



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 3, 2024

Administrator
The Emeralds At Grand Rapids LLC
2801 South Highway 169
Grand Rapids, MN 55744

RE: CCN: 245495
Cycle Start Date: March 22, 2024

Dear Administrator:

On April 2, 2024, we notified you a remedy was imposed. On May 3, 2024 the Minnesota Departments 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 April 26, 2024.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective June 22, 2024 did not go into effect. (42 CFR 488.417 (b))

In our letter of April 2, 2024, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from June 22, 2024 due to denial of payment for new admissions. Since your facility attained substantial compliance on April 26, 2024, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

The Emeralds At Grand Rapids LLC

May 3, 2024

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/25/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245495	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 04/05/2024
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NAME OF PROVIDER OR SUPPLIER THE EMERALDS AT GRAND RAPIDS LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 2801 SOUTH HIGHWAY 169 GRAND RAPIDS, MN 55744
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	<p>INITIAL COMMENTS</p> <p>On 4/4/24 through 4/5/24, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaints were reviewed:</p> <p>H54952786C (MN00101958);</p> <p>H54952666C (MN00102063) with a deficiency cited at F661.</p> <p>As a result of the investigation F684 was cited.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>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.</p>	F 000		
F 661 SS=D	<p>Discharge Summary CFR(s): 483.21(c)(2)(i)-(iv)</p> <p>§483.21(c)(2) Discharge Summary When the facility anticipates discharge, a resident must have a discharge summary that includes, but is not limited to, the following: (i) A recapitulation of the resident's stay that includes, but is not limited to, diagnoses, course of illness/treatment or therapy, and pertinent lab,</p>	F 661		4/26/24

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/24/2024
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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 661	<p>Continued From page 1</p> <p>radiology, and consultation results.</p> <p>(ii) A final summary of the resident's status to include items in paragraph (b)(1) of §483.20, at the time of the discharge that is available for release to authorized persons and agencies, with the consent of the resident or resident's representative.</p> <p>(iii) Reconciliation of all pre-discharge medications with the resident's post-discharge medications (both prescribed and over-the-counter).</p> <p>(iv) A post-discharge plan of care that is developed with the participation of the resident and, with the resident's consent, the resident representative(s), which will assist the resident to adjust to his or her new living environment. The post-discharge plan of care must indicate where the individual plans to reside, any arrangements that have been made for the resident's follow up care and any post-discharge medical and non-medical services.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to ensure discharge summary requirements were met, which included a recapitulation of resident's stay (a concise summary of the resident's stay and course of treatment in the facility) and a final summary of the resident's status at discharge, as well as communicating resident's condition upon discharge with receiving the facility for 1 of 1 residents (R1) reviewed.</p> <p>Findings include:</p> <p>R1's discharge Minimal Data Set (MDS) dated 3/26/24, indicated R1 had diagnoses which included encounter for orthopedic aftercare</p>	F 661	<p>Immediate Corrective Action: ???</p> <p>R1 is no longer a resident at the facility.</p> <p>Corrective Action as it applies to others: ??</p> <p>Social Services Director, and Nursing leadership will be educated on discharge planning policy, and ensuring a recapitulation of resident's stay, a final summary of resident status at discharge is completed, and discharging facility is notified if applicable.</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 661	<p>Continued From page 2</p> <p>following surgical amputation, and type 2 diabetes. Further MDS identified R1 had two or more falls with no injury and one fall with injury since previous assessment.</p> <p>Review of R1's Progress Notes revealed the following:</p> <p>-On 3/15/24, R1 was in bed and self-transferred to wheelchair. R1 did not press call light for assistance. R1 hit her head on the base of the table stand causing a 2 cm laceration to right forehead. R1 required first aid including laceration cleaned, approximated, and steri strips applied. The area stopped bleeding and ice pack was applied.</p> <p>-On 3/16/24, R1's bilateral eyes were noted to have bruising and slightly swollen, and the left eyebrow had steri strips intact with no bleeding noted.</p> <p>-On 3/21/24, R1 was seen by nurse practitioner (NP) and was noted to have bruising on the face, different shades of color (green to purple), 4 steri strips over left eyebrow, right eyebrow had a "goose egg" approximately quarter size and raise about 3/4 of an inch.</p> <p>R1's Discharge Instructions and Summary dated 3/20/24, revealed R1 was admitted to the facility on 2/23/24 and was discharging back to her home in an assisted living facility on 3/26/24, due to meeting requirements to return. Further, R1's summary identified skin treatment instructions related to R1's below the knee amputation but lacked evidence of R1's injuries she had sustained from her fall on 3/15/24. In addition, R1's discharge summary lacked a recapitulation of R1's stay and a final summary of R1's status which would include physical functioning and</p>	F 661	<p>Recurrence will be prevented by: ; ; Audits will be conducted weekly x3 weeks, and monthly x2 months on discharging residents to determine completion of recapitulation of resident's stay, a final summary of resident status at discharge, and discharging facility is notified if applicable. Audits and findings will be reported to QAPI committee for further recommendations. ; ;</p> <p>Corrections will be monitored by: ; Director of Social Services, or Designee.</p>	

