in the resident of the physician was to the physician was to the physician that is guifficant changes in the resident of the physician and how to be changes to the nurse. The production of the physician was to reassociated with adverse could cause significant in. Before contacting the MD are of condition, staff were to the MD. The MD was to manner to notification of the sin condition and status. The medical director for and consultation if they do to appropriate response. The policy had been are the policy had been are the policy had been are the production of the production of the policy had been are the production of the production of the policy had been are the production of th	F 74	13		

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING			E SURVEY MPLETED		
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC ( (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 758 F 758 SS=D	CFR(s): 483.45(c)(3) §483.45(e) Psychology 18483.45(e) Psychology 18483.45(e)(3) A psychotocy 18483.45(e)(3) Anti-psychotic; (ii) Anti-psychotic; (iii) Anti-anxiety; and (iv) Hypnotic Based on a compressed on a compressident, the facility §483.45(e)(1) Residual psychotropic drugs unless the medication and in the clinical record \$483.45(e)(2) Residual psychotropic drugs in the clinical record service of the psychotocy 18483.45(e)(2) Residual psychotropic drugs unless that medication and the clinical record service of the psychotropic drugs unless that medication and the psychotropic drugs u	sychotropic Meds/PRN Use 3)(e)(1)-(5)  tropic Drugs. //chotropic drug is any drug that es associated with mental avior. These drugs include, o, drugs in the following  dehensive assessment of a must ensure that dents who have not used are not given these drugs ion is necessary to treat a s diagnosed and documented d;  dents who use psychotropic all dose reductions, and tions, unless clinically an effort to discontinue these dents do not receive pursuant to a PRN order tion is necessary to treat a condition that is documented	F 79	58		5/24/21
	are limited to 14 da	orders for psychotropic drugs ys. Except as provided in attending physician or				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	IPLE CONSTRUCTION  IG	COM	SURVEY PLETED
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	PROVIDER OR SUPPLIER	ARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 660 MAPLE STREET WABASSO, MN 56293	1 00/1	7-7/LUL 1
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 758	prescribing practitic appropriate for the beyond 14 days, he rationale in the resi indicate the duration §483.45(e)(5) PRN drugs are limited to renewed unless the prescribing practition the appropriateness. This REQUIREMEI by:  Based on interview facility failed to proving for 1 of antipsychotic medic increased behavior new onset paranoic psychiatric treatme. Findings include:  R1's 1/4/21, admission include:  R1's 2/4/21, admission include:  R1's 2/4/21, admission include:	oner believes that it is PRN order to be extended or she should document their dent's medical record and n for the PRN order.  orders for anti-psychotic 14 days and cannot be attending physician or oner evaluates the resident for s of that medication. NT is not met as evidenced  and document review, the vide appropriate behavior resident (R1) receiving cation (Seroquel) with s, resulting in an episode of d schizophrenia and inpatient nt.  sion Minimum Data Set (MDS) oderate cognitive impairment. of Wernicke's encephalopathy disorder caused by a thiamine by alcoholism resulting in and memory disturbances), ression and low thyroid and we with withdrawal delirium. sessment identified he required unit. R1 had expectations to he community after completing	F 75	1. R1 was sent to Redwood Hos 4/29/21 for a 72-hour psychiatric R1on 4/29/21 made the self deter to not sign a bed-hold and was disfrom the facility.  2. A review of all residents on psychotropic medications was cor on 5/19/21. All residents care pla behavior sheets have been updat reflect the use of psychotropic medications. Residents currently receiving psychotropic medication seen by the psychiatric nurse pracon 5/21 and 5/24/21 to review the any further mental health services  3. Audits will be completed on appropriate behavioral documenta notification of physician 2x weekly weeks, 1x per week 1x a month a monthly for 3 months. These audicompleted by the IDT team. Any operactices will be immediately iden and corrected. Results will be bro QAPI committee for further review	mination scharged mpleted ns and ed to meed for a meed	

