Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
October 2, 2023

Administrator
Glenwood Village Care Center
719 Southeast 2nd Street
Glenwood, MN 56334

RE: CCN: 245402
Cycle Start Date: August 25, 2023

Dear Administrator:

On September 6, 2023, we notified you a remedy was imposed. On September 28, 2023 the Minnesota Department(s) of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of September 21, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective November 25, 2023 did not go into effect. (42 CFR 488.417 (b))

However, as we notified you in our letter of September 6, 2023, 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 August 25, 2023. This does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

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Electronically delivered

October 2, 2023

Administrator
Glenwood Village Care Center
719 Southeast 2nd Street
Glenwood, MN 56334

Re: Reinspection Results
Event ID: 74HY12

Dear Administrator:

On September 28, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on August 25, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
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An equal opportunity employer.

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Electronically delivered
September 6, 2023

Administrator
Glenwood Village Care Center
719 Southeast 2nd Street
Glenwood, MN 56334

RE: CCN: 245402
Cycle Start Date: August 25, 2023

Dear Administrator:

On August 25, 2023, a survey was completed at your facility by the Minnesota Department of Health to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted immediate jeopardy (Level J), as evidenced by the electronically delivered CMS-2567, whereby significant corrections are required.

REMOVAL OF IMMEDIATE JEOPARDY

On August 22, 2023, the situation of immediate jeopardy to potential health and safety cited at F689 was removed. Because corrective action was taken prior to the survey, F689 is being cited as past non-compliance.

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 November 25, 2023.

The CMS Region V Office will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective November 25, 2023. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective November 25, 2023.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction.

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

This Department is also recommending that CMS impose:

- Civil money penalty (42 CFR 488.430 through 488.444). You will receive a formal notice from the CMS RO only if CMS agrees with our recommendation.

SUBSTANDARD QUALITY OF CARE (SQC)

SQC was identified at your facility. Sections 1819(g)(5)(C) and § 1919(g)(5)(C) of the Social Security Act and 42 CFR 488.325(h) requires that the attending physician of each resident who was found to have received substandard quality of care, as well as the State board responsible for licensing the facility's administrator, be notified of the substandard quality of care. If you have not already provided the following information, you are required to provide to this agency within ten working days of your receipt of this letter the name and address of the attending physician of each resident found to have received substandard quality of care.

Please note that, in accordance with 42 CFR 488.325(g), your failure to provide this information timely will result in termination of participation in the Medicare and/or Medicaid program(s) or imposition of alternative remedies.

Federal law, as specified in the Act at § 1819(f)(2)(B) and § 1919(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care. Therefore, Glenwood Village Care Center is prohibited from offering or conducting a Nurse Assistant Training / Competency Evaluation Programs (NATCEP) or Competency Evaluation Programs for two years effective August 25, 2023. This prohibition remains in effect for the specified period even though substantial compliance is attained. Under Public Law 105-15 (H. R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

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" and/or an "E" tag), i.e., the plan of correction should be directed to:

Susie Haben, Rapid Response
Licensing and Certification Program Health
Regulation Division Minnesota Department of
Health Midtown Square
3333 Division Street, Suite 212 Saint Cloud,
Minnesota 56301-4557 Email:
susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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 February 25, 2024 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:

Steven.Delich@cms.hhs.gov

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

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

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you

have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to Steven.Delich@cms.hhs.gov.

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

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 6, 2023

Administrator
Glenwood Village Care Center
719 Southeast 2nd Street
Glenwood, MN 56334

Re: State Nursing Home Licensing Orders
Event ID: 74HY11

Dear Administrator:

The above facility was surveyed on August 23, 2023 through August 25, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

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

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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

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

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

Susie Haben, Rapid Response
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: susie.haben@state.mn.us
Office: (320) 223-7356 Mobile: (651) 230-2334

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

Please feel free to call me with any questions.

Sincerely,

Sarah Lane, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, MN 55164-0900
Telephone: 651-201-4308 Fax: 651-215-9697
Email: sarah.lane@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	00474	A. BUILDING: ______ B. WING ______	C 08/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD VILLAGE CARE CENTER	719 SOUTHEAST 2ND STREET GLENWOOD, MN 56334

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Initial Comments	2 000		

Initial Comments

*****ATTENTION******

NH LICENSING CORRECTION ORDER

In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.

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

INITIAL COMMENTS:
On 8/23/23, through 8/25/23, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD VILLAGE CARE CENTER	**719 SOUTHEAST 2ND STREET GLENWOOD, MN 56334**

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2 000	Continued From page 1	2 000		

identify the date when they will be completed.

The following complaints were reviewed

H54024742C (MN00096064)

H54024847C (MN00093417)

However, a licensing order was issued at 0920.

Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor's findings are the Suggested Method of Correction and Time Period for Correction.
You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to

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2 000	Continued From page 2 the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 920	MN Rule 4658.0525 Subp. 6 B Rehab - ADLs Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that: B. a resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to comprehensively assess incontinence and toileting needs to ensure appropriate bowel and bladder programs/interventions were in place for 2 of 2 residents (R2, R3) who were dependent upon staff for assistance with activities of daily living (ADLs). Findings include: R2's significant change Minimum Data Set (MDS) dated 6/3/23, identified R2 had severely impaired cognition with occasional wandering behaviors not directed at others. R2 required extensive	2 920	How corrective action will be accomplished for those residents found to have been affected by the deficient practice. • Case Manager will have staff complete the 3 day b&b on R2 and R3. They will review assessment and complete the assessment on the 2 residents affected. R2 & R3 How the facility will identify other residents having the potential to be affected by the same deficient practice. • Going forward on quarterly basis,	9/19/23

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2 920	Continued From page 3 assistance with bed mobility, dressing, locomotion, toilet use, personal hygiene, limited assistance with transfers, and supervision with eating. R2 was occasionally incontinent of urine and always continent of stool. The MDS identified R2 was not on a urinary or bowel toileting program. R2's diagnoses report dated 8/25/23, identified diagnoses Alzheimer's disease and dementia. R2's care plan dated 7/24/23, identified at risk for impaired urinary incontinence, had mixed incontinence, and directed staff to use bedpan for toileting needs, large tab brief, monitor for signs and symptoms of a urinary tract infection (UTI), and encourage adequate fluids. R2 was identified as continent of bowel. R2 was also at risk for impaired functional status and required total assistance of two staff to transfer with a full body lift and medium sling. R2's Kardex dated 8/24/23, identified use bedpan for toileting needs. Bladder mixed incontinence and bowel continent. Transfers: total lift assist of two with EZ way full body lift and medium sling. R2's care plan and Kardex did not indicate how often (frequency) she should have been toileted. R2's bladder assessment dated 8/18/23, identified impaired mobility, dependent transfer, and severe cognitive impairment. Current toileting program identified as per resident request. No changes in toileting program. Additional notes: R2 was incontinent during this look back, does communicate toileting needs, was dependent on staff for all toileting needs. Wears large briefs, staff manages. Decline in condition since last quarterly assessment. No new concerns or	2 920	residents will have focus assessment completed on them quarterly. On admission & Annually residents will have an evaluation of 3 days bowel and bladder to identify need to adjust toileting plan. • Reviewed late loss ADL charting for CNAs. Discussed charting in time for toileting 9-6-23. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur. • Updated and Reviewed assessment; Added section to compare to previous focus assessment to determine if a comprehensive review needs to be completed. Implemented 3 day bowel and bladder tracking on Admission and Annually to identify a need for a toileting plan. Updated and reviewed current bowel and bladder policy. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur. • Will do a weekly audit of 3 day B&B and in-time charting for toileting for 4 weeks; then monthly for 3 months	

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2 920	Continued From page 4	2 920		

changes at this time. The assessment identified a decline in condition and did not identify whether a toileting plan or a check and change program would be implemented for R2.