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F 661	<p>Continued From page 3</p> <p>structural problems, skin condition and special treatments and procedures.</p> <p>On 4/4/24 at 11:22 a.m., in a confidential interview, it was stated R1 was observed on 3/26/24, to have "raccoon eyes, swelling to both eyebrows, and looked like she had been in a war". During the confidential interview, the facility failed to notify receiving provider of R1's condition, by either paperwork or a nurse-to-nurse report, related to R1 having a fall while at the facility as well as R1's current skin condition.</p> <p>On 4/5/24 at 9:55 a.m. registered nurse (RN)-A stated she was a newer employee and was not sure on the facility's policy related to discharging a resident. Further, RN-A stated she was R1's nurse on the day R1 discharged the facility, however she did not complete a nurse-to-nurse report with the receiving provider and did not give R1 any paperwork and "someone else had to have".</p> <p>On 4/5/24 at 10:16 a.m. RN-B stated on day of discharge she would coordinate with the receiving facility to ensure the receiving facility had everything needed for the resident's return as well as providing a copy of the discharge paperwork which would include the Discharge Instructions and Summary. However, RN-B stated she was not working at the facility on the day R1 discharged but reported to the floor nurse R1 would be leaving. RN-B stated staff were expected to document in the resident's medical record relate to when the resident left the facility, what items the resident left the facility with, if discharge paperwork was provided to the resident</p>	F 661		

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F 661	<p>Continued From page 4</p> <p>and if a nurse-to-nurse report was completed with the receiving facility. RN-B confirmed R1's medical record lacked this information. In addition, RN-B confirmed R1's medical record lacked evidence of a recapitulation of R1's stay and there was no final summary of R1's status in R1's record.</p> <p>On 4/5/24 at 11:22 a.m., director of nursing (DON) stated staff would be expected to complete a nurse-to-nurse report with the receiving provider on the day of the resident's discharge. Further the resident would sign a copy of the Discharge Instructions and Summary, which would include the resident's recapitulation of stay and the final summary of resident's status, to confirm they understood, and the paperwork would then be sent with to the receiving provider. In addition, DON confirmed R1's Discharge Instructions and Summary did not contain the recapitulation of resident's stay, or the final summary of the resident's status as required, and R1's record lacked evidence R1 signed the paperwork or a nurse-to- nurse report was completed prior to R1 discharging the facility.</p> <p>Review of facility policy titled Discharge Summary and Recapitulation and Plan revised 12/3/18, indicated when a resident's discharge was anticipated, a discharge instructions and summary and post-discharge plan will be developed to assist the resident to adjust to his/her new living environment. The discharge instruction and summary will include a recapitulation of the resident's stay at the facility and a final summary of the resident's status at the time of the discharge. The Social Services Department will review the plan with the resident, family, or guardian twenty four hours before</p>	F 661		

