



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered
November 29, 2023

Administrator
Little Sisters Of The Poor
330 Exchange Street South
Saint Paul, MN 55102

RE: CCN: 245524
Cycle Start Date: October 4, 2023

Dear Administrator:

On November 21, 2023, the Minnesota Departments of Health and Public Safety completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

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

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



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November 29, 2023

Administrator
Little Sisters Of The Poor
330 Exchange Street South
Saint Paul, MN 55102

Re: Reinspection Results
Event ID: BP2J12

Dear Administrator:

On November 21, 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 October 4, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

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

Melissa Poepping, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
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October 13, 2023

Administrator
Little Sisters Of The Poor
330 Exchange Street South
Saint Paul, MN 55102

RE: CCN: 245524
Cycle Start Date: October 4, 2023

Dear Administrator:

On October 4, 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 a pattern of deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level E), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within **ten (10) calendar days** after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

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- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by January 4, 2024 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

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In addition, if substantial compliance with the regulations is not verified by April 4, 2024 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies.

All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at:

https://mdhprovidercontent.web.health.state.mn.us/ltr_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at:

https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,



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



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October 13, 2023

Administrator
Little Sisters Of The Poor
330 Exchange Street South
Saint Paul, MN 55102

Re: State Nursing Home Licensing Orders
Event ID: BP2J11

Dear Administrator:

The above facility was surveyed on October 3, 2023 through October 4, 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.

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

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

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

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

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

Please feel free to call me with any questions.



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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245524	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 10/04/2023
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NAME OF PROVIDER OR SUPPLIER LITTLE SISTERS OF THE POOR	STREET ADDRESS, CITY, STATE, ZIP CODE 330 EXCHANGE STREET SOUTH SAINT PAUL, MN 55102
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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 10/3/23 - 10/4/23, 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. H55245878C (MN97213) & H55246203 (MN96239) with a deficiencies issued at F609, F657, F679, F680, & F943</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 609 SS=D	<p>Reporting of Alleged Violations CFR(s): 483.12(b)(5)(i)(A)(B)(c)(1)(4)</p> <p>§483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility must:</p> <p>§483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in</p>	F 609		10/23/23

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

TITLE

(X6) DATE

Electronically Signed

10/23/2023

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 609	<p>Continued From page 1</p> <p>serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p> <p>§483.12(c)(4) Report the results of all investigations to the administrator or his or her designated representative and to other officials in accordance with State law, including to the State Survey Agency, within 5 working days of the incident, and if the alleged violation is verified appropriate corrective action must be taken. This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to report an allegation of abuse and an injury of unknown origin to the State Agency (SA) within two hours for 2 of 2 residents (R1 and R3) reviewed for abuse. A staff reported to administration an allegation of abuse involving R1 three days after an incident, and R3 was hospitalized with two fractured ribs and a pneumothorax (air leaks into the space between the lungs and chest wall, a blunt or penetrating chest injury).</p> <p>Findings include:</p> <p>R1's care plan dated 2/12/13 R1's interventions were to offer support and reassurance. Allow R1 time to communicate needs. Staff was to speak clear and direct, address her by name to gain her attention. Staff was to stoop in front of R1 at eye level when speaking with her.</p>	F 609	<p>F609 Reporting of alleged violations</p> <p>a. Facility failed to report an allegation of abuse on R1 to the State Agency within 2 hours.</p> <p>b. Facility failed to report an injury of unknown origin on R3 to the state agency within 2 hours.</p> <p>Plan of correction includes the following:</p> <ol style="list-style-type: none"> 1. Education to all staff on immediate reporting on all alleged violations involving abuse, neglect, exploitation or mistreatment to the Administrator/Sr. Paul/DON. 2. Education to all staff on reporting immediately all injury of unknown origin whether the resident is in the facility or in the hospital or out in the community. 3. Education to all staff on the facility's responsibility of reporting all confirmed 	

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F 609	<p>Continued From page 2</p> <p>R1's annual Minimum Data Set dated 11/2/22, indicated R1 had unclear speech, rarely makes self-understood verbally and nonverbally, rarely understands others, highly impaired vision. R1 had short and long-term memory problems and her cognitive skills for decision making were severely impaired. The MDS indicated R1 had physical behaviors symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing). R1 required extensive assistance of two staff members for bed mobility, transferring toilet use and personal hygiene. R1's pertinent diagnoses were diabetes, coronary artery disease, arthritis, and aphasia (a language disorder caused by damage in a specific area of the brain that controls language expression and comprehension.</p> <p>R1's care plan intervention dated 1/12/22, indicated when R1 becomes agitated, ensure her safety, and reapproach her when she is calm.</p> <p>R1's progress note dated 9/22/23 at 11:50 a.m. indicated staff reported to R1's Primary Care Physician (PCP) that R1 gets anxious and combative with blood sugars check. The PCP stated that R1 needs her blood sugars checked anyway.</p> <p>R1's progress note dated 9/22/23 at 8:02 p.m. indicated R1 was resisting three attempts to obtain blood glucose with finger stick. Persistent scratching and punching with closed fists while two nursing assistants (NA)s tried unsuccessfully to calm resident. Immediately after staff nurse administered Lantus insulin, R3 used left leg to forcefully kick the nurse in the right chest, nearing causing her to fall to the floor. R1's</p>	F 609	<p>allegations involving abuse or resulting in serious bodily injury, not later than 2 hours to the State Agency.</p> <p>4. Education to all staff on the facility's responsibility of reporting any allegations that do not involve abuse or do not result in serious bodily injury not later than 24hours to the State Agency.</p> <p>5. Education to all staff on the reporting structure and process at Little Sisters of the Poor.</p> <p>6. Education to all staff on Immediate reporting to the administrator or his/her designee. Addendum 11-3-2023 Plans to make sure that solutions are sustainable Don or designee will audit the signature on education and ensure that all staff are trained on reporting immediately all alleged violations involving Abuse, Neglect, Exploitation, and misappropriation of resident belongings, and Dementia.</p> <p>DON or designee will audit once every quarter for 12months and ongoing to ensure that Report immediately on all alleged violations involving Abuse, Neglect, Exploitation, and misappropriation of resident belongings, and Dementia training is reviewed in the facility's All Employee meetings.</p>	

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F 609	<p>Continued From page 3</p> <p>combativeness gradually subsided. Incident was reported to the Administrator. An employee incident report was completed. R1 who is diabetic with advanced dementia has ongoing history of aggressively resisting finger sticks and insulin injections; this behavior has been reported to the PCP. There were no apparent injuries to the resident or the nurse.</p> <p>R1's progress note dated 9/25/23 at 8:37 p.m. indicated staff approached R1 and tried to check blood sugars. R1 was agitated, resistive and was hitting staff trying to push them away.</p> <p>R1's progress note dated 9/25/23 at 9:27 p.m. indicated staff contacted a physician about R1 refusing her blood sugar check. The physician stated R1's PCP is aware about it and said the staff can try to check with "one assistance." R1 was still resistive, and staff could not check the blood sugar.</p> <p>R1's progress note dated 9/26/23 at 5:40 p.m. an alert note indicated it was discussed with R1's family member (FM)-B about the process staff have been using to administer insulin and check blood sugars on R1. FM-B was also informed that the situation has been reported to the Minnesota Department of Health (MDH). Residents' family stated they understand the that the intent was not to hurt R1 but to help her get her insulin. They will assist in any way they can. R1's physician will be notified of the incident. The staff will continue to redirect R1 and follow the plan of care.</p> <p>R1's progress note dated 9/26/23 at 7:03 p.m. an alert note indicated staff spoke with R1's PCP about "the methods" staff are using to perform</p>	F 609		