R2's bowel assessment dated 8/18/23, identified currently incontinent of bowel. Able to request bathroom and no change in toileting program. R2 had been incontinent of bowel, averaged every other day. Wears a large brief for incontinence and at risk for constipation related to narcotic use. No new orders or changes at this time.

R2's toilet use documentation from 8/19/23, through 8/24/23, revealed:

8/19/23, at 10:57 a.m. and 9:17 a.m. total dependence for incontinent cares/incontinent

8/20/23, at 2:11 a.m., 11:02 a.m., and 9:37 p.m. total dependence for incontinent cares/incontinent

8/21/23, at 3:59 a.m., 9:30 a.m., and 10:29 a.m. total dependence for incontinent cares/incontinent

8/22/23, at 1:48 a.m., 10:28 a.m., 1:20 p.m., and 9:53 p.m. total dependence for incontinent cares/incontinent.

8/23/23, at 3:09 a.m., 2:29 p.m., and 11:14 p.m. extensive assistance/incontinent.

8/24/23, at 2:40 a.m., 10:40 a.m., 8:03 p.m., and 11:29 p.m. total dependence for incontinent cares/incontinent.

During continuous observations on 8/23/23 from 10:00 a.m. to 12:15 p.m., and again from 12:35 p.m. to 4:20 p.m. R2 was observed seated in a Broda chair without being offered, or assisted, to

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2 920	Continued From page 5	2 920		

reposition or toilet:

-At 10:00 a.m. R2 sat in Broda chair in resident lounge area had compression stockings on both lower legs/feet without shoes, fully dressed and well groomed. R2 leaned forward and touched her foot while she talked to herself out loud.

-At 10:39 a.m. and 10:50 a.m. R2 sat in Broda chair in resident lounge along with four other residents. Activities staff approached her and offered a hand massage.

-At 11:00 a.m. R2 sat in Broda chair in resident lounge area and licensed practical nurse (LPN)-A removed R2 from lounge area, placed shoes on her feet and pushed her down the hallway to the dining room.

-At 11:15 a.m. through 11:50 a.m. R2 sat in Broda chair in dining room. LPN-A stayed with R2.

-At 12:00 p.m. R2 sat in Broda chair without shoes on in resident lounge area.

-At 12:07 p.m. R2 talked out loud to herself, leaned forward in her Broda chair, and stated, "I am going to go to the bathroom."

-At 12:08 a.m. Activity aide approached R2 and informed her she would take her to dining room for lunch and pushed R2 in Broda chair down the hallway. At 12:09 p.m. dietary staff placed two plastic drinking glasses one with water and one with milk in front of R2 on the table. R2 reached up and accidentally knocked over the glass of water into her lap and onto the floor. R2 stated, "can someone help me I am all wet." At 12:15 p.m. NA-A pushed R2 in Broda chair back into her room removed wet pants, urine soiled brief,

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	00474	A. BUILDING: ______ B. WING ______	C 08/25/2023

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GLENWOOD VILLAGE CARE CENTER	719 SOUTHEAST 2ND STREET GLENWOOD, MN 56334

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 920	Continued From page 6	2 920		

and completed incontinence cares with NA-D's assistance.

-At 12:35 p.m. NA-A pushed R2 in Broda chair back into the dining room.

-At 1:00 p.m. NA-A pushed R2 in Broda chair down hallway and into the resident lounge.

-At 1:35 p.m. R2 sat in Broda chair in resident lounge are.

-At 2:00 p.m., 2:30 p.m., 3:00 p.m., 3:15 p.m., 3:30 p.m., 3:45 p.m., sat in Broda chair in same position.

-At 4:00 p.m. a visitor approached R2 while she sat in Broda chair and stayed until 4:30 p.m.

R3 quarterly MDS dated 8/3/23, identified severe impaired cognition and long and short-term memory, inattention/difficulty focusing, disorganized thinking, hallucinations (perceptual experiences in the absence of real external sensory stimuli), and delusions (a fixed false belief that conflicts with reality).

R3 required extensive assistance with bed mobility, transfers, locomotion, dressing, toilet use, and personal hygiene. R3 used a walker and wheelchair for mobility. R3 was always incontinent of bowel and bladder. The MDS identified R3 was not on a urinary or bowel toileting program.

R3's quarterly MDS dated 5/15/23, identified frequently incontinent of bladder and always incontinent bowel.

R3's significant change MDS dated 2/23/23,

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2 920	Continued From page 7 identified frequently incontinent of bowel and bladder. R3's Kardex dated 8/24/23, identified R3 was incontinent of bowel and bladder. Toilet use: upon waking, between meals, and at bedtime (HS) and as needed throughout the day as requested. Do not wake during night but assist if awake to use the bathroom. Toilet R3 after meals to promote continent bowel movements and 4:00 a.m. change brief if incontinent. R3's bladder assessment dated 8/1/23, identified incontinent of bladder, new onset, and precipitating event new benign prostatic hyperplasia (BPH) (enlarged prostate can cause blocking the flow of urine). R3 was most likely experiencing functional incontinence (a decreased awareness to find a toilet) and treatment program recommended was scheduled toileting /habit training. R3 was previously continent of bowel and bladder wearing only underwear at home. Scheduled toileting has not improved incontinence. Rarely voids when placed on the toilet. Goal must have continent voids during the day. Will continue with toileting schedule and encouragement to use the toilet to promote daytime continence and continent bowel movements. The assessment did not identify whether a toileting plan or a check and change program would be implemented for R3. R3's bowel assessment dated 8/1/23, identified R3 was incontinent of bowel and required extensive assistance to total dependence of two staff. R3's current toileting program upon walking, between meals, at bedtime (HS), and as needed (PRN) to reduce night bowel movements which lead to falls. R3 did not make his needs known. Goal to be continent of bowel movements during	2 920		

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2 920	Continued From page 8	2 920		

the waking hours has not been met since toileting initiated and will continue to encourage bowel movements during the day to prevent night ones.

R3's toileting record indicated task was to toilet R2 upon waking, between meals, and at bedtime (HS) from 8/17/23, through 8/21/23, and 8/23/23, through 8/25/23:

8/17/23, at 12:39 a.m., continent of urine

8/17/23, at 12:43 p.m. 11:01 p.m. incontinent of urine

8/18/23, at 5:59 a.m., 2:18 p.m., 8:54 p.m. incontinent of urine

8/19/23, at 10:32 a.m., 9:14 p.m. incontinent of urine

8/20/23, at 2:09 a.m., 9:16 a.m., 9:21 p.m. incontinent of urine

8/21/23, at 5:43 a.m. did not void

8/21/23, at 9:27 a.m., 11:29 p.m. incontinent of urine

8/23/23, at 5:53 a.m., 5:54 a.m., 11:05 p.m. incontinent of urine

8/24/23, at 4:49 a.m. 10:25 a.m., 10:24 p.m., 11:26 p.m. incontinent of urine

8/25/23, at 11:12 a.m. and 10:29 p.m. incontinent of urine

During continuous observations on 8/23/23 from 9:15 a.m. to 11:45 a.m., and again from 12:10 p.m. to 2:38 p.m. R2 was observed seated in a

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2 920	Continued From page 9	2 920		

wheelchair without being offered, or assisted, to reposition or toilet:

-At 9:15 a.m., 9:45 a.m., 10:10 a.m., 11:15 a.m. R3 sat in wheelchair eyes closed, fully dressed. R3's feet were placed on the floor and occasionally pushed himself backwards. R3's chair alarm was in a cloth bag hung over the right wheelchair push handle and activated.