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F 661	Continued From page 5 discharge would take place and the resident, family or guardian would sign off on discharge instructions and summary indicating they understood the medication instructions and other instruction given by healthcare professional.	F 661		
F 684 SS=D	<p>Quality of Care CFR(s): 483.25</p> <p>§ 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure injuries following a fall were monitored for healing for 1 of 3 residents (R1) reviewed.</p> <p>Findings include:</p> <p>R1's discharge Minimal Data Set (MDS) dated 3/26/24, indicated R1 had diagnoses which included encounter for orthopedic aftercare following surgical amputation, and type 2 diabetes. Further MDS identified R1 had two or more falls with no injury and one fall with injury since previous assessment.</p> <p>R1's Incident Review and Analysis dated 3/18/24, indicated R1 was found on floor on 3/15/24, after R1 had attempted to stand up from bed and fell forward. R1 had hit left forehead on the metal part</p>	F 684	<p>Immediate Corrective Action: ???</p> <p>R1 is no longer a resident at the facility.</p> <p>Corrective Action as it applies to others: ??</p> <p>Facility will audit falls in the last 30 days to determine if injuries following a fall were monitored for healing if applicable. Monitoring will be added if determined.</p> <p>Nurses will be educated on fall prevention and management policy, and monitoring injuries after a fall for healing.</p>	4/26/24

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F 684	<p>Continued From page 6</p> <p>of the bedside table causing bleeding and a 2-centimeter (cm) laceration. R1 had a new right below the knee amputation and thought she could stand independently.</p> <p>Review of R1's Progress Notes revealed the following: -On 3/15/24, R1 was in bed and self-transferred to wheelchair. R1 did not press call light for assistance. R1 hit her head on the base of the table stand causing a 2 cm laceration to right forehead. R1 required first aid including laceration cleaned, approximated, and steri strips applied. The area stopped bleeding and ice pack was applied. -On 3/16/24, R1's bilateral eyes were noted to have bruising and slightly swollen, and the left eyebrow had steri strips intact with no bleeding noted. -On 3/21/24, R1 was seen by nurse practitioner (NP) and was noted to have bruising on the face, different shades of color (green to purple), 4 steri strips over left eyebrow, right eyebrow has a "goose egg" approximately quarter size and raise about 3/4 of an inch.</p> <p>R1's Weekly Skin Inspection dated 3/17/24, R1 was noted to have an abrasion to left eyebrow related to prior known fall, area is well approximated without active drainage, proximal redness, or persistent swelling.</p> <p>R1's Weekly Skin Inspection dated 3/23/24, indicated no new skin concerns and R1's surgical site was cleansed and covered as ordered. R1's skin inspection failed to identify R1's injuries from 3/15/24, and the healing progress.</p> <p>R1's medical record lacked evidence of staff</p>	F 684	<p>Recurrence will be prevented by: ¿¿ Audits will be conducted weekly x3 weeks, and monthly x2 months on resident falls to identify if there was injury, and proper healing monitoring is in place. Audits and findings will be reported to QAPI committee for further recommendations.¿¿</p> <p>Corrections will be monitored by: ¿ Director of Nursing, or Designee.</p>	