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F 609	<p>Continued From page 4</p> <p>blood sugar checks and insulin administration to R1. The physician stated nobody had ever informed him of that. He will speak with the a.m. nurse in the morning and come up with a plan for R1. The physician was informed that R1's family was aware, and a report was sent to MDH.</p> <p>Upon interview on 10/3/23 at 9:20 a.m. the Human Resource Director (HR)-A stated that on 9/25/23 NA-A went into HR-A's office visibly upset and stated that on 9/22/23 NA-A heard screaming from two doors down the hallway. NA-A left the resident she was tending to and went to R1's room and found NA-B on top of R1 pinning her down as the nurse was attempting to give R1 her insulin. R1 was crying and screaming. NA-A stated she did report the incident to the Administrator on 9/22/23 right after the incident occurred. Upon hearing the allegations HR-A called the Administrator who was out of town to find out if the incident had been reported to MDH. The Administrator told HR-A that she was not aware the staff was holding R1 down, she was informed that licensed practical nurse (LPN)-A had been kicked by R1 and needed medical attention. The Administrator told HR-A she was aware that the staffing was "giving a hug" to R1, but she did not assume they were restraining her.</p> <p>Upon interview on 10/4/23 at 4:09 p.m. the Director of nursing, (DON) stated on 9/25/23 HR-A called her into here office and her about NA-A's allegations of NA-B physically pinning down R1 during blood sugar testing and insulin administration on 9/22/23. The DON and HR-A filed a Minnesota Adult Abuse Reporting Center (MAARC) on 9/25/23 at 8:35 p.m.</p> <p>R3's quarterly MDS dated 9/28/23 indicated R3</p>	F 609		

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F 609	<p>Continued From page 5</p> <p>had clear speech, sometimes able to express ideas and wants, sometimes understands others. R3 had highly impaired vision. R3's Brief Inventory of Mental Status (BIMs) score was a two indicating severe cognitive impairment. R3 was identified to have been feeling down, depressed, or hopeless nearly every day. R3 indicated it was very important to her to listen to music, be around animals such as pets, keep up with the news, go outside get fresh air and participate in religious services. R3's pertinent diagnoses were last stage Alzheimer's disease, anxiety, and depression.</p> <p>R3's care plan dated 4/27/21 interventions were staff to monitor/document for probably cause of each pain episode. Remove/limit causes where possible. Observe and report changes in usual routine, sleep patterns, decrease in functional abilities, decreased range of motion, withdrawal, or resistance to care.</p> <p>R3's Progress note dated 8/31/23, at 4:45 p.m. an alert note indicated staff reported to the PCP that R1 had severe disruptive behavior of calling out 'help me help me, call the police officers right now. Do not touch me.'" With inability to redirect aggressive, anger, agitation and R3 complained of "pain all over." Staff called Primary Care Physician to obtain orders to send R3 to the Emergency Room for further evaluation.</p> <p>R3's Progress Note dated 9/1/23 at 8:15 a.m. indicated R3 was being admitted to the hospital with a pneumothorax.</p> <p>R3's Progress Note dated 9/1/23 at 8:22 a.m. indicated R3 had been noted to have fracture in her left 6th and 7th ribs which had caused the</p>	F 609		

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F 609	<p>Continued From page 6</p> <p>pneumothorax. R3 had not had a reported fall, when R3's room was observed, it was noted to not have any furniture overturned or any evidence that R3 would have fallen.</p> <p>R3's Hospital Discharge Summary note dated 9/5/23 at 1:23 p.m. indicated R1 had been admitted for a pneumothorax on the left side. Family had concerns that R3 may have fallen at the facility. R3 could not recall falling. R3's Computerized Tomography (CT) scan was positive for a moderately large left pneumothorax, nondisplaced fractures of the 6th and 7th ribs.</p> <p>Upon interview on 10/4/23 at 4:09 p.m. the Administrator stated she did not think that R3 had a fall, as there were no indicates of a fall. She stated she was unaware that the injury of unknown origin was reportable. She stated she thought the hospital would file a report if one was indicated.</p> <p>A facility policy titled Abuse Prevention Program dated 9/2022 indicated allegations of abuse, neglect, mistreatment, including injuries of unknown source and misappropriation of property are reported immediately to the administrator, who is responsible for immediately reporting to MAARC.</p>	F 609		
F 657 SS=D	<p>Care Plan Timing and Revision CFR(s): 483.21(b)(2)(i)-(iii)</p> <p>§483.21(b) Comprehensive Care Plans §483.21(b)(2) A comprehensive care plan must be-</p> <p>(i) Developed within 7 days after completion of the comprehensive assessment.</p> <p>(ii) Prepared by an interdisciplinary team, that</p>	F 657		10/23/23

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F 657	<p>Continued From page 7</p> <p>includes but is not limited to--</p> <p>(A) The attending physician.</p> <p>(B) A registered nurse with responsibility for the resident.</p> <p>(C) A nurse aide with responsibility for the resident.</p> <p>(D) A member of food and nutrition services staff.</p> <p>(E) To the extent practicable, the participation of the resident and the resident's representative(s). An explanation must be included in a resident's medical record if the participation of the resident and their resident representative is determined not practicable for the development of the resident's care plan.</p> <p>(F) Other appropriate staff or professionals in disciplines as determined by the resident's needs or as requested by the resident.</p> <p>(iii) Reviewed and revised by the interdisciplinary team after each assessment, including both the comprehensive and quarterly review assessments.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and record review, the facility failed to update the plan of care for 1 of 1 resident (R3) reviewed for care plans when R3 was moved to a different floor of the facility and not allowed to her previous floor she resided on without assistance due to inappropriate affectionate behaviors.</p> <p>Findings include:</p> <p>A facility Grievance or Complaint form dated 8/17/23 indicated R3 was to be moved to a different floor related to preventing in appropriate behavior between her and another resident.</p> <p>R3's quarterly MDS dated 9/28/23 indicated R3</p>	F 657	<p>F657 Care Plan and Revision correction</p> <p>Care plan was not updated indicating that R-3 was transferred to a different floor</p> <p>Care plan was not updated to specific interventions so that R-3 can visit peer on previous floor that she resided on.</p> <p>Correction to PCP includes the following:</p> <ol style="list-style-type: none"> 1. Resident care plan was updated indicating transfer to 3rd floor on with date of transfer. 2. R-3 Care plan and Kardex updated to intervention made for peer visits on previous floor she resided on 3. R-3 will be escorted by 3rd floor staff to visit with friend on 2nd floor in Residents room for 30 minutes, 3rd floor 	

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F 657	<p>Continued From page 8</p> <p>had clear speech, sometimes able to express ideas and wants, sometimes understands others. R3 had highly impaired vision. R3's Brief Inventory of Mental Status (BIMs) score was a two indicating severe cognitive impairment. R3 R3's pertinent diagnoses were last stage Alzheimer's disease, anxiety, and depression. R3 required extensive assistance of two staff members for bed mobility, transferring, dressing, eating, toilet use and personal hygiene.</p> <p>R3's progress note dated 8/14/23 indicated an order note to monitor R3 for any inappropriate behaviors towards other residents (kissing, hugging, or touching) every shift.</p> <p>Upon record review R3's care plan dated 10/3/23 the care plan did not indicate any information or instructions following R3's move to a different floor and is she was allowed back on her previous floor, and with or without any restrictions. In addition, the care plan did not indicate to monitor R3 for any inappropriate behaviors of kissing, hugging, or touching.</p> <p>Upon interview on 10/3/23 at 10:02 a.m. family member (FM)-C stated since R3 was moved to the third floor all she does is sleep. He stated he wishes she could go at least to the second floor and visit with her old friends; it may help her depressed mood.</p> <p>Upon interview on 10/3/23 at 10:51 a.m. assistant activity director (AD)-A stated R3 is allowed to visit the second floor if a staff member or family member takes her and stays with her. AD-A was not certain if R3 visiting the second floor was on the care plan.</p>	F 657	<p>staff will not stay on 2nd floor during 30-minute visit.</p> <ol style="list-style-type: none"> 4. 2ND floor staff will monitor and make sure R-3 is not on 2nd floor walking unescorted on unit. 5. 2nd floor staff will escort Resident back to 3rd floor after 30-minute visit with peer. 6. Resident to be escorted to and from 1st floor Activity/ Craft room, Rehab department. 7. Staff Education and clarification of specific schedule of visits that are off of 3rd floor residence (see sign-up sheet) <p>Addendum 10/27/2023 DON or RN Designee to monitor and audit F0657 Care Plan timing and revision 4 times a week for the first 3 months, then 3 times weekly for the next 3 months, then 2 times weekly for the next 3 months, then weekly for the remaining 4 months</p> <p>to complete audits and monitor schedule daily of CNA to make sure that she is offered and assisted</p> <p>Resident is to be offered and to be escorted to 2nd floor into peer room to visit with her friend. 3rd floor staff will not stay with resident, 2nd floor staff will monitor and make sure that resident is not up walking on 2nd floor unescorted . 2nd floor staff will escort/assist resident back to floor after 30 minute visit.** If declines to go for visit, MUST report to the Nurse.**</p>	