-At 11:45 a.m. LPN-A approached R3 and attempted to wake him up. R3 eyes remained closed. LPN-A asked R3 if he needed the bathroom, R3 did not respond. LPN-A stated unable to wake R3 up and walked away.

-At 12:00 a.m. NA-C pushed R3 in wheelchair down the hallway to his room and NA-E followed. R3 appeared extremely tired, and NA-C attempted to wake him up. R3 opened eyes and agreed to go into the bathroom. NA-C placed gait belt around R3's waist and walker in front of him, together NA-C and NA-E assisted R3 to stand and set chair alarm off. R3 slowly walked with guidance from NA-C and NA-E then R3 leaned backwards, lost his balance, crossed feet to catch himself, and lowered onto the toilet by NA-C and NA-E. NA-C removed R3's incontinent brief solid with urine and R3 voided a large amount of urine into toilet. NA-C placed a clean brief on R3's upper legs, used gait belt and assisted to stand. NA-C completed peri care, pulled up brief and pants and together NA-C and NA-E assisted R3 back to wheelchair. NA-C sanitized hands and pushed R3 out of room and down to the dining room.

-At 12:10 p.m., 12:40 p.m., R3 sat at dining room table with another resident, eyes closed, fluids and a small dish of pudding placed in front of him,

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2 920	Continued From page 10 and a cloth protector around his neck. -At 12:56 p.m. R3 sat at dining room table, eyes closed with plate of food, fluids, and small dish of pudding located in front of him. NA- attempted to wake R3 up and offered a drink of fluids, R3 refused. -At 1:02 p.m. dietary aide asked NA-F for assistance with meals. NA-F pulled up a chair next to R3, sat down and woke R3 up. NA-F offered fluids and food to R3, refused, closed eyes, and positioned unchanged. -At 1:08 p.m. NA-F stood up and informed NA-E could not wake R3 up, requested plate of food and fluids saved for later, and exited the dining room. R3 continued to sit in wheelchair with eyes closed, positioned unchanged. -At 1:20 p.m. R3 sat at dining room table, eyes closed, while another resident ate lunch. R3's right arm hung over the side edge of the wheelchair. Dietary passed by R3 glanced at him sleeping. -At 1:30 p.m. R3 sat at dining room table with eyes closed. Dietary removed R3's plate of food and dumped fluids down the sink. -At 1:45 p.m. R3 sat at dining room table position unchanged with eyes closed. -At 2:45 p.m. R2 sat in dining room, faced hallway, unattended with eyes closed, feet on the floor, right hand placed in lap and left hand located alongside his body. At 2:36 p.m. unidentified housekeeping staff requested NA-G remove R3 from dining room to sweep and wash floor. NA-G approached R3 and opened yes and	2 920		

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2 920	Continued From page 11	2 920		

stated "hello". NA-G pushed R3 in wheelchair to resident lounge area, placed him in front of television, and walked away.

-At 3:00 p.m., 3:15 p.m., 3:30 p.m., 3:40 p.m., and 4:00 p.m. R3 sat in wheelchair in lounge, eyes closed, and positioned unchanged. R3 was not approached by staff during this time.

-At 4:00 p.m. NA-I pushed R3 in wheelchair into his room. R3 opened eyes, said "hello" and closed eyes. NA-I placed transfer belt around R3's waist and walker in front of him. NA-I and NA-H provided many cues and assisted R3 up to a standing position, walked to bathroom then leaned backwards. NA-I placed wheelchair behind R3 and sat down. R3 remained sleepy, NA-I offered drink of thicken water, R3 accepted. R3 was positioned in front of toilet when NA-H placed wheelchair closer to him, assisted R3 to pivot and sat back down in wheelchair. R3 was not toileted, NA-I stated too tired and allowed him some time and try again later. NA-A pushed R3 in wheelchair back out into the lounge area, eyes opened while R3 pushed himself backwards with feet on floor.

During an interview on 8/23/23 at 3:16 p.m. NA-E stated all residents should have been checked and changed and/or toileted at least every two hours. NA-E indicated last time R3 was toileted was when surveyor watched on the day shift around 12:00 p.m., had not been toileted since then, and should have been. NA-E stated R3 was unable to make his needs known and should have been on a toileting program schedule, tired to get up by himself to go to the bathroom and was a high risk for falls. NA-E also stated R2 was fully dependent on staff and staff were expected to anticipate her needs, incontinent of bowel and

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2 920	Continued From page 12	2 920		

bladder, and should have been toileted at least every two to three hours. NA-E indicated R2 was last checked and changed at around 12:00 p.m. today.

During an interview on 8/23/23 at 5:30 p.m. NA-I stated R3 had not been toileted yet since the start of her shift at 2:00 p.m. NA-I attempted to toilet at 4:00 p.m. and unable, was too tired. NA-I stated planned to check on him again but have not had time. NA-I indicated R3 was incontinent frequently, voids a lot and should have been toileted every two hours. NA-I stated R3 was brought to the dining room for supper, would try again later this evening prior to bedtime. NA-stated R2 had not been toileted since before the shift started at 2:00 p.m., completed last on the day shift, and usually completed after supper. NA-I stated R2 was frequently extremely incontinent of urine and should have been checked and changed frequently. NA-I stated R2 did not use a bedpan.

During an interview on 8/24/23 at 12:12 p.m. LPN stated R2 was not placed on a toileting program and probably should have been on 8/14/23, admission. LPN-A verified had just completed R2's bowel and bladder assessment on 8/18/23 and noted changes of increased incontinence of bowel and bladder. LPN-A stated staff were expected to anticipate R2's needs, R2's care plan needed to be updated and not sure if she could have used the bed pan, she had been so drowsy and hard to assess. LPN-2 stated she had not had time to get back to finish R2's toileting plan and would have included check and change in bed mostly at upon waking up, between meals, mid-afternoon, before bed, so that it would have been done 4 to 5 times a day is what would be expected. LPN-A stated R3 had mixed

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2 920	Continued From page 13 incontinence of bowel and bladder and went in the toilet when brought to the bathroom. LPN-A stated R3 should have been toileted in the morning when waking, before breakfast and lunch, mid-afternoon, before supper and then before bed, a total of at least six to eight times in a 24 hour period of time. LPN-A indicated toileting R3 more often would have possibly helped avoid falls for him. During an interview on 8/25/23 at 12:00 p.m. director of nursing (DON) stated we currently did not have a bowel and bladder program. DON stated lack of toileting could be a predisposing factor to falls that occurred at the facility. DON also stated there was a high rate of incontinent residents due to lack of a bowel and bladder program and scheduled toileting. DON indicated R3 frequently had gotten up at 4:00 a.m. and should have been offered the toilet. DON stated a three-day bowel and bladder assessment program should have been completed on him and all residents annually so they could have identified which ones needed to be on a toileting program. During a telephone interview on 8/29/23, at 3:00 p.m. MDS coordinator (MDSC) stated had not seen anything that would be a true toileting program at this facility since May 2023 when she had started to complete MDS's on the residents. MDSC also stated bowel and bladder information was collected on each resident from the progress notes documented in the medical record, toilet and bowel movement tasks, and bowel and bladder assessments. MDSC indicated she had completed the bowel and bladder MDS coding on approximately 80% of the residents at this facility and had not coded any of those residents as being placed on a toileting program. MDSC	2 920		

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2 920	Continued From page 14	2 920		

stated each resident should have been assessed upon admission and when changes were noted as to whether they should have been placed on a toileting program to have helped maintain their current bowel and bladder status along with measurable goals. MDSC verified R3 had a change in his bladder incontinence and had not been placed on a bowel and bladder program. MDSC stated she had seen many incontinent residents including those with dementia respond well to a toileting program especially during the day. MDSC also stated every three-hour toileting plan would not be appropriate for every resident, some need more often, and some do not and a resident placed on a random toileting plan would not be considered best practice. MDSC indicated it would have been expected that each facility had a toileting program to have helped assess the resident's urinary incontinence and allowed staff to provide more individualized interventions to enhance the resident's life and functional status.