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F 684	<p>Continued From page 7</p> <p>monitoring R1's injuries following R1's fall on 3/15/24, to ensure healing.</p> <p>On 4/4/24 at 11:22 a.m., in a confidential interview, R1 was observed on 3/26/24, to have "raccoon eyes, swelling to both eyebrows, and looked like she had been in a war".</p> <p>On 4/5/24 at 9:55 a.m. registered nurse (RN)-A stated she was the floor nurse on the day of R1's fall when R1 sustained an injury to her eyebrow which was bleeding. RN-A stated another floor nurse completed the assessment. Further, RN-A was unaware of facility protocol for monitoring injuries following a fall.</p> <p>On 4/5/24 at 10:16 a.m. RN-B stated following R1's fall she had a laceration above the eye that required steri strips, however the provider did not give any new orders. Further, RN-B following a fall the licensed nurse responding the resident's fall would be expected to notify the provider of any injuries following the fall and the provider would give an order on how to monitor the wound as well as nursing would initiate monitoring of injuries in the resident's electronic medical record to ensure staff were monitoring for infection and ensuring the injuries were healing appropriately. RN-B confirmed there were no additional monitoring of R1's injuries following R1's fall in R1's medical record.</p> <p>On 4/5/24 at 11:22 a.m. director of nursing (DON) stated following a fall with an injury staff were expected to implement a monitoring treatment in the residents record to ensure the injury was healing and continue to monitor until healed. DON confirmed there was not any monitoring of R1's injuries following the fall on 3/15/24.</p>	F 684		

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F 684	Continued From page 8 Review of facility policy titled Fall Prevention and Management revised 2/2024, indicated documentation would include any observed signs or symptoms of pain, swelling, bruising, deformity, and or decreased mobility and any change in level of responsiveness and overall function. Further policy identified the resident's medical record should include assessment data (vital signs and any obvious injuries) as well as interventions, first aid, or treatment administered. The policy lacked evidence of staff direction on follow-up and monitoring of the resident's injury/injuries sustained from the fall.	F 684		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

May 3, 2024

Administrator
The Emeralds At Grand Rapids LLC
2801 South Highway 169
Grand Rapids, MN 55744

Re: Reinspection Results
Event ID: 009Z12

Dear Administrator:

On May 3, 2024 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on April 5, 2024. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Kamala Fiske-Downing'.

Kamala Fiske-Downing
Minnesota Department of Health
Health Regulation Division
Telephone: (651) 201-4112
Email: Kamala.Fiske-Downing@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2024
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2 000	<p>Initial Comments</p> <p style="text-align: center;">*****ATTENTION*****</p> <p style="text-align: center;">NH LICENSING CORRECTION ORDER</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>INITIAL COMMENTS: On 4/4/24 through 4/5/24, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure, and the following licensing order was issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 04/24/24
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Minnesota Department of Health

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed:</p> <p>H54952786C (MN00101958);</p> <p>H54952666C (MN00102063) a licensing order was issued at (0685).</p> <p>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.</p> <p>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</p>	2 000		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00299	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/05/2024
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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.	2 000		
2 685	<p>MN Rule 4658.0465 Subp. 2 Transfer, Discharge, and Death</p> <p>Subp. 2. Other discharge. When a resident is transferred or discharged for any reason other than death, the nursing home must compile a discharge summary that includes the date and time of transfer or discharge, reason for transfer or discharge, transfer or discharge diagnoses, and condition.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure discharge summary requirements were met, which included a recapitulation of resident's stay (a concise summary of the resident's stay and course of treatment in the facility) and a final summary of the resident's status at discharge, as well as communicating resident's condition upon discharge with receiving the facility for 1 of 1 residents (R1) reviewed.</p> <p>Findings include:</p> <p>R1's discharge Minimal Data Set (MDS) dated 3/26/24, indicated R1 had diagnoses which included encounter for orthopedic aftercare following surgical amputation, and type 2 diabetes. Further MDS identified R1 had two or more falls with no injury and one fall with injury since previous assessment.</p>	2 685	corrected.	4/29/24