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F 657	<p>Continued From page 9</p> <p>Upon interview on 10/3/23 at 1:04 p.m. licensed practical nurse (LPN)-B stated R3 is only allowed on the third floor and on the first floor in the craft and therapy room. She is not allowed on the second floor.</p> <p>Upon interview on 10/3/23 at 3:05 p.m. LPN-C stated he believed R3 could go to the second and visit if she has a staff member take her and stay with her. He stated did not recall seeing anything about her move on the care plan.</p> <p>Upon interview on 10/4/23 at 4:09 p.m. the Administrator stated R3 was moved to the third floor due to inappropriately kissing and hugging another resident. She stated R3 is allowed back on floor two. She stated Staff can escort R3 to the second floor, but they can only leave her there for a short time and they must check on her every 30 minutes. The Administrator stated she believed the care plan had been updated, but the facility had a temporary social worker working who deleted information on the care plans.</p> <p>A facility policy on care plan revision was requested, however none received.</p>	F 657		
F 679 SS=E	<p>Activities Meet Interest/Needs Each Resident CFR(s): 483.24(c)(1)</p> <p>§483.24(c) Activities. §483.24(c)(1) The facility must provide, based on the comprehensive assessment and care plan and the preferences of each resident, an ongoing program to support residents in their choice of activities, both facility-sponsored group and individual activities and independent activities, designed to meet the interests of and support the physical, mental, and psychosocial well-being of</p>	F 679		10/23/23

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F 679	<p>Continued From page 10</p> <p>each resident, encouraging both independence and interaction in the community. This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview and document review, the facility failed to provide meaningful activities for 3 of 3 residents (R1, R3, R4) who were dependent on staff for activities.</p> <p>Findings include:</p> <p>Upon observation on 10/3/23 at 9:12 R1 was seated fully dressed and groomed seated in her wheelchair outside of the nurse's stations. There was another resident seated in a wheelchair next to her. The two residents were not conversing back and forth.</p> <p>Upon observation on 10/3/23 at 10:59 a.m. R1 was seated outside the nursing station in her wheelchair. There were two other residents in wheelchairs outside the nurse's station. All three residents were asleep in their wheelchairs.</p> <p>Upon observations on 10/3/23 at 12:36 p.m. R1 was being wheeled by staff back to her room to lay down for a nap.</p> <p>Upon observations on 10/3/23 at 2:09 p.m. R1 was seated in her wheelchair in her room alone. R1 was facing a television that was not turned on. R1's room was quiet, and the lights were off.</p> <p>Upon observation on 10/3/23 at 3:13 p.m. R1 was seated in her wheelchair by the nurse's station.</p> <p>Upon observation on 10/4/23 at 9:00 a.m. R1 was fully dressed and groomed seated in her wheelchair outside the nurse's station.</p>	F 679	<p>1. How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>For section F679, the Activity Director will meet with 3 of 3 residents found to have been affected by the deficient practice no later than November 9, 2023 and all remaining residents no later than December 15, 2023. Assessments will be completed to better understand what their past preferences were and what their current preferences are now. Gathering a basic knowledge from each resident either directly or from a family member, will ensure that a detailed care plan will be followed including areas they may enjoy participating in. Attendance will be taken during each activity.</p> <p>2. How will the facility identify other residents having the potential to be affected by the same deficient practice?</p> <p>Activity Director will conduct two interviews/assessments. First interview being 24-hour preferences, and this will cover basic questions like interest, dislikes, where they grew up, if they are a veteran, do they prefer a bath or a shower etc. The second interview will be related to the 7 dimensions of wellness which are, physical, social, vocational, emotional,</p>	

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F 679	<p>Continued From page 11</p> <p>Upon observation on 10/4 23 at 11:25 a.m. R1 was seated in her wheelchair outside the nurse's station. Two other residents were seated in their wheelchairs. The residents were not conversing back and forth and there was not activity being performed.</p> <p>Upon observation on 10/4/23 at 2:28 p.m. R1 was seated in her wheelchair outside of the nurse's station. There was one other resident seated outside in her wheelchair. The two were not conversing.</p> <p>R1's care plan (CP) dated 3/22/19 indicated the facility will adapt all activities for any physical and visual impairments for R1. R1 will be invited to all larger special activities or books on tape. She enjoys walking or jogging. She enjoyed multiple genres of music. She enjoyed watching television privately in her room. A revision was made on 10/13/22 indicating R1 watched television in her room and had stuffed animal pets that she keeps near her. She sits with other residents at the nurse's stations; gets manicures monthly, loves pet visits, likes to look at picture books. R1's goal was she would be involved in activity programming of her choosing once per week over the next 90 days to include group of 1:1 activity. R1's interventions were 1:1 visits so resident could socialize as she wished.</p> <p>R1's Activity Assessment dated 11/1/22, indicated under status the assessment was an error. There were only two questions completed on the form. 1. How is important is it for you to choose what clothes you wear? The response was, "not very important". 2. How important is it to you to take care of your personal belongings or things?</p>	F 679	<p>spiritual, intellectual, and environmental. Activity director will formally type up both the 24 hour and 7 dimensions of wellness questions and then proceed to interview each resident in the comfort of their room. If the resident is cognitively impaired, the activity director will reach out to family, guardian, POA and or staff that may know the resident well to receive adequate answers for the two assessments. From these interviews/assessments a better base will be created in order to make an accurate and appropriate care plan for each resident. The MDS schedule will determine which assessments are due for each resident. The Activity Director will follow the MDS calendar and regularly confer with the MDS Coordinator to assure that activities meet the preferences, interests and needs of each resident. The assessments are completed upon admission, quarterly, annually, and when there is a significant change. All changes will be reflected on the resident's care plan.</p> <p>3. What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.</p> <p>Activity Director will re-educate and re-train the Staff. The next step is to take personal inventory of the likes, preferences, and dislikes of each resident. If the resident needs assistance is providing information, staff would assist and/or family would be contacted. The resident feedback will help to guide activity staff on how to plan the upcoming</p>	

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F 679	<p>Continued From page 12</p> <p>The response was, 'not very important'. No other questions were completed and there was no place to leave any comments.</p> <p>R1's annual Minimum Data Set dated 11/2/22, indicated R1 had unclear speech, rarely makes self-understood verbally and nonverbally, rarely understands others, highly impaired vision. R1 had short and long-term memory problems and her cognitive skills for decision making were severely impaired. The MDS indicated R1 had physical behaviors symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing). The staff assessment of Daily and Activity Preferences indicated R1 enjoyed listening to music, being around animals, doing things with groups of people, and participating in her favorite activities. R1's pertinent diagnoses were vascular dementia, (a form of dementia caused by impairment of blood to the brain), legal blindness, and aphasia (a language disorder that control language expression, leaving people unable to communicate effectively with others). The Care Area Assessment (CAA) did not indicate an activity concern.</p> <p>R1's Progress activity note dated 2/1/23 indicated: Quarter 1. R1 is assisted in her wheelchair to activities. She would attend parties, musical offerings, and balloon toss. R1 gets a manicure monthly. When offered, she looks forward to Canine Callie visits very much. She always carries her "pet" bear with her. R1 would visit with staff and peers at the nurses' station but was often sleepy. Her care plan had been updated.</p> <p>R1's Progress Activity note dated 4/26/23 indicated: Quarter 2. R1 is in a wheelchair, aided</p>	F 679	<p>calendar activities to meet the resident's interests and needs. Activity staff will invite all residents to small/large group activities whether it is an in-person invitation, making announcements during mealtime or reaching out to loved ones to invite them to a large group activity. A daily activity schedule is posted on the bulletin boards by the elevator on each floor. After creating residents care plans and completing their assessments it will be noted if 1:1 visiting/activities will need to be provided on a weekly basis. The Activity Director will create a document identifying which residents need to be visited, including the frequency duration, and quality of the visit. Activity staff is responsible for documenting all activities and outcomes. All residents will be provided an activities calendar and calendars will be posted in the common areas. The Activity Director will train activity assistants in the proper way of documenting. Documentation will include: The type of activity such as; Rosary/Devotion, Games, Bingo, Sports etc., large or small group, 1:1, the attention of each resident, any unusual behavior, the resident's engagement level (example - passive, active, disruptive, verbal) and if it was a 1:1, small or large group, or not available.</p> <p>4. How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not occur.</p> <p>Activity director will focus on the</p>	