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WABASSO RESTORATIVE CARE CENTER  (X4) ID PREFIX TAG  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 758  Continued From page 23  (anti-psychotic) twice daily for major depression beginning 3/19/21, Trazodone 50 mg (anti-depressant) at bedtime for insomnia, venlafaxine 225 mg daily (anti-depressant) for depression, buspirone twice daily for anxiety, a 2 hour nicotine patch (14 micrograms), Nicorette gum hourly as needed, a multivitamin for alcoho abuse, and Melatonin 3 mg at bedtime for insomnia.			STREET ADDRESS, CITY, STATE, ZIP COD 660 MAPLE STREET WABASSO, MN 56293	•	0 1/2021	
PRÉFIX	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SECROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 758	(anti-psychotic) twice beginning 3/19/21, (anti-depressant) a venlafaxine 225 mg depression, buspire hour nicotine patch gum hourly as need abuse, and Melator insomnia.  R1's current, undate not always aware of boundaries when it staff related to his R1 had been found female resident's reunfound accusation items or access to certain informatic aggression towards were set regarding expectations. Staff 1) Administer his min with appropriat interacting, explain behaviors were inaunacceptable, intermonitor behaviors. and attempt to detain document those causes. R1 also haw Wernicke's encephanxiety. Staff were ordered and monitic effects and effectiv 3) Arrange for a psindicated.  4) Monitor, docume	re daily for major depression Trazodone 50 mg t bedtime for insomnia, g daily (anti-depressant) for one twice daily for anxiety, a 24 (14 micrograms), Nicorette ded, a multivitamin for alcohol nin 3 mg at bedtime for  ed care plan identified he was f physical and verbally comes to other residents and Vernicke's encephalopathy. Iurking out side of another om. He had a history of ns of staff not allowing him  on. R1 had a history of s male staff when boundaries behavioral management and were to: nedications as ordered, assist e methods of coping and and reinforce why his ppropriate and/or vene as necessary, and 2) Monitor behavior episodes ermine the underlying cause e behaviors and potential d depression due to his alopathy, depression, and to administer medications as or for and document side	F 758	recommendations.  4. Audits will be completed or committee documentation and appropriate use of antipsycholomedications 2x weekly for 4 week 1x a month and monthly months. These audits will be oby the IDT team. Any deficient will be immediately identified a corrected. Results will be broucommittee for further review a recommendations.	tic eeks, 1x per for 3 completed practices and ght to QAPI	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245400	B. WING _		05	C / <b>04/2021</b>
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F 758	F 758 Continued From page 24 hopelessness, anxiety, sadness, insomnia, not		F 75	58		
	eating, verbalizing anxious or health-re There was no indic	negative statements, repetitive elated complaints, tearfulness. ation staff had followed the stored for medication side				
	aide (NA)-C identifi R1's behaviors had but especially in the chart behaviors in the record and the pap When staff charted behaviors at that mothers they may ha shift. There was no	1 at 11:00 a.m., with nurse ed she was familiar with R1. I escalated since admission, e last few weeks. Staff were to both the electronic medical er monthly charting system. each shift, they only charted oment, and not documented we observed throughout their paper behavioral charting nonth of April as "no one made"				
	nurse (RN)-B ident and had been work was unsure what si made aware of R1' was in the ER and very cooperative wi interaction she had	1 at 11:30 a.m., with registered ified she was new to the facility ing there about a week. RN-B taff charted on R1. She was s escalating behaviors. R1 was on a 72 hr hold. He was ith her and the limited with him, he showed no signs tranoia she was aware of.				
	behaviors documer 2) On 4/25/21 at 4: paranoid. R1 repor- him". R1 had writte and was keeping a were encouraged to	s identified: and 4/24/21, there were no nted in progress notes. 02 p.m., R1 was noted to be ted staff "were not nice to n down the names of all staff log of staff activities. Staff to talk to him and reassure him help him, not "after him".				

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F 758	been pacing several with a batch of papelooked distressed." most of the time. Statistic concerns. He to stressed because of issues. He declined and legal challenge asked if he had any denied. A report wo worker to address he continue to monitor his concerns so the care team.  4) On 4/27/21 at 4:3 sleep at around 10 at 0430.  5) On 4/27/21 at 12 administrator and rowas requested to stompany's Facebor page. The administrator and it would upset and stated he help". The administration concerns pertaining to the facility would them to staff. R1 we examples of previous assistance given. Figiven any help, ever bank account." Reswas helped, howev access his private by verbally aggressive reinforced he was resulted.	ge 25 19 p.m., R1 was noted to have al times to and from his roomers, file, and his iPad. R1" He was talking to himself taff approached R1 to find out ald staff that he was so of financial and other legal to state the specific financial as he was facing. R1 was a plans of self-harm which he ald be given to the social his concerns. Staff were to and encourage R1 to voice by could be addressed by the could speak to himself or nursing the beaddressed. R1 became a had not been "getting any rator advised R1 any of his go to his stay and care related be addressed if he voiced as reminded of specific us concerns he had and the last said "I have never been in when I had issues with my sident was informed that he er, staff were not authorized to banking accounts. R1 became and started yelling. Staff not to yell. R1 stated "I do not This conversation is over. I do	F 7	58		