Facility policy titled Bladder and Bowel Assessment dated 10/19/21, indicated a bowel and bladder assessment will be completed on all residents upon admission. If a change in continence status such as outcomes and/or goals and interventions of care plan are not effective or a decline of lack of improvement (if improvement was expected) in continence status another bowel and bladder assessment will be completed. This record will be part of the information gathered for bowel and bladder assessment form.

SUGGESTED METHOD OF CORRECTION:
The DON or designee(s) could review and revise as necessary the policies and procedures regarding the need for assistance with activities of daily living includingcheck and change programs. The DON or designee (s) could

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2 920	Continued From page 15 provide training for all appropriate staff on these policies and procedures. The DON or designee (s) could monitor to assure all residents are receiving adequate and appropriate care. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 920		

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F 000	INITIAL COMMENTS	F 000		

On 8/23/23 to 8/25/23, a standard abbreviated survey was completed at your facility by the Minnesota Department of Health to determine if your facility was NOT in compliance with requirements of 42 CFR Part 483, Subpart B, and Requirements for Long Term Care Facilities.

The following complaints were reviewed:

H54024742C (MN00096064) with a deficiency issued at F689 PAST NON-COMPLIANCE.

The immediate jeopardy began on 8/14/23 at 1:00 p.m., when R1 rolled out of bed, fell onto the floor, and sustained fractures of the hip, pelvis and humerus (long bone in the arm runs from shoulder to the elbow). R1 was hospitalized, underwent surgery to repair her hip fracture and died due to complications from the fractures. The administrator and director of nursing (DON) were notified of the immediate jeopardy on 8/25/23 at 4:45 p.m. The facility immediately implemented corrective action and was corrected on 8/22/23, prior to the survey and therefore the deficiency was issued as past noncompliance.

H54024847C (MN00093417)

Additionally, as a result of the survey, F690 was cited.

The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 09/13/2023

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

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F 000	Continued From page 1 be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.	F 000		
F 689 SS=J	Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2)Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to follow care plan fall interventions for 1 of 3 residents (R1) reviewed for falls. This failure resulted in R1 sustaining serious injuries requiring hospitalization and surgery. Due to complication related to the surgery, R1 died. This failure resulted in an immediate jeopardy (IJ) for R1. The immediate jeopardy began on 8/14/23 at 1:00 p.m., when R1 rolled out of bed, fell onto the floor, and sustained fractures of the hip, pelvis and humerus (long bone in the arm runs from shoulder to the elbow). R1 was hospitalized, underwent surgery to repair her hip fracture and died due to complications from the fractures. The administrator and director of nursing (DON) were notified of the immediate jeopardy on 8/25/23 at 4:45 p.m. The facility immediately implemented	F 689	Past noncompliance: no plan of correction required.	

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F 689	Continued From page 2 corrective action and was corrected on 8/22/23, prior to the survey and therefore the deficiency was issued as past noncompliance. Findings include: R1's significant Minimum Data Set (MDS) dated 6/13/23, identified R1 had serve cognitive impairment and no behaviors. R1 required total dependence for transfers and locomotion, extensive assistance with bed mobility, dressing, eating, toilet use, and personal hygiene. R1 had functional limitation in range of motion (ROM) on one side and used wheelchair for mobility. R1 was frequently incontinent of bladder and always incontinent of bowel. R1's diagnoses included Alzheimer's disease and non-traumatic brain dysfunction. R1's diagnoses report dated 8/25/23, identified chronic obstructive pulmonary disease (COPD), contractures of muscle lower leg, dementia, dysphasia (difficulty swallowing), muscle wasting and atrophy (decrease in size or wasting of a body part or tissue), pain, and restlessness and agitation. R1's care plan dated 6/16/23, identified R1 had impaired cognition related to dementia, impaired thought process, potential for delirium, unable to verbalize any discomfort and could become fidgety at times. Staff were directed to have provided consistency in care givers to decrease confusion and avoid agitation. R1 was at risk for falls related to vision and hearing impairment, long and short-term memory loss, Alzheimer's disease, impaired mobility, periods of restlessness, stiffness in joints and impaired ROM in upper extremities. Staff were directed to	F 689		

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anticipate and meet R1's needs, bed placed in low position, defined perimeter mattress, keep bed up against the wall, and head of bed facing north, place pillow between knees, blue pad against the wall when in bed to prevent right knee/leg rubbing the wall. R1's transfers were to be completed with a full body lift with medium sized sling. R1 had decreased ROM and muscle rigidity (stiffness). R1 was to be positioned with a pillow under right arm and left arm at all times when in bed and up in chair. Ensure environment was safe, bed in lowest position and wheels locked. R1 had self-care deficit with activities of daily living (ADLs). Staff were directed to check and change and reposition R1 at least every three hours with assistance of two.

R1's Kardex dated 8/17/23, identified:

-Bed in low position and at all times unless directly working with R1 at the time and bed wheels locked.

-Keep bed up against the wall. Head of bed facing north.

-Must use two staff to turn and reposition, dressing, changing incontinence padding.

-Place pillow between knees on the right side of the bed with R1 when laying down.

-Place resident on left side or on her back when laying down in bed to prevent her from swinging her legs and rolling out of bed.

-Place blue pad against the wall in bed to prevent right knee/leg rubbing the wall.

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-Place blue positioning pillow under right arm at all times when up in geri-chair (a well-padded chair with wheels made for the geriatric population) and when in bed.

-Place small pillow under left arm at all times.

R1's fall risk with balance and functional limitations assessment dated 6/6/23, identified long term memory loss, disorientated time three, highly impaired vision, limited ROM to upper extremities, and contractures (shortening and hardening of muscles, tendons, or other tissues, often leading to deformity and rigidity of joints). Risk factors identified that may have contributed to R1's fall risk: end stage dementia, required assistance of two with transfers using full mechanical lift. R1 does not ambulate. Last fall 11/11/22, slide out of Broda Chair (a wheelchair allowed positioning capabilities such as tilt and recline). R1 continued to shift weight in chair and bed which was her greatest fall risk. Care plan up dated.

Facility incident report dated 8/14/23, identified on 8/14/23 at 1:00 p.m., R1 was laid down in bed. R1 rolled out of bed onto the floor. Staff in room witnessed fall. Staff were transferring roommate. R1 transferred to emergency room (ER) where fractures/injuries were confirmed at 7:30 p.m.

Facility 5-day review dated 8/18/23, identified R1 was laid down with full body lift in her bed on her right-side facing wall in middle of the bed. Bed remained in working position for staff. Two staff NA's assisted roommate and placed her in the sit to stand lift and stood roommate up. R1's bed remained in high working position height and then NA witnessed R1 flip her weight to her other side

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with her legs and rolled out of bed and onto the floor. NA heard a crack and supervisor noted R1's arm had been displaced. R1 sent to emergency room (ER).