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F 679	<p>Continued From page 13</p> <p>by staff or propelled by herself. She did not sleep well at night so was very sleepy during the day. R1 can get weepy but stops when this writer shows her pictures of dogs or talks about dogs in general; she loves pet visits a lot. R1 had her stuffed animals that she clings to; likes to watch TV shows or naps while watching TV; she socializes with staff at nurses' station or in hallways as she moved herself around. Her care plan has been updated.</p> <p>R1's activity progress note dated 7/20/23 indicated: Quarter 3. R1 spends much of her time in her wheelchair, propelling herself around her floor. She will chat at times but is very tired because of not sleeping well at night. She clutches her stuffed animals, smiles if you want to talk to her about them. R1 likes looking at picture books, especially of dogs; she is always open to pet visits; likes her TV shows and movies. Her care plan has been updated.</p> <p>Upon interview on 10/3/23 at 11:06 a.m. FM-B stated the only personal activity she has seen for R1 was her watching television in her room but is not very relevant anymore due to her decline in memory and vision. She stated the facility is always quiet and see's many residents just sitting around in the hallways. She stated she wishes R1 could play bingo because that is offered a few times a week.</p> <p>Upon interview on 10/3/23 at 12:45 p.m. FM-A stated she has not really seen R1 involved in activities. She stated the facility has mass and rosary every day, but R1 is Lutheran, so she does not sit in on those events. She stated having an activity for R1 personally would be nice, but it would be difficult because R1 is nearly blind. She</p>	F 679	scheduling of the MDS to ensure assessments are completed on time with the addition of the care plans being updated. Activity Director will also review weekly 1:1 schedule to see if residents <input type="checkbox"/> needs are being met. Progress notes will be documented and completed weekly.	

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F 679	<p>Continued From page 14</p> <p>stated if the facility could find something R1 likes she may not have so many behaviors.</p> <p>Upon observation on 10/3/23 at 10:27 a.m. R3 was in the restorative therapy room. She was seated in a chair, not exercising, one other resident in the room exercising, one other resident seated next to R3. R3 was not engaging in conversation with any of the residents. R3's son was onsite for a visit.</p> <p>Upon observation on 10/3/23 at 12:09 p.m. R3 was in her bedroom sleeping.</p> <p>Upon observation on 10/3/23 at 2:45 p.m. R3 had a family member visiting in her room.</p> <p>Upon observation on 10/3/23 at 4:01 p.m. R3 was in her bed sleeping</p> <p>Upon observation on 10/4/23 at 9:03 a.m. R3 was in her bed sleeping.</p> <p>Upon observation on 10/4/23 at 1:08 p.m. R3 was in her bed sleeping.</p> <p>Upon observation on 10/4/23 at 10:48 a.m. R3 was in the restorative therapy room seated in a chair with one other resident and a staff member. R3 was fully dressed and groomed. R3 had a family member with her.</p> <p>Upon observation and interview on 10/4/23 at 3:12 p.m. R3 was in her bed awake. R3 stated "I don't know what to do."</p> <p>R3's care plan dated 4/23/21 indicated activities were important to R3, often complains of being bored, but is often napping. R3 is independent</p>	F 679		

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F 679	<p>Continued From page 15</p> <p>and enjoys being outside when possible. R3 loves fashion, socializing and dogs. R3 will sometimes attend movies, but only in the craft room with the big screen. Often goes outside, to sit in the sun but has a hard time navigating. R3's care plan interventions were to direct R3 to desired activities to assure she is going to the right place as she gets turned around. Staff are to remind R3 of resident's names when in group settings and state their names as R3 has a hard time of hearing. R3's goal was to attend one group activity per month or as desired.</p> <p>R3's quarterly MDS dated 9/28/23 indicated R3 had clear speech, sometimes able to express ideas and wants, sometimes understands others. R3 had highly impaired vision. R3's Brief Inventory of Mental Status (BIMs) score was a two indicating severe cognitive impairment. R3 was identified to have been feeling down, depressed, or hopeless nearly every day. R3 indicated it was very important to her to listen to music, be around animals such as pets, keep up with the news, go outside get fresh air and participate in religious services. R3's pertinent diagnoses were last stage Alzheimer's disease, anxiety, and depression.</p> <p>R3's progress note dated 9/28/23 indicated a significant change note: R3 uses a walker if she attends an activity; had trouble seeing so needed guidance and direction. She loved being outside and would go by herself but had been asked by AD-A to please stay in backyard, close to building for safety purposes. She stated that she liked to have magazines available to her; loved music in her room, does not watch TV; keeps up with current events. When asked in what way she does this she could not explain. R3 liked to be</p>	F 679		

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F 679	<p>Continued From page 16</p> <p>with group of people but declines many invitations or is sleeping when approached in her room. She stated having the chapel and mass available to her when desired was important to her. Her care plan was updated.</p> <p>Upon interview on 10/3/23 at 10:02 a.m. family member (FM)-C stated that there was not a full-time activity staff onsite. He stated he visited daily in the morning and FM-D visits R3 every day later in the day or evening. The reason they visit is to get R3 out of bed and converse with them. He stated all R3 does is want to sleep due to boredom. He stated the facility did not always lack activities. He stated R3 is a people person and she used to go visiting with friends, coffee, watching different events, bowling in the hallways, singing, walks outside, but now the only "activity" R3 does is restorative nursing (daily exercising) in the physical therapy room. R3 will speak with family members on the phone and say, "I'm so bored, I don't know what to do with myself."</p> <p>Upon interview on 10/3/23 at 10:40 a.m. R3 stated she feels lost, that all she does is go to sleep and hope she does not wake up. She stated "What do you do with yourself when there is nothing to do? That is my entire life." R3 stated she would like to take walks in the garden, bowl in the hallways, listen to music (even if it is alone in her room), have coffee with friends, play group games. She stated if there are activities happening staff are not informing her of them.</p> <p>Upon interview on 10/3/23 at 2:45 p.m. FM-D stated the R3 gets up in the morning, take her medications and goes to the physical therapy department. She stated R3 would love it if the staff played music in her room. FM-D pointed to</p>	F 679		

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F 679	<p>Continued From page 17</p> <p>several CD's and a CD player in the room. She stated if she is not occupied, she will lay down and sleep and that is how she is found each time the family visits her. FM-D about a month ago the facility had signs posted for "resident happy hour." She stated she asked staff to please wake-up R3 up and escort her to happy hour. FM-D stated she called R3 and at the time of happy hour she was still in her room. FM-D stated she went to back to the facility and got R3 ready and escorted her to happy hour. FM-D stated there was no one at Happy Hour so an unidentified staff member told FM-D that it was being cancelled that no residents were coming. FM-D stated she found a few of R3's friends and told the unidentified staff member that they have residents wanting happy hour. A total of three residents had drinks together that day.</p> <p>Upon observation on 10/3/23 at 10:27 a.m. R4 was in the restorative therapy room using an exercise machine. There was a staff member in the room.</p> <p>Upon observation on 10/3/23 at 4:03 p.m. R4 was sleeping in the recliner in her bedroom.</p> <p>Upon observation on 10/4/23 at 9:12 a.m. R4 was in her wheelchair heading back to her room. She commented as she scooted by "I'm heading to my room to do absolutely nothing again today."</p> <p>Upon observation and interview on 10/4/23 at 3:18 p.m. R4 was seated in her recliner in room. She stated she had been in her room, singing songs to herself all afternoon.</p> <p>R4's care plan dated 10/17/22 indicated R4 is very independent with self-directed activities in</p>	F 679		