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F 758	not want to talk to a here. "The administ own responsible padecisions, and that leave, he was free if he wished to leav facility with his desi location where he wastarted yelling and I came back to the cayelling he had been and the interim dire informed R1 his stareiterated what they asked to meet furth administrator and Facility R1 was resident's room. Where not present. Fyelling. Staff docummonitor.  6) On 4/28/21 at 1.3 that day today while arrangements to disting the facility, R1 was resident's room. Where was doing he stated resident". Staff askes she wanted him prowhat he is doing the away from the door 7) On 4/29/21 at 12 have refused to tak stated he "wanted to medication didn't docame out of his roofiled a lawsuit again administrator and the "These guys are go	inybody. I am getting out of strator informed R1 he was his rry and could make his own if he felt that he wanted to so do so. The admin requested e, that R1 would provide the red date of discharge and vas going to discharged to. R1 eft. A few minutes later, R1 ommons area and started told to leave today. R1, RN-A ctor of nursing (IDON) tement was not true. RN-A r had told R1 earlier. R1 was er for privacy with the RN-A. administrator and RN to or privacy so other residents at left to go to his room while tented they would continue to the nurse was making scharge another resident from standing outside of that then staff asked him what he de the female resident (R14) if esent. R14 stated "I don't know ere" Staff asked him to move this evening medications. R1 o stay up all night" and the or him "any good". R1 then m and started telling staff he		758			

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F 758	how I earned my live me a lot of money. teamed up and we case. We have to see them go to jail". He quit working for the going to shut down lawsuit. He asked see phone to call the post facility. R1 was give police.  8) On 4/29/21 at 10 regional administration R1. R1 was reported and threatening state concern of potential building. Staff then outside resources for esources encourage thour hold for further inpatient mental her seen on rounds (MD)-A. Nursing state in the room during resourcesed behaviors schizophrenia. Her increased verbal are seeing him on rounds seed R1 to the local recommendation for currently in the ER. There was no ment identified or docume escalating behaviors related to was also no indication.	ing. This facility is going to pay Me and my familywe have have hired a lawyer for this hut this place down and have also advised staff they better facility since the State was the facility following his taff to give him the resident's blice to get him out of the en the phone and called the corof the situation regarding d to be refusing medications ff. Staff noted there was a harm to others in the reached out to different for mental health. Those ged the facility to seek a 72 revaluation and possible alth services.  39 p.m., staff documented R1 is today by the medical director aff was not allowed to remain rounds. R1 had been having is related to paranoid and been behaving with and physical aggression. After ds an order was written to I emergency room (ER) with a r 72 hour hold. R1 was	F 7	758			

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F 758	the facility requested discontinued related part of a gradual do Another request was was ever received lindication staff had provider, notifying Mehaviors and the rassessment. There had actually assess behaviors since bega/19/21, or notified increased behavior.  R1's physician noted increased behavior.  R1's physician note	21, fax sent to MD-A identified of to have R1's Seroquel of to "no target behaviors" as ose reduction attempt (GDR). Its made 4/27/21. No response by the provider. There was no ever attempted to call the MD-A about R1's increased need for a medical was also no indication staff sed and monitored R1's ginning his Seroquel on MD-A on the fax to R1's set. Its and faxes identified on: ractitioner (NP)-A identified R1 hospital in December 2020 eck was performed after R1 days. R1 was found lying in ak, and confused. R1's egative and it was thought he withdrawals. Neuropsychiatric ned on 12/9/20 where it was no capacity to make his own e acute nature of his hospital, it was recommended ing performed after 60 to 90 on 2/16/21, the order to get peated by NP-A each visit. It it in the medical difference on the order was needed or ited if the order was needed or ited.	F 75	58		

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F 758	forgetful and had of conversations that does often repeat were coherent, spemood was anxious was presently adm (CD) treatment. He continues with meneuropsychological but was unlikely the improvement. Staff and continue his of cognitive re-training to known physiological features. R1 had eincluding the loss of alcoholism. His fat reported ongoing in mention NP-A was behaviors of R1 lesparanoid schizoph 4) 4/8/21, MD-A disneurodiagnostic terprovided. There was no indicate provided. There was no indicate provided as to the first paranoid schizoph with a request for the services.	difficulty remembering occurred immediately prior. He questions. Thought processes eech was fluent and clear, and his insight was fair. R1 litted for chemical dependency had started classes. He mory impairment. Follow-up all testing had been requested, ere would be much f were to continue medications occupational therapy for g. R1 had a mood disorder due gical conditions with depressive experienced significant losses of his job recently due to her was fighting cancer. R1 msomnia. There was no made aware of escalating ading to his diagnosis of	F 7	758			