R1's radiology report CT (computed tomography) scan (medical imagining used to obtain detained internal images of the body) of the right shoulder dated 8/14/23, identified:
-Acute comminuted (a bone broken in at least two places) reversal Hill-Sachs fracture (impaction fracture) of the humeral head (upper arm).
-Acute displaced fracture of the anterior-inferior glenoid ramus (shoulder joint).
-Soft tissue swelling.
R1's radiology report CT scan of pelvis dated 8/14/23, identified an intertrochanteric (area located between the hip and the top of the thigh) fracture of the right hip with overlying soft tissue swelling.
R1's progress noted dated 8/14/23 at 3:04 p.m. indicated fall occurred in R1's room at 1:00 p.m. R1 laid in bed on right side when she rolled toward the left and rolled off the bed and landed on the floor on right side shoulder. R1's fall was witnessed, and head was not hit. R1 was nonverbal, confused, lethargic, and displayed facial grimacing. R1 was transported from floor with Hoyer lift and assistance of two staff. R1 was sent to emergency room (ER).

R1's progress notes dated 8/15/23 at 5:15 p.m. injury noted from fall, fractures. R1 hospitalized. Underlying acute/chronic health conditions that may have contributed to this fall: Alzheimer's, dementia, and contractures of muscle. R1 was laid down and fell while staff were transferring her roommate into bed. R1 shifted legs from the right to the left side of her bed. Due to R1's size and

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the weight shifted staff were unable to prevent her from rolling over the edge of the mattress. R1's bed should have been in the low position whenever staff are not directly working with her, this would not have prevented R1 from rolling out of bed but possibly reduced the severity of injury. R1 was to be placed on her left side or her back to prevent her from getting the momentum to shift her weight enough to have rolled out of bed.

R1's hospital discharge summary dated 8/17/23, identified R1 was 79 years old, with diagnosis of Alzheimer's dementia, COPD without maintenance therapy, was nonverbal and non-ambulatory at baseline. R1 rolled out of bed at nursing home onto right side on 8/14/23. Outside ER evaluation demonstrated right proximal (near the point of attachment) humerus fracture, right intertrochanteric hip fracture, and pelvis fracture. R1 was admitted to orthopedic service on 8/14/23, underweight ORIF (open reduction internal fixation surgery completed to repair the break in the top part of the femur, the ball that fits into the hip socket) of right hip fracture on 8/15/23. R1's hospital course was complicated by worsening acute hypoxemic (lack of oxygen in blood) respiratory failure secondary to marked aspiration pneumonia. Discussed with family regarding goals of care. Given R1's underlying comorbidities (one or more other diseases or conditions) and acute injuries, family desired focus of care to be on comfort. Medications were used for shortness of breath, pain, and agitation. R1 passed away peacefully on the evening on 8/17/23 at 9:13 p.m. Family at bedside.

R1's death certificate identified date of death 8/17/23. R1's immediate death was determined to

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be caused by acute hypoxemic respiratory failure (a condition where you do not have enough oxygen in the tissues in your body to stay alive). R1's pneumonia and aspiration (infection of the lungs caused by food or liquid breathed into the airways or lungs, instead of being swallowed) were identified as conditions that lead up to the immediate cause of death. Other significant conditions contributing to death but not resulting in the underlying cause: advanced Alzheimer's disease, chronic COPD, fall injury with right intertrochanteric (a fracture of the region further down the hip joint in the portion of the upper femur (thigh) that extended outward), and right proximal humerus (top of the arm bone) fracture (occurred when the ball, of the ball and socket shoulder joint was broken).

During an interview on 8/23/23 at 4:41 p.m. nursing assistant (NA)-A stated R1's fall interventions indicated should be placed on left side, bed must be placed in low position, pillows to support R1 better, and a mat against the wall which helped protect R1' knees and body from rubbing against the wall. NA-A stated the main thing was to keep R1's bed in the lowest position to the ground. NA-A indicated she had never seen R1 roll out of bed prior to this incident but was aware R1 had rolled herself out of the bed previously. NA-A stated on 8/14/23 they (NA-A and NA-B) placed R1 in bed with a total lift machine, lowered her down onto the middle of the bed, positioned facing the wall (on her right not, not left) and left the bed up to chest height (approximately four feet off the floor). NA-A stated, they were assisting R1's roommate when R1 rolled herself over, flew out of bed, and landed on the floor. NA-A stated she heard bones crack

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and R1 laid on floor until an ambulance arrived. NA-A added, R1 started to shake and moan really loud in pain. NA-A indicate she did not look at R1's Kardex prior to caring for her and was unaware R1 should not have been placed on her right side and was just going by what other staff had told her or were doing.

During an interview on 8/24/23 at 12:12 p.m., licensed practical nurse (LPN)-A stated they entered R1's room immediately after her fall on 8/14/23, R1 laid on her right side on the floor. LPN-A identified during R1's assessment her right arm was displaced, she was moaning, and had facial grimacing. LPN-A stated they called an ambulance, ER, family and faxed the primary doctor. LPN-A stated R1 had rolled out of bed by shifting her weight in the past without injuries and care plan was updated to reflect that. LPN-A verified interventions on R1's care plan were not followed. LPN-A stated R1's bed was left in the high position, she was placed onto her right side in bed (care planned to be placed on her left side), faced the wall without a pillow in between her legs. LPN-A stated she had been informed by NA-A and NA-B they had planned on going back to check and change R1 after they had assisted her roommate.

During an interview on 8/24/23 at 1:38 p.m. registered nurse (RN)-A stated she had completed R1's fall risk assessment on 6/6/23. RN-A indicated R1 continued to shift weight and that was her greatest risk for fall, usually happened when R1 was incontinent, and the reason she was placed in a low bed. RN-A verified R1 had been moved to another unit in the facility on 10/12/22, and prior to that she had a special mattress with wings on the sides that

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F 689	Continued From page 9 helped avoid R1 from rolling out of bed and prevented falls. RN-A stated the biggest thing was a low bed to help prevent falls and now on hindsight it seemed obvious the staff should have never left the bed up in a high position and/or turned away from R1 especially without hands on her. RN-A stated R1's care plan was not followed. During a telephone interview on 8/25/23 at 8:25 a.m., medical doctor (MD)-A confirmed R1's fall resulted in fractured hip, pelvis and humorous (upper arm). MD-A stated the family opted for hip surgery and hoped it would have provided stability of the fractured hip to alleviate some of the pain and allowed more movement, at least sit up in a wheelchair again. MD- A verified from studies with numerous fractures you become less mobile and could have carried risks such as not breathing as deeply. MD-A stated when elderly residents, usually 70 plus age range, encounter fractures there was a 30% mortality (death) rate within the first year because of decreased mobility and the body lacked the same relevancy to recover. MD-A indicated R1 would have not needed surgery without the fall and had potential complications such as infection, death was always a possibility. During a telephone interview on 8/25/23 at 9:29 a.m., MD-B stated R1 sustained three fractures, right humorous, right trochanter hip, and pelvis after most recent fall on 8/14/23. MD-B indicated had been difficult to determine R1's baseline due to dementia and different assessment skills were used to assess her pain levels and R1 displayed: grimacing, elevated heart rate, and required pain management. MD-B stated R1 laid in a fetal position and was non-verbal. MD-B stated R1's family wanted her to be able to sit up in a chair	F 689		