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F 679	<p>Continued From page 18</p> <p>her room. When she wanted to be left alone, she will let staff know. She preferred to be invited to activities and will decide whether she wants to attend or not, liked opportunity for any staff member to take her outside; liked social exercising in the therapy room. R4's interventions indicated staff were to allow R4 to help with crafting projects as needed. Staff to invite R4 to spiritual programs, live music and arts and craft activities. Staff to offer 1:1 visit. Staff to provide pet therapy visits as able. A Revision was added on 7/25/23 for staff to offer R4 outside 1:1 garden visit when the weather is nice.</p> <p>R4's annual MDS dated 5/4/23 indicated R4 had moderate difficulty hearing, no difficulty with speech or making herself understood. R4 had a BIMs score of 15 indicating no cognitive impairment. R4's pertinent diagnoses were heart failure, anxiety, and depression. R3 indicated it was very important for her to keep up with the news, to do things in groups of people, to do her favorite activities, to go outside and get fresh air.</p> <p>Upon interview on 10/3/23 at 2:02 p.m. R4 stated she has to keep herself busy at the feeling "activities are poor around here." R4 stated that she makes attempts to promote "something/anything" at the facility. She states she will sometimes go meals and start singing a song herself and try to get other residents to accompany. She stated she lives activities where she can be involved or just watch. She had not had 1:1 visits with staff and had not been offered 1:1 visits in the garden as promised by the facility.</p> <p>Upon interview on 10/3/23 at 10:51 a.m. assistant activity director (AD)-A stated her main job at the facility was gardening. She spent her mornings</p>	F 679		

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F 679	<p>Continued From page 19</p> <p>in the gardens and worked on activities in the afternoon. She stated most of her time is spent doing activity assessments to stay in compliance with those. AD-A stated at least once a week she tried to do a bingo event, board games, a movie, or manicures. She stated just recently one of the Catholic Sisters on staff started doing a ball toss activity on the second floor. She stated the plan was for her to toss the ball with some of the residents prior to lunch. She was uncertain whether this activity had been started or not. She stated there were no 1:1 activity being done with any residents since the 2/2023 when the activities director left the facility. AD-A stated she is aware activities need to document however she had not had time to make-up a process to document.</p> <p>Upon interview on 10/3/23 at 1:04 p.m. licensed practical nurse (LPN)-B stated the nursing staff has not been told to assist with any activities including 1:1. She stated the nursing staff may bring a newspaper to a resident who requests it. She stated the staff does not offer music, television, or any other resident interest or an activity in the resident's room. She stated the residents sleep and have snacks.</p> <p>Upon interview on 10/3/23 at 3:05 p.m. LPN-C stated there are rarely any activities the shift he works, the residents either sit in the hallway or a few read in their room.</p> <p>Upon interview on 10/4/23 at 11:27 a.m. trained medical assistant (TMA)-A stated she does not see many activities in the facility anymore. She stated that the facility only has one person in activities who only does activities in the afternoons. TMA-A stated she did not believe there were any 1:1 activity currently happening.</p>	F 679		

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F 679	Continued From page 20 Upon interview on 10/4/23 at 11:35 a.m. Registered nurse (RN)-A stated, "I do wish there were more activities going on here, it would help nursing staff with falls and behaviors." Upon interview on 10/4/23 at 12:31 p.m. licensed practical nurse (LPN)-A stated she worked the p.m. shift and were "never" activities on the p.m. shift. She stated sometimes during the afternoon, at the beginning of the shift, some of the residents will be watching a movie or there might be bingo for those who are able to attend. Upon interview on 10/4/23 at 4:09 p.m. the Administrator stated she is aware there are limited activities at the facility. She stated since Covid the number of volunteers had declined. She stated the facility has been actively looking for an activity director. She stated they are waiting for the "right fit". She stated she wanted someone with experience who is energetic and has new and fresh ideas. The Administrator was not aware if any staff members were tracking and documenting activities on the residents.	F 679		
F 680 SS=E	Qualifications of Activity Professional CFR(s): 483.24(c)(2)(i)(ii)(A)-(D) §483.24(c)(2) The activities program must be directed by a qualified professional who is a qualified therapeutic recreation specialist or an activities professional who- (i) Is licensed or registered, if applicable, by the	F 680		10/23/23

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F 680	<p>Continued From page 21</p> <p>State in which practicing; and</p> <p>(ii) Is:</p> <p>(A) Eligible for certification as a therapeutic recreation specialist or as an activities professional by a recognized accrediting body on or after October 1, 1990; or</p> <p>(B) Has 2 years of experience in a social or recreational program within the last 5 years, one of which was full-time in a therapeutic activities program; or</p> <p>(C) Is a qualified occupational therapist or occupational therapy assistant; or</p> <p>(D) Has completed a training course approved by the State.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and document review, the facility failed to have a qualified activities director to oversee the development, implementation, and ongoing evaluation of the activities program for the facility.</p> <p>Upon interview on 10/3/23 at 10:44 a.m. the assistant activities director (AD)-A stated she was hired at the facility four years ago for facility gardening. AD-A stated when there was not gardening to be done, she would assist the activities department with activities. She stated the facility had been without an activity director since 2/2023 and she has been filling in since that date. She stated she mainly spends her mornings in the garden and spends her afternoons doing activity assessments or performing an activity. AD-A stated she was not certified as an activity director, and she has not had two years' experience in a social or recreations program within the last five years, one of which was a full-time in a therapeutic activities program. She stated she is not an occupational therapist or</p>	F 680	<p>Activity Assessment/Leisure Interest/Social History Personal Information Name (Nicknames) Birthdate Where were you born? Ethnic background Religion Family: spouse, children, pets Education Past occupation Admission Date - Admitted from where? Diagnosis Limitations Diet Sleep habits Routines that are important Habits, alcohol, smoking DNR Allergies Marital status:</p> <p>Personal Interest Information</p> <p>Favorite Foods - Ethnic, culture Family members, who are your supports, children, grandchildren Hobbies/you enjoyed - Involved in fish,</p>	

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F 680	<p>Continued From page 22 occupation therapy assistant.</p> <p>When interviewed on 10/4/23 at 9:20 a.m. the human resource director (HR)-A stated the facility had been actively searching for an activity director. She stated she was aware that AD-A was not a certified activity director.</p> <p>Upon interview on 10/4/23 at 4:10 p.m. the Administrator stated the facility has been searching for an activity director since 2/2023. The facility has interviewed multiple candidates, but she has particular criteria she is looking for in the director and they have not found the "right fit" yet. She stated she was aware that AD-A is not a certified activity director. The Administrator stated she believed AD-A was only performing activities and she believed the Minimum Data Set Coordinator (MDS) was completing the assessments.</p> <p>A review AD-A's personnel file was completed. An Employee Status Change Form dated 7/22/19 indicated AD-A's job title changed from gardener to gardener/activities. AD-A hours changed from 40 hour per pay period to 80 hours per pay period. An Employee Status Change Form dated 5/2/22 indicated AD-A changed her hours per pay period from 80 hours to 64 hours, no other changes. AD-A's file did not show documentation of a condition job offer at the time of hire and did not show a job description. AD-A's initial job offer, her job description and the job description for the activity director were requested, however not provided.</p> <p>A facility policy related to qualifications of an activity director was requested, however not provided.</p>	F 680	<p>hunt, refurbish antiques, needlework, baking favorite, cars, gardening, painting. Collections if any Family background - ancestry/culture Family traditions, holidays Crafts you enjoyed Education background, areas of study - how may grades, H.S. or college, dress code for school? Sports interests - ever play on a team, favorite teams, favorite sport TV shows - Educational, documentary, news, comedy, drama. Grooming interests - nails, hair, massage, makeup daily Vacations (favorite spots) Roles in the family Technology- have you used computers in the past? Occupation - what kinds of jobs did you hold. What was your favorite part of that job. How was music a part of life- play instrument, sing, dances, favorite kind of music, take lessons, favorite group, concerts attended, attended band concerts? Political Interests - like to vote, favorite president?</p> <p>Radio - sports, news, music, talk radio shows? Community Involvement - church, lions, 4H, FFA, FHA, Clubs Book, Your memories. Military -were you a veteran or in the army. Movies - favorites Reading interests - magazines, newspaper, novels, religious articles, poetry Favorite restaurants - type of food you like to go out for?</p>	