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2 685	<p>Continued From page 3</p> <p>Review of R1's Progress Notes revealed the following: -On 3/15/24, R1 was in bed and self-transferred to wheelchair. R1 did not press call light for assistance. R1 hit her head on the base of the table stand causing a 2 cm laceration to right forehead. R1 required first aid including laceration cleaned, approximated, and steri strips applied. The area stopped bleeding and ice pack was applied. -On 3/16/24, R1's bilateral eyes were noted to have bruising and slightly swollen, and the left eyebrow had steri strips intact with no bleeding noted. -On 3/21/24, R1 was seen by nurse practitioner (NP) and was noted to have bruising on the face, different shades of color (green to purple), 4 steri strips over left eyebrow, right eyebrow had a "goose egg" approximately quarter size and raise about 3/4 of an inch.</p> <p>R1's Discharge Instructions and Summary dated 3/20/24, revealed R1 was admitted to the facility on 2/23/24 and was discharging back to her home in an assisted living facility on 3/26/24, due to meeting requirements to return. Further, R1's summary identified skin treatment instructions related to R1's below the knee amputation but lacked evidence of R1's injuries she had sustained from her fall on 3/15/24. In addition, R1's discharge summary lacked a recapitulation of R1's stay and a final summary of R1's status which would include physical functioning and structural problems, skin condition and special treatments and procedures.</p> <p>On 4/4/24 at 11:22 a.m., in a confidential</p>	2 685		

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2 685	<p>Continued From page 4</p> <p>interview, it was stated R1 was observed on 3/26/24, to have "raccoon eyes, swelling to both eyebrows, and looked like she had been in a war". During the confidential interview, the facility failed to notify receiving provider of R1's condition, by either paperwork or a nurse-to-nurse report, related to R1 having a fall while at the facility as well as R1's current skin condition.</p> <p>On 4/5/24 at 9:55 a.m. registered nurse (RN)-A stated she was a newer employee and was not sure on the facility's policy related to discharging a resident. Further, RN-A stated she was R1's nurse on the day R1 discharged the facility, however she did not complete a nurse-to-nurse report with the receiving provider and did not give R1 any paperwork and "someone else had to have".</p> <p>On 4/5/24 at 10:16 a.m. RN-B stated on day of discharge she would coordinate with the receiving facility to ensure the receiving facility had everything needed for the resident's return as well as providing a copy of the discharge paperwork which would include the Discharge Instructions and Summary. However, RN-B stated she was not working at the facility on the day R1 discharged but reported to the floor nurse R1 would be leaving. RN-B stated staff were expected to document in the resident's medical record relate to when the resident left the facility, what items the resident left the facility with, if discharge paperwork was provided to the resident and if a nurse-to-nurse report was completed with the receiving facility. RN-B confirmed R1's medical record lacked this information. In addition, RN-B confirmed R1's medical record lacked evidence of a recapitulation of R1's stay and there was no final summary of R1's status in</p>	2 685		
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2 685	<p>Continued From page 5</p> <p>R1's record.</p> <p>On 4/5/24 at 11:22 a.m., director of nursing (DON) stated staff would be expected to complete a nurse-to-nurse report with the receiving provider on the day of the resident's discharge. Further the resident would sign a copy of the Discharge Instructions and Summary, which would include the resident's recapitulation of stay and the final summary of resident's status, to confirm they understood, and the paperwork would then be sent with to the receiving provider. In addition, DON confirmed R1's Discharge Instructions and Summary did not contain the recapitulation of resident's stay, or the final summary of the resident's status as required, and R1's record lacked evidence R1 signed the paperwork or a nurse-to- nurse report was completed prior to R1 discharging the facility.</p> <p>Review of facility policy titled Discharge Summary and Recapitulation and Plan revised 12/3/18, indicated when a resident's discharge was anticipated, a discharge instructions and summary and post-discharge plan will be developed to assist the resident to adjust to his/her new living environment. The discharge instruction and summary will include a recapitulation of the resident's stay at the facility and a final summary of the resident's status at the time of the discharge. The Social Services Department will review the plan with the resident, family, or guardian twenty four hours before discharge would take place and the resident, family or guardian would sign off on discharge instructions and summary indicating they understood the medication instructions and other instruction given by healthcare professional.</p>	2 685		

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2 685	<p>Continued From page 6</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could review and revise policies and procedures related to discharge summary requirements. The director of nursing or designee could develop a system to educate staff and develop a monitoring system to discharge summaries meet requirements prior to resident discharging the facility.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 685		