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F 689	Continued From page 10 again and opted for the hip surgery for pain control, improved transfers, and mobilization. MD-B stated any fracture in an elderly person would have increased mortality within one year, fractures reduced life expectancy in the elderly person. MD-B indicated R1's life expectancy was not as long as it should have been, the fractures escalated the process, brought her into the hospital she experienced complications. MD-B stated R1's fractures increased the risk of pneumonia, not being mobile at base line, and pronounced dementia with aspiration. MD-B also stated R1 had right lower lobe pneumonia from baseline swallowing issues, inability to clean secretions due to not able to deep breath, sit up right, use incentive spirometer (handheld medical device used to help improve the functioning of the lungs to help prevent pulmonary complications after surgery), and promoting secretion clearing, the fractures and pain contributed to this outcome. During an interview with the director of nursing (DON) on 8/25/23 at 12:00 p.m., stated R1's care plan indicated she was to be placed on her left side to avoid her from rolling out of the bed. DON stated when R1 became uncomfortable she would throw her leg over to reposition herself, gained momentum, shifted her weight enough to roll out of bed and therefore should have been placed on the left side to help avoid falls. DON verified R1's care plan was not followed on 8/14/23, and after staff transferred R1 onto the bed, it should have been lowered while staff attended to her roommate. DON also stated the correct positioning of R1 according to the care plan may have prevented the fall. DON stated without the hip surgery R1 would not have had the opportunity to transfer to a chair and instead	F 689		

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be bed ridden and the family chose to have the surgery completed. DON stated the fall with fractures short termed R1's life and resulted in surgery, airway issues, and pneumonia.

The past noncompliance immediate jeopardy began on 8/14/203. The immediate jeopardy was removed and the deficient practice corrected by 8/22/23 after the facility implemented a systemic plan that included the following actions:

Education provided to staff 8/22/23, regarding falls included:

-For most residents keep bed in the lowest position at all times.

-One in every 10 residents who fell had a serious injury.

-Of deaths caused by a fall, 60% involved people who are over 75 years of age.

-Falls account for 87% of all fractures in people over 65 years old.

-Basic every resident need: when resident in bed alone, bed is no higher than what the resident can put their feet on the floor.

-Kardex/Care plan: items for everyone to review are transfers, mobility, and bed mobility and fall interventions will be updated in care plan and trigger onto Kardex if appropriate for NA's.

Facility policy titled Identify Resident Risk of Falling dated 5/4/17, identified residents in high risk for falling in order to put proper interventions into place to prevent/reduce falls. Interventions

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F 689	Continued From page 12 need to be reviewed periodically by fall team to determine appropriateness. Care plan will be updated to reflect individual needs for safety. Facility policy titled Fall Prevention and Management dated 6/8/23, identified prior to admission the resident will be screened for fall risk and appropriate interventions will be implemented at the time of admission, annually, quarterly, and with significant change using the fall risk assessment form. Nursing interventions will be implemented and placed in the care plan according to resident specific risk factors.	F 689		
F 690 SS=D	Bowel/Bladder Incontinence, Catheter, UTI CFR(s): 483.25(e)(1)-(3) §483.25(e) Incontinence. §483.25(e)(1) The facility must ensure that resident who is continent of bladder and bowel on admission receives services and assistance to maintain continence unless his or her clinical condition is or becomes such that continence is not possible to maintain. §483.25(e)(2)For a resident with urinary incontinence, based on the resident's comprehensive assessment, the facility must ensure that- (i) A resident who enters the facility without an indwelling catheter is not catheterized unless the resident's clinical condition demonstrates that catheterization was necessary; (ii) A resident who enters the facility with an indwelling catheter or subsequently receives one is assessed for removal of the catheter as soon as possible unless the resident's clinical condition demonstrates that catheterization is necessary; and	F 690		9/21/23

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F 690	Continued From page 13 (iii) A resident who is incontinent of bladder receives appropriate treatment and services to prevent urinary tract infections and to restore continence to the extent possible. §483.25(e)(3) For a resident with fecal incontinence, based on the resident's comprehensive assessment, the facility must ensure that a resident who is incontinent of bowel receives appropriate treatment and services to restore as much normal bowel function as possible. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to comprehensively assess incontinence and toileting needs to ensure appropriate bowel and bladder programs/interventions were in place for 2 of 2 residents (R2, R3) who were dependent upon staff for assistance with activities of daily living (ADLs). Findings include: R2's significant change Minimum Data Set (MDS) dated 6/3/23, identified R2 had severely impaired cognition with occasional wandering behaviors not directed at others. R2 required extensive assistance with bed mobility, dressing, locomotion, toilet use, personal hygiene, limited assistance with transfers, and supervision with eating. R2 was occasionally incontinent of urine and always continent of stool. The MDS identified R2 was not on a urinary or bowel toileting program. R2's diagnoses report dated 8/25/23, identified diagnoses Alzheimer's disease and dementia.	F 690	How corrective action will be accomplished for those residents found to have been affected by the deficient practice. Case Manager will have staff complete the 3 day b&b on R2 and R3. They will review assessment and complete the assessment on the 2 residents affected. If resident was found appropriate for a toileting plan a toileting plan will be implemented. Alterations to care plan will be made upon completion as needed. How the facility will identify other residents having the potential to be affected by the same deficient practice. " Going forward on quarterly basis, residents will have focus assessment completed on them quarterly. On admission & Annually residents will have an evaluation of 3 days bowel and bladder to identify need to adjust toileting plan. " Reviewed late loss ADL charting for	

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R2's care plan dated 7/24/23, identified at risk for impaired urinary incontinence, had mixed incontinence, and directed staff to use bedpan for toileting needs, large tab brief, monitor for signs and symptoms of a urinary tract infection (UTI), and encourage adequate fluids. R2 was identified as continent of bowel. R2 was also at risk for impaired functional status and required total assistance of two staff to transfer with a full body lift and medium sling.

R2's Kardex dated 8/24/23, identified use bedpan for toileting needs. Bladder mixed incontinence and bowel continent. Transfers: total lift assist of two with EZ way full body lift and medium sling.

R2's care plan and Kardex did not indicate how often (frequency) she should have been toileted.

R2's bladder assessment dated 8/18/23, identified impaired mobility, dependent transfer, and severe cognitive impairment. Current toileting program identified as per resident request. No changes in toileting program. Additional notes: R2 was incontinent during this look back, does communicate toileting needs, was dependent on staff for all toileting needs. Wears large briefs, staff manages. Decline in condition since last quarterly assessment. No new concerns or changes at this time. The assessment identified a decline in condition and did not identify whether a toileting plan or a check and change program would be implemented for R2.

R2's bowel assessment dated 8/18/23, identified currently incontinent of bowel. Able to request bathroom and no change in toileting program. R2 had been incontinent of bowel, averaged every

F 690

CNAs. Discussed charting in time for toileting 9-6-23.

What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.

" Updated and Reviewed assessment; Added section to compare to previous focus assessment to determine if a comprehensive review needs to be completed. Implemented 3 day bowel and bladder tracking on Admission and Annually to identify a need for a toileting plan. Updated and reviewed current bowel and bladder policy.

How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.

" Will do a weekly audit of 3 day B&B and in-time charting for toileting for 4 weeks; then monthly for 3 months

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other day. Wears a large brief for incontinence and at risk for constipation related to narcotic use. No new orders or changes at this time.