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F 680	Continued From page 23	F 680	<p>Favorite Parks, museums, shopping, concerts Interest in learning new skill?</p> <p>Physical Information</p> <p>Adaptations or Modifications Needed Vision: Lighting Magnifying glasses Clock method/location Large print (level of) Audio Books Which eye is impaired?</p> <p>Hearing: Glasses/contacts (use of) Placement near speaker Amplifiers/headphones Decrease background noise Written instructions Gestures/sign language Adaptive TV</p> <p>Physical: Upper extremity function/ROM Hand dexterity Weight restrictions Use of only one hand (which one) Transportation needs Ambulation</p> <p>Diagnosis: Complications of medications Precautions Manifestations (level of) Pain assessment Terminals Sleep patterns Allergies</p> <p>HX of Activities: Level of involvement</p> <p>Social Information</p> <p>Have you ever been a member of the armed forces? If yes, what branch did you serve in? Are you a member of VFW, Legion or Auxiliaries? How do you maintain your</p>	

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F 680	Continued From page 24	F 680	<p>health? Do you like sports? Which sports? Did you participate in sports in the past? " Team sports " Individual sports " Spectator sports</p> <p>What is your level of education? " Is there anything you like to study or learn? " What was your favorite thing you liked/disliked about school? Is there anything you would really like to do that you haven't done yet?</p> <p>Community Have you been or are you currently a member of any clubs or organizations? If yes, what clubs? If yes, did you hold an office? Have you ever done volunteer work? Do you like being in large or small groups, or doesn't it matter? Have you voted regularly?</p> <p>Recreation Information What would be your perfect day? How did you spend your free time? Do you like to be with others or alone? Are you competitive? Have you ever participated on a team? What is your best time of day? Did you travel? Is music important in your life and how so? What are you good at? Do you like to exercise? Do you like to learn new things? What are</p>	

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F 680	Continued From page 25	F 680	<p>your dreams? Do you like to be outdoors? What can we do to make your day better? Large group, small group, independent preference?</p> <p>Exertion Level of Fitness/Wellness: Involvement in PT, OT, ST Rehab Relaxation, stress management</p> <p>Cognition Cognitive skills/ mental status Memory recall- long term, short term</p> <p>Interpersonal Information</p> <p>What was your occupation in the past? Where did you do this occupation? Were you used to working with people or alone? Were you a supervisor? How long were you involved in this job? Did you ever work another job? Did work shift work? Age of retirement? Life roles</p> <p>What were your community involvements? Were you ever a leader or officer of a club or organization? Church involvements: music, council, Sunday school teacher Volunteer: what type of volunteer work Clubs or organizations Veterans Groups</p> <p>What traditions did you have in your family? Holidays How did you celebrate What type of food?</p>	

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F 680	Continued From page 26	F 680	<p>Special activities or gatherings Customary dress Nationality</p> <p>Tell me about your family Spouse Siblings Children Grandchildren Great-grandchildren Special Friends Importance of family relationships Do you get to see them often? Spiritual/Religious Information</p> <p>What is your religion? What church do you attend? Pastor: Time involved Type of involvement Devotions Service Bible Study Hymn Sing Rosary Priest/Clergy Visit Communion Service TV Programs Religious reading materials Prayer (group or self) Communion in room</p> <p>Would you like to go to your local church? Time of service: Church groups you participated in Did you hold a role - teacher, council member? Would you like your minister called upon illness or change of status? Is religion a significant part of your life? What denomination did you belong to? Did you do any volunteering at church? Bible study, usher, ladies circle or aide, other? Religious holidays that are important to you</p> <p>The 7 Dimensions of Wellness</p>	

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F 680	Continued From page 27	F 680	<p>Physical - choosing to live a healthy, active lifestyle having daily interactions with others - Expressing yourself through talents and passion Emotional - Being aware of and accepting feelings Spiritual - Living with meaning and purpose Intellectual - Engaging in creative pursuits Environmental - Respecting and care for our surroundings</p> <p>Addendum 10/30/2023: Addendum 11/3/2023:</p> <p>The F680 has been completed. The newly hired Activity Director is qualified in this role due to completing 180-hour (90 hours of classroom and 90 hours of clinical practicums and final project) MEPAP course receiving a certificate of completion. This Activity Director is CPR certified and completed courses through the Alzheimers Association. Reflecting in her resume, she previously worked at a 40-bed nursing home and 125 assisted living bed facility for 2.5 years. Lastly, this activity director maintains a bachelors degree in behavioral science - social work.</p>	
F 943 SS=D	<p>Abuse, Neglect, and Exploitation Training CFR(s): 483.95(c)(1)-(3)</p> <p>§483.95(c) Abuse, neglect, and exploitation. In addition to the freedom from abuse, neglect, and exploitation requirements in § 483.12,</p>	F 943		10/23/23

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F 943	<p>Continued From page 28</p> <p>facilities must also provide training to their staff that at a minimum educates staff on-</p> <p>§483.95(c)(1) Activities that constitute abuse, neglect, exploitation, and misappropriation of resident property as set forth at § 483.12.</p> <p>§483.95(c)(2) Procedures for reporting incidents of abuse, neglect, exploitation, or the misappropriation of resident property</p> <p>§483.95(c)(3) Dementia management and resident abuse prevention. This REQUIREMENT is not met as evidenced by: Based on interview, and document review, the facility failed to ensure required abuse, neglect, and exploitation training was completed for 2 of 4 staff, (licensed practical nurse (LPN-A and nursing assist (NA)-A) whose personnel records were reviewed.</p> <p>Findings include:</p> <p>During interview on 10/4/23 at 11:52 a.m. LPN-A stated she does not recall the last time she had abuse, neglect, and exploitation training. She stated she had retired in 2017 and came back as a casual employee, stating she was not certain if she needed annual training anymore. LPN-A stated due to a recent improvement plan at the facility she had been assigned Relias (online education) training on 9/26/23. LPN-A stated she had not completed the training due to technical issues; she did reach out to the Human Resource Department.</p> <p>Upon record review of personnel files, there was no documentation of training of abuse, neglect,</p>	F 943	<p>F943 Abuse, Neglect, Exploitation, and misappropriation of resident property and Dementia Training.</p> <p>Facility failed to ensure required Abuse and Exploitation training was completed for 2 staff- LPN-A and NA-A whose personnel records were reviewed.</p> <p>Plan of correction includes the following:</p> <ol style="list-style-type: none"> 1. Education has been provided to staff to complete the required online Relias training on Abuse, Neglect, Exploitation, Misappropriation of resident property and Dementia management. 2. The facility will provide education and orientation, including ongoing in-services to staff on prohibiting all forms of abuse, neglect, and exploitation. 3. Facility will create a system for tracking online Relias education training for all staff. 4. Facility will track all education provided to all staff through in-services 	