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F 758	angry". NA-A tried to wanted a haircut, hostated no one was the [expletive] out of have "had it out" for have communicate each shift by documbook. R1 was progroup behaviors since his communication book entries were blank. NA-A agreed staff of the communication something changed staff hadn't worked only chart behavior record if they happed charted, during their documentation wou accurately and dochis increasing behaper shift. Most of the to nursing staff verbustion of the communication would be a more staff of the communication would be a more shift. Most of the communication would be a more shift. Most of the communication would be a more shift. Most of the communication would be a more shift and would characteristic and would be a work and would	to "snap, flip out and get o explain to R1 one time, if he e needed to pay for it. R1 helping him and told her to get of his room. R1 seemed to r [administrator]. Staff were to d resident behaviors or needs nenting in the communication ressively getting worse for admission. Review of the ok with NA-A identified most for residents or marked "ok". routinely made no mentions on shift. "It was hard to know if d for a resident, especially if in a few days". NA-A would in a few days. NA-A would in the electronic medical ened at the moment they if shift. She agreed the all d not reflect R1's behaviors umentation lacked evidence of aviors as staff only charted 1 x etime behaviors were passed boally and not documented.  The behaviors were passed to A-B stated R1 would "write and en rip them into tiny pieces. He was very paranoid and obsessed" with R14. R1's d since his admission and en once R14 was discharged on tified staff documented 1 x per art only if a resident had a sment she charted, not for any by may have observed.	F 7	58		

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F 758	pertinent information residents had appropriate through 4/29/21 identification by a blank. R1's electronic behavious and paranoia had significated and paran	on. It was hard to know if bintments or changes in k section or an "ok".  It was hard to know if bintments or changes in k section or an "ok".  It was hard to know if bintments or changes in k section or an "ok".  It was hard to know if bintments or changes in k section or an "ok".  It was hard to know if bintments or changes in k sections of the dates of the communication book had a beginning 4/25/21 through for the dates of 4/28/21 and y pages for 4/30/21. If staff is commonly "ok". No definitive utinely documented at all.  In ment review on 5/3/21 with the trator identified the IDON R1's Seroquel be discontinued "justifiable diagnosis". The ide R1 with mental health visits on't have one currently". The ide telehealth provider who could services, but they haven't N could not recall her name. Is king at bringing on another in Both agreed R1's behaviors the dappropriately in the record or the paper monthly to also fill out. The IDON was en't filling out appropriate in R1's family member was all health. She advised the	F 7	58		
	aware of his menta facility he had been					

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F 758	to the ER. Both agr book staff used for missing days, and I notes to pass off in IDON agreed staff increased behavior started on and cont anti-psychotic medi strict monitoring.	by the MD the day he was sent reed the daily communication report was incomplete, had no behaviors or other report to oncoming staff. The had not monitored R1's when s were noted, or when he was cinued to receive and ication Seroquel, requiring	F 7!	58	
	Prescribing Informate being treated with a indication should be observed closely for suicidality, and unutespecially during the course of drug there changes, either inception following symptoms attacks, insomnia, it aggressiveness, improved in the province of the provin	pulsivity, akathisia essness), hypomania, and reported in adults being treated its for major depressive for other indications, both a-psychiatric. Families and ints being treated with major depressive disorder or			

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F 758	Services policy ider signs of emotional a receive services an individual needs an who do not display been diagnosed wit psychosocial adjust post-traumatic stress behavioral disturbat to a specific clinical pattern unavoidable recognizing change psychological distresinterventions that a diagnosis and appromonitor those intervention. The had been reviewed  Review of the Marc Condition policy ide help identify individe having acute change stay. Direct care starecognizing subtle bresident like increase communicate these MD will help identify combinations that a consequences that changes in condition about acute change collect pertinent def Staff were to contact respond in a timely problems or change	ge 33  uary 2019, Behavioral Health ntified residents who exhibit and/or psychosocial distress d support that address their d goals for care. Residents symptoms of, or have not th, mental, psychiatric, tment, substance abuse or as disorder will not develop nees that cannot be attributed condition that makes the as Staff were to be trained in as in behavior that indicate ass, implement care plan are relevant to the resident's opriate to his or her needs and ventions and report changes in the rewas no indication the policy yearly for appropriateness.  The 2018, Acute Changes in antified the physician was to uals with a significant risk for the sed agitation and how to be changes to the nurse. The redications and medication are associated with adverse could cause significant in. Before contacting the MD as of condition, staff were to the modication of the sin condition and status. The medical director for the medical director for	F 7	58		

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F 758	additional guidance not receive a timely	and consultation if they do ror appropriate response. ation the policy had been	F 7	58		