R2's toilet use documentation from 8/19/23, through 8/24/23, revealed:

8/19/23, at 10:57 a.m. and 9:17 a.m. total dependence for incontinent cares/incontinent

8/20/23, at 2:11 a.m., 11:02 a.m., and 9:37 p.m. total dependence for incontinent cares/incontinent

8/21/23, at 3:59 a.m., 9:30 a.m., and 10:29 a.m. total dependence for incontinent cares/incontinent

8/22/23, at 1:48 a.m., 10:28 a.m., 1:20 p.m., and 9:53 p.m. total dependence for incontinent cares/incontinent.

8/23/23, at 3:09 a.m., 2:29 p.m., and 11:14 p.m. extensive assistance/incontinent.

8/24/23, at 2:40 a.m., 10:40 a.m., 8:03 p.m., and 11:29 p.m. total dependence for incontinent cares/incontinent.

During continuous observations on 8/23/23 from 10:00 a.m. to 12:15 p.m., and again from 12:35 p.m. to 4:20 p.m. R2 was observed seated in a Broda chair without being offered, or assisted, to reposition or toilet:

-At 10:00 a.m. R2 sat in Broda chair in resident lounge area had compression stockings on both lower legs/feet without shoes, fully dressed and well groomed. R2 leaned forward and touched her foot while she talked to herself out loud.

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-At 10:39 a.m. and 10:50 a.m. R2 sat in Broda chair in resident lounge along with four other residents. Activities staff approached her and offered a hand massage.

-At 11:00 a.m. R2 sat in Broda chair in resident lounge area and licensed practical nurse (LPN)-A removed R2 from lounge area, placed shoes on her feet and pushed her down the hallway to the dining room.

-At 11:15 a.m. through 11:50 a.m. R2 sat in Broda chair in dining room. LPN-A stayed with R2.

-At 12:00 p.m. R2 sat in Broda chair without shoes on in resident lounge area.

-At 12:07 p.m. R2 talked out loud to herself, leaned forward in her Broda chair, and stated, "I am going to go to the bathroom."

-At 12:08 a.m. Activity aide approached R2 and informed her she would take her to dining room for lunch and pushed R2 in Broda chair down the hallway. At 12:09 p.m. dietary staff placed two plastic drinking glasses one with water and one with milk in front of R2 on the table. R2 reached up and accidentally knocked over the glass of water into her lap and onto the floor. R2 stated, "can someone help me I am all wet." At 12:15 p.m. NA-A pushed R2 in Broda chair back into her room removed wet pants, urine soiled brief, and completed incontinence cares with NA-D's assistance.

-At 12:35 p.m. NA-A pushed R2 in Broda chair back into the dining room.

-At 1:00 p.m. NA-A pushed R2 in Broda chair

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down hallway and into the resident lounge.

-At 1:35 p.m. R2 sat in Broda chair in resident lounge are.

-At 2:00 p.m., 2:30 p.m., 3:00 p.m., 3:15 p.m., 3:30 p.m., 3:45 p.m., sat in Broda chair in same position.

-At 4:00 p.m. a visitor approached R2 while she sat in Broda chair and stayed until 4:30 p.m.

R3 quarterly MDS dated 8/3/23, identified severe impaired cognition and long and short-term memory, inattention/difficulty focusing, disorganized thinking, hallucinations (perceptual experiences in the absence of real external sensory stimuli), and delusions (a fixed false belief that conflicts with reality).

R3 required extensive assistance with bed mobility, transfers, locomotion, dressing, toilet use, and personal hygiene. R3 used a walker and wheelchair for mobility. R3 was always incontinent of bowel and bladder. The MDS identified R3 was not on a urinary or bowel toileting program.

R3's quarterly MDS dated 5/15/23, identified frequently incontinent of bladder and always incontinent bowel.

R3's significant change MDS dated 2/23/23, identified frequently incontinent of bowel and bladder.

R3's Kardex dated 8/24/23, identified R3 was incontinent of bowel and bladder. Toilet use: upon waking, between meals, and at bedtime (HS) and

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as needed throughout the day as requested. Do not wake during night but assist if awake to use the bathroom. Toilet R3 after meals to promote continent bowel movements and 4:00 a.m. change brief if incontinent.

R3's bladder assessment dated 8/1/23, identified incontinent of bladder, new onset, and precipitating event new benign prostatic hyperplasia (BPH) (enlarged prostate can cause blocking the flow of urine). R3 was most likely experiencing functional incontinence (a decreased awareness to find a toilet) and treatment program recommended was scheduled toileting /habit training. R3 was previously continent of bowel and bladder wearing only underwear at home. Scheduled toileting has not improved incontinence. Rarely voids when placed on the toilet. Goal must have continent voids during the day. Will continue with toileting schedule and encouragement to use the toilet to promote daytime continence and continent bowel movements. The assessment did not identify whether a toileting plan or a check and change program would be implemented for R3.

R3's bowel assessment dated 8/1/23, identified R3 was incontinent of bowel and required extensive assistance to total dependence of two staff. R3's current toileting program upon walking, between meals, at bedtime (HS), and as needed (PRN) to reduce night bowel movements which lead to falls. R3 did not make his needs known. Goal to be continent of bowel movements during the waking hours has not been met since toileting initiated and will continue to encourage bowel movements during the day to prevent night ones.

R3's toileting record indicated task was to toilet

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R2 upon waking, between meals, and at bedtime (HS) from 8/17/23, through 8/21/23, and 8/23/23, through 8/25/23:

8/17/23, at 12:39 a.m., continent of urine

8/17/23, at 12:43 p.m. 11:01 p.m. incontinent of urine

8/18/23, at 5:59 a.m., 2:18 p.m., 8:54 p.m. incontinent of urine

8/19/23, at 10:32 a.m., 9:14 p.m. incontinent of urine

8/20/23, at 2:09 a.m., 9:16 a.m., 9:21 p.m. incontinent of urine

8/21/23, at 5:43 a.m. did not void

8/21/23, at 9:27 a.m., 11:29 p.m. incontinent of urine

8/23/23, at 5:53 a.m., 5:54 a.m., 11:05 p.m. incontinent of urine

8/24/23, at 4:49 a.m. 10:25 a.m., 10:24 p.m., 11:26 p.m. incontinent of urine

8/25/23, at 11:12 a.m. and 10:29 p.m. incontinent of urine

During continuous observations on 8/23/23 from 9:15 a.m. to 11:45 a.m., and again from 12:10 p.m. to 2:38 p.m. R2 was observed seated in a wheelchair without being offered, or assisted, to reposition or toilet:

-At 9:15 a.m., 9:45 a.m., 10:10 a.m., 11:15 a.m.

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R3 sat in wheelchair eyes closed, fully dressed. R3's feet were placed on the floor and occasionally pushed himself backwards. R3's chair alarm was in a cloth bag hung over the right wheelchair push handle and activated.

-At 11:45 a.m. LPN-A approached R3 and attempted to wake him up. R3 eyes remained closed. LPN-A asked R3 if he needed the bathroom, R3 did not respond. LPN-A stated unable to wake R3 up and walked away.

-At 12:00 a.m. NA-C pushed R3 in wheelchair down the hallway to his room and NA-E followed. R3 appeared extremely tired, and NA-C attempted to wake him up. R3 opened eyes and agreed to go into the bathroom. NA-C placed gait belt around R3's waist and walker in front of him, together NA-C and NA-E assisted R3 to stand and set chair alarm off. R3 slowly walked with guidance from NA-C and NA-E then R3 leaned backwards, lost his balance, crossed feet to catch himself, and lowered onto the toilet by NA-C and NA-E. NA-C removed R3's incontinent brief solid with urine and R3 voided a large amount of urine into toilet. NA-C placed a clean brief on R3's upper legs, used gait belt and assisted to stand. NA-C completed peri care, pulled up brief and pants and together NA-C and NA-E assisted R3 back to wheelchair. NA-C sanitized hands and pushed R3 out of room and down to the dining room.