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NAME OF PROVIDER OR SUPPLIER LITTLE SISTERS OF THE POOR		STREET ADDRESS, CITY, STATE, ZIP CODE 330 EXCHANGE STREET SOUTH SAINT PAUL, MN 55102		
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F 943	<p>Continued From page 29 and exploitation for LPN-A or NA-A.</p> <p>Upon interview on 10/4/23 at 2:34 p.m. the Human Resource Director (HR)-A stated she was certain all training was in the staff files. She stated she would look online, find the training, and email it to the surveyor as HR-A was not onsite at the facility. HR-A denied a system for tracking ongoing training of staff.</p> <p>E-mail correspondence on 10/4/23, at 3:10 p.m. from HR-A indicated HR-A sent requested training for the Assistant Activity Director AD-A, however, did not send any training for LPN-A or NA-A.</p> <p>A reply to E-email correspondence on 10/4/23, at 3:31 indicated only the training for AD-A had been received, and again requested the training for LPN-A and NA-A. There was no further correspondence.</p> <p>Upon interview on 10/4/23 at 4:09 p.m. the Administrator stated she was certain of the system the facility uses for tracking training. She stated that the facility does do their education through Relias online learning.</p> <p>A facility policy titled Abuse Prevention Policy and Procedure dated 9/2022 indicated employees are trained through orientation and on-ongoing in-services.</p> <p>A policy regarding facility training was requested however none provided.</p>	F 943	<p>and all employee quarterly meetings.</p> <p>5. Facility will create a process to ensure timeliness of completion of all Relias Online education by all staff.</p> <p>6. A policy on facility training will be provided.</p> <p>Plans to make sure solutions are sustained.</p> <p>1. Human Resource Manager or designee will audit that Online Relias education on Abuse, Neglect, Exploitation, and Misappropriation of resident property and Dementia are completed by all staff once every 12 months, and ongoing.</p> <p>2. Human Resource Manager or designee will audit once every quarter for 12 months and ongoing that all new staff have completed Online Relias education on Abuse, Neglect, Exploitation, and Misappropriation of resident belongings and Dementia training.</p> <p>3. Human Recourse Manager or designee will audit once every quarter for the next 12 months to ensure that Abuse, Neglect, Exploitation, and Misappropriation of resident property and Dementia training is reviewed in the facility <input type="checkbox"/>s ALL Employee</p>	

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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 10/3/23 - 10/4/23, 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 orders were issued. Please indicate in your electronic plan of correction you have reviewed these orders</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 10/23/23
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2 000	<p>Continued From page 1</p> <p>and identify the date when they will be completed.</p> <p>The following complaints were reviewed. H55245878C (MN97213) & H55246203C (MN96239) with a licensing orders issued at 1435 and 1445.</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 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</p>	2 000		

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2 000	Continued From page 2 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		
21435	MN Rule 4658.0900 Subp. 1 Activity and Recreation Program; General Subpart 1. General requirements. A nursing home must provide an organized activity and recreation program. The program must be based on each individual resident's interests, strengths, and needs, and must be designed to meet the physical, mental, and psychological well-being of each resident, as determined by the comprehensive resident assessment and comprehensive plan of care required in parts 4658.0400 and 4658.0405. Residents must be provided opportunities to participate in the planning and development of the activity and recreation program. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to provide meaningful activities for 3 of 3 residents (R1, R3, R4) who were dependent on staff for activities. Findings include: Upon observation on 10/3/23 at 9:12 R1 was seated fully dressed and groomed seated in her wheelchair outside of the nurse's stations. There was another resident seated in a wheelchair next	21435	Corrected	10/23/23

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21435	<p>Continued From page 3</p> <p>to her. The two residents were not conversing back and forth.</p> <p>Upon observation on 10/3/23 at 10:59 a.m. R1 was seated outside the nursing station in her wheelchair. There were two other residents in wheelchairs outside the nurse's station. All three residents were asleep in their wheelchairs.</p> <p>Upon observations on 10/3/23 at 12:36 p.m. R1 was being wheeled by staff back to her room to lay down for a nap.</p> <p>Upon observations on 10/3/23 at 2:09 p.m. R1 was seated in her wheelchair in her room alone. R1 was facing a television that was not turned on. R1's room was quiet, and the lights were off.</p> <p>Upon observation on 10/3/23 at 3:13 p.m. R1 was seated in her wheelchair by the nurse's station.</p> <p>Upon observation on 10/4/23 at 9:00 a.m. R1 was fully dressed and groomed seated in her wheelchair outside the nurse's station.</p> <p>Upon observation on 10/4/23 at 11:25 a.m. R1 was seated in her wheelchair outside the nurse's station. Two other residents were seated in their wheelchairs. The residents were not conversing back and forth and there was not activity being performed.</p> <p>Upon observation on 10/4/23 at 2:28 p.m. R1 was seated in her wheelchair outside of the nurse's station. There was one other resident seated outside in her wheelchair. The two were not conversing.</p> <p>R1's care plan (CP) dated 3/22/19 indicated the facility will adapt all activities for any physical and</p>	21435		

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21435	<p>Continued From page 4</p> <p>visual impairments for R1. R1 will be invited to all larger special activities or books on tape. She enjoys walking or jogging. She enjoyed multiple genres of music. She enjoyed watching television privately in her room. A revision was made on 10/13/22 indicating R1 watched television in her room and had stuffed animal pets that she keeps near her. She sits with other residents at the nurse's stations; gets manicures monthly, loves pet visits, likes to look at picture books. R1's goal was she would be involved in activity programming of her choosing once per week over the next 90 days to include group of 1:1 activity. R1's interventions were 1:1 visits so resident could socialize as she wished.</p> <p>R1's Activity Assessment dated 11/1/22, indicated under status the assessment was an error. There were only two questions completed on the form. 1. How is important is it for you to choose what clothes you wear? The response was, "not very important". 2. How important is it to you to take care of your personal belongings or things? The response was, 'not very important'. No other questions were completed and there was no place to leave any comments.</p> <p>R1's annual Minimum Data Set dated 11/2/22, indicated R1 had unclear speech, rarely makes self-understood verbally and nonverbally, rarely understands others, highly impaired vision. R1 had short and long-term memory problems and her cognitive skills for decision making were severely impaired. The MDS indicated R1 had physical behaviors symptoms directed toward others (hitting, kicking, pushing, scratching, grabbing). The staff assessment of Daily and Activity Preferences indicated R1 enjoyed listening to music, being around animals, doing things with groups of people, and participating in her favorite</p>	21435		

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21435	<p>Continued From page 5</p> <p>activities. R1's pertinent diagnoses were vascular dementia, (a form of dementia caused by impairment of blood to the brain), legal blindness, and aphasia (a language disorder that control language expression, leaving people unable to communicate effectively with others). The Care Area Assessment (CAA) did not indicate an activity concern.</p> <p>R1's Progress activity note dated 2/1/23 indicated: Quarter 1. R1 is assisted in her wheelchair to activities. She would attend parties, musical offerings, and balloon toss. R1 gets a manicure monthly. When offered, she looks forward to Canine Callie visits very much. She always carries her "pet" bear with her. R1 would visit with staff and peers at the nurses' station but was often sleepy. Her care plan had been updated.</p> <p>R1's Progress Activity note dated 4/26/23 indicated: Quarter 2. R1 is in a wheelchair, aided by staff or propelled by herself. She did not sleep well at night so was very sleepy during the day. R1 can get weepy but stops when this writer shows her pictures of dogs or talks about dogs in general; she loves pet visits a lot. R1 had her stuffed animals that she clings to; likes to watch TV shows or naps while watching TV; she socializes with staff at nurses' station or in hallways as she moved herself around. Her care plan has been updated.</p> <p>R1's activity progress note dated 7/20/23 indicated: Quarter 3. R1 spends much of her time in her wheelchair, propelling herself around her floor. She will chat at times but is very tired because of not sleeping well at night. She clutches her stuffed animals, smiles if you want to talk to her about them. R1 likes looking at picture</p>	21435		

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21435	<p>Continued From page 6</p> <p>books, especially of dogs; she is always open to pet visits; likes her TV shows and movies. Her care plan has been updated.</p> <p>Upon interview on 10/3/23 at 11:06 a.m. FM-B stated the only personal activity she has seen for R1 was her watching television in her room but is not very relevant anymore due to her decline in memory and vision. She stated the facility is always quiet and see's many residents just sitting around in the hallways. She stated she wishes R1 could play bingo because that is offered a few times a week.</p> <p>Upon interview on 10/3/23 at 12:45 p.m. FM-A stated she has not really seen R1 involved in activities. She stated the facility has mass and rosary every day, but R1 is Lutheran, so she does not sit in on those events. She stated having an activity for R1 personally would be nice, but it would be difficult because R1 is nearly blind. She stated if the facility could find something R1 likes she may not have so many behaviors.</p> <p>Upon observation on 10/3/23 at 10:27 a.m. R3 was in the restorative therapy room. She was seated in a chair, not exercising, one other resident in the room exercising, one other resident seated next to R3. R3 was not engaging in conversation with any of the residents. R3's son was onsite for a visit.</p> <p>Upon observation on 10/3/23 at 12:09 p.m. R3 was in her bedroom sleeping.</p> <p>Upon observation on 10/3/23 at 2:45 p.m. R3 had a family member visiting in her room.</p> <p>Upon observation on 10/3/23 at 4:01 p.m. R3 was in her bed sleeping</p>	21435		