-At 12:10 p.m., 12:40 p.m., R3 sat at dining room table with another resident, eyes closed, fluids and a small dish of pudding placed in front of him, and a cloth protector around his neck.

-At 12:56 p.m. R3 sat at dining room table, eyes

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F 690	Continued From page 21 closed with plate of food, fluids, and small dish of pudding located in front of him. NA- attempted to wake R3 up and offered a drink of fluids, R3 refused. -At 1:02 p.m. dietary aide asked NA-F for assistance with meals. NA-F pulled up a chair next to R3, sat down and woke R3 up. NA-F offered fluids and food to R3, refused, closed eyes, and positioned unchanged. -At 1:08 p.m. NA-F stood up and informed NA-E could not wake R3 up, requested plate of food and fluids saved for later, and exited the dining room. R3 continued to sit in wheelchair with eyes closed, positioned unchanged. -At 1:20 p.m. R3 sat at dining room table, eyes closed, while another resident ate lunch. R3's right arm hung over the side edge of the wheelchair. Dietary passed by R3 glanced at him sleeping. -At 1:30 p.m. R3 sat at dining room table with eyes closed. Dietary removed R3's plate of food and dumped fluids down the sink. -At 1:45 p.m. R3 sat at dining room table position unchanged with eyes closed. -At 2:45 p.m. R2 sat in dining room, faced hallway, unattended with eyes closed, feet on the floor, right hand placed in lap and left hand located alongside his body. At 2:36 p.m. unidentified housekeeping staff requested NA-G remove R3 from dining room to sweep and wash floor. NA-G approached R3 and opened yes and stated "hello". NA-G pushed R3 in wheelchair to resident lounge area, placed him in front of	F 690		

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television, and walked away.

-At 3:00 p.m., 3:15 p.m., 3:30 p.m., 3:40 p.m., and 4:00 p.m. R3 sat in wheelchair in lounge, eyes closed, and positioned unchanged. R3 was not approached by staff during this time.

-At 4:00 p.m. NA-I pushed R3 in wheelchair into his room. R3 opened eyes, said "hello" and closed eyes. NA-I placed transfer belt around R3's waist and walker in front of him. NA-I and NA-H provided many cues and assisted R3 up to a standing position, walked to bathroom then leaned backwards. NA-I placed wheelchair behind R3 and sat down. R3 remained sleepy, NA-I offered drink of thicken water, R3 accepted. R3 was positioned in front of toilet when NA-H placed wheelchair closer to him, assisted R3 to pivot and sat back down in wheelchair. R3 was not toileted, NA-I stated too tired and allowed him some time and try again later. NA-A pushed R3 in wheelchair back out into the lounge area, eyes opened while R3 pushed himself backwards with feet on floor.

During an interview on 8/23/23 at 3:16 p.m. NA-E stated all residents should have been checked and changed and/or toileted at least every two hours. NA-E indicated last time R3 was toileted was when surveyor watched on the day shift around 12:00 p.m., had not been toileted since then, and should have been. NA-E stated R3 was unable to make his needs known and should have been on a toileting program schedule, tired to get up by himself to go to the bathroom and was a high risk for falls. NA-E also stated R2 was fully dependent on staff and staff were expected to anticipate her needs, incontinent of bowel and bladder, and should have been toileted at least

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F 690	Continued From page 23 every two to three hours. NA-E indicated R2 was last checked and changed at around 12:00 p.m. today. During an interview on 8/23/23 at 5:30 p.m. NA-I stated R3 had not been toileted yet since the start of her shift at 2:00 p.m. NA-I attempted to toilet at 4:00 p.m. and unable, was too tired. NA-I stated planned to check on him again but have not had time. NA-I indicated R3 was incontinent frequently, voids a lot and should have been toileted every two hours. NA-I stated R3 was brought to the dining room for supper, would try again later this evening prior to bedtime. NA-stated R2 had not been toileted since before the shift started at 2:00 p.m., completed last on the day shift, and usually completed after supper. NA-I stated R2 was frequently extremely incontinent of urine and should have been checked and changed frequently. NA-I stated R2 did not use a bedpan. During an interview on 8/24/23 at 12:12 p.m. LPN stated R2 was not placed on a toileting program and probably should have been on 8/14/23, admission. LPN-A verified had just completed R2's bowel and bladder assessment on 8/18/23 and noted changes of increased incontinence of bowel and bladder. LPN-A stated staff were expected to anticipate R2's needs, R2's care plan needed to be updated and not sure if she could have used the bed pan, she had been so drowsy and hard to assess. LPN-2 stated she had not had time to get back to finish R2's toileting plan and would have included check and change in bed mostly at upon waking up, between meals, mid-afternoon, before bed, so that it would have been done 4 to 5 times a day is what would be expected. LPN-A stated R3 had mixed	F 690		

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incontinence of bowel and bladder and went in the toilet when brought to the bathroom. LPN-A stated R3 should have been toileted in the morning when waking, before breakfast and lunch, mid-afternoon, before supper and then before bed, a total of at least six to eight times in a 24 hour period of time. LPN-A indicated toileting R3 more often would have possibly helped avoid falls for him.

During an interview on 8/25/23 at 12:00 p.m. director of nursing (DON) stated we currently did not have a bowel and bladder program. DON stated lack of toileting could be a predisposing factor to falls that occurred at the facility. DON also stated there was a high rate of incontinent residents due to lack of a bowel and bladder program and scheduled toileting. DON indicated R3 frequently had gotten up at 4:00 a.m. and should have been offered the toilet. DON stated a three-day bowel and bladder assessment program should have been completed on him and all residents annually so they could have identified which ones needed to be on a toileting program.

During a telephone interview on 8/29/23, at 3:00 p.m. MDS coordinator (MDSC) stated had not seen anything that would be a true toileting program at this facility since May 2023 when she had started to complete MDS's on the residents. MDSC also stated bowel and bladder information was collected on each resident from the progress notes documented in the medical record, toilet and bowel movement tasks, and bowel and bladder assessments. MDSC indicated she had completed the bowel and bladder MDS coding on approximately 80% of the residents at this facility and had not coded any of those residents as

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245402	A. BUILDING ______ B. WING ______	C 08/25/2023

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENWOOD VILLAGE CARE CENTER	719 SOUTHEAST 2ND STREET GLENWOOD, MN 56334

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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being placed on a toileting program. MDSC stated each resident should have been assessed upon admission and when changes were noted as to whether they should have been placed on a toileting program to have helped maintain their current bowel and bladder status along with measurable goals. MDSC verified R3 had a change in his bladder incontinence and had not been placed on a bowel and bladder program. MDSC stated she had seen many incontinent residents including those with dementia respond well to a toileting program especially during the day. MDSC also stated every three-hour toileting plan would not be appropriate for every resident, some need more often, and some do not and a resident placed on a random toileting plan would not be considered best practice. MDSC indicated it would have been expected that each facility had a toileting program to have helped assess the resident's urinary incontinence and allowed staff to provide more individualized interventions to enhance the resident's life and functional status.

Facility policy titled Bladder and Bowel Assessment dated 10/19/21, indicated a bowel and bladder assessment will be completed on all residents upon admission. If a change in continence status such as outcomes and/or goals and interventions of care plan are not effective or a decline of lack of improvement (if improvement was expected) in continence status another bowel and bladder assessment will be completed. This record will be part of the information gathered for bowel and bladder assessment form.