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21435	<p>Continued From page 7</p> <p>Upon observation on 10/4/23 at 9:03 a.m. R3 was in her bed sleeping.</p> <p>Upon observation on 10/4/23 at 1:08 p.m. R3 was in her bed sleeping.</p> <p>Upon observation on 10/4/23 at 10:48 a.m. R3 was in the restorative therapy room seated in a chair with one other resident and a staff member. R3 was fully dressed and groomed. R3 had a family member with her.</p> <p>Upon observation and interview on 10/4/23 at 3:12 p.m. R3 was in her bed awake. R3 stated "I don't know what to do."</p> <p>R3's care plan dated 4/23/21 indicated activities were important to R3, often complains of being bored, but is often napping. R3 is independent and enjoys being outside when possible. R3 loves fashion, socializing and dogs. R3 will sometimes attend movies, but only in the craft room with the big screen. Often goes outside, to sit in the sun but has a hard time navigating. R3's care plan interventions were to direct R3 to desired activities to assure she is going to the right place as she gets turned around. Staff are to remind R3 of resident's names when in group settings and state their names as R3 has a hard time of hearing. R3's goal was to attend one group activity per month or as desired.</p> <p>R3's quarterly MDS dated 9/28/23 indicated R3 had clear speech, sometimes able to express ideas and wants, sometimes understands others. R3 had highly impaired vision. R3's Brief Inventory of Mental Status (BIMs) score was a two indicating severe cognitive impairment. R3 was identified to have been feeling down,</p>	21435		

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21435	<p>Continued From page 8</p> <p>depressed, or hopeless nearly every day. R3 indicated it was very important to her to listen to music, be around animals such as pets, keep up with the news, go outside get fresh air and participate in religious services. R3's pertinent diagnoses were last stage Alzheimer's disease, anxiety, and depression.</p> <p>R3's progress note dated 9/28/23 indicated a significant change note: R3 uses a walker if she attends an activity; had trouble seeing so needed guidance and direction. She loved being outside and would go by herself but had been asked by AD-A to please stay in backyard, close to building for safety purposes. She stated that she liked to have magazines available to her; loved music in her room, does not watch TV; keeps up with current events. When asked in what way she does this she could not explain. R3 liked to be with group of people but declines many invitations or is sleeping when approached in her room. She stated having the chapel and mass available to her when desired was important to her. Her care plan was updated.</p> <p>Upon interview on 10/3/23 at 10:02 a.m. family member (FM)-C stated that there was not a full-time activity staff onsite. He stated he visited daily in the morning and FM-D visits R3 every day later in the day or evening. The reason they visit is to get R3 out of bed and converse with them. He stated all R3 does is want to sleep due to boredom. He stated the facility did not always lack activities. He stated R3 is a people person and she used to go visiting with friends, coffee, watching different events, bowling in the hallways, singing, walks outside, but now the only "activity" R3 does is restorative nursing (daily exercising) in the physical therapy room. R3 will speak with family members on the phone and say, "I'm so</p>	21435		

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21435	<p>Continued From page 9</p> <p>bored, I don't know what to do with myself."</p> <p>Upon interview on 10/3/23 at 10:40 a.m. R3 stated she feels lost, that all she does is go to sleep and hope she does not wake up. She stated "What do you do with yourself when there is nothing to do? That is my entire life." R3 stated she would like to take walks in the garden, bowl in the hallways, listen to music (even if it is alone in her room), have coffee with friends, play group games. She stated if there are activities happening staff are not informing her of them.</p> <p>Upon interview on 10/3/23 at 2:45 p.m. FM-D stated the R3 gets up in the morning, take her medications and goes to the physical therapy department. She stated R3 would love it if the staff played music in her room. FM-D pointed to several CD's and a CD player in the room. She stated if she is not occupied, she will lay down and sleep and that is how she is found each time the family visits her. FM-D about a month ago the facility had signs posted for "resident happy hour." She stated she asked staff to please wake-up R3 up and escort her to happy hour. FM-D stated she called R3 and at the time of happy hour she was still in her room. FM-D stated she went to back to the facility and got R3 ready and escorted her to happy hour. FM-D stated there was no one at Happy Hour so an unidentified staff member told FM-D that it was being cancelled that no residents were coming. FM-D stated she found a few of R3's friends and told the unidentified staff member that they have residents wanting happy hour. A total of three residents had drinks together that day.</p> <p>Upon observation on 10/3/23 at 10:27 a.m. R4 was in the restorative therapy room using an exercise machine. There was a staff member in</p>	21435		

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NAME OF PROVIDER OR SUPPLIER LITTLE SISTERS OF THE POOR	STREET ADDRESS, CITY, STATE, ZIP CODE 330 EXCHANGE STREET SOUTH SAINT PAUL, MN 55102
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21435	<p>Continued From page 10</p> <p>the room.</p> <p>Upon observation on 10/3/23 at 4:03 p.m. R4 was sleeping in the recliner in her bedroom.</p> <p>Upon observation on 10/4/23 at 9:12 a.m. R4 was in her wheelchair heading back to her room. She commented as she scooted by "I'm heading to my room to do absolutely nothing again today."</p> <p>Upon observation and interview on 10/4/23 at 3:18 p.m. R4 was seated in her recliner in room. She stated she had been in her room, singing songs to herself all afternoon.</p> <p>R4's care plan dated 10/17/22 indicated R4 is very independent with self-directed activities in her room. When she wanted to be left alone, she will let staff know. She preferred to be invited to activities and will decide whether she wants to attend or not, liked opportunity for any staff member to take her outside; liked social exercising in the therapy room. R4's interventions indicated staff were to allow R4 to help with crafting projects as needed. Staff to invite R4 to spiritual programs, live music and arts and craft activities. Staff to offer 1:1 visit. Staff to provide pet therapy visits as able. A Revision was added on 7/25/23 for staff to offer R4 outside 1:1 garden visit when the weather is nice.</p> <p>R4's annual MDS dated 5/4/23 indicated R4 had moderate difficulty hearing, no difficulty with speech or making herself understood. R4 had a BIMs score of 15 indicating no cognitive impairment. R4's pertinent diagnoses were heart failure, anxiety, and depression. R3 indicated it was very important for her to keep up with the news, to do things in groups of people, to do her favorite activities, to go outside and get fresh air.</p>	21435		

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21435	<p>Continued From page 11</p> <p>Upon interview on 10/3/23 at 2:02 p.m. R4 stated she has to keep herself busy at the feeling "activities are poor around here." R4 stated that she makes attempts to promote "something/anything" at the facility. She states she will sometimes go meals and start singing a song herself and try to get other residents to accompany. She stated she lives activities where she can be involved or just watch. She had not had 1:1 visits with staff and had not been offered 1:1 visits in the garden as promised by the facility.</p> <p>Upon interview on 10/3/23 at 10:51 a.m. assistant activity director (AD)-A stated her main job at the facility was gardening. She spent her mornings in the gardens and worked on activities in the afternoon. She stated most of her time is spent doing activity assessments to stay in compliance with those. AD-A stated at least once a week she tried to do a bingo event, board games, a movie, or manicures. She stated just recently one of the Catholic Sisters on staff started doing a ball toss activity on the second floor. She stated the plan was for her to toss the ball with some of the residents prior to lunch. She was uncertain whether this activity had been started or not. She stated there were no 1:1 activity being done with any residents since the 2/2023 when the activities director left the facility. AD-A stated she is aware activities need to document however she had not had time to make-up a process to document.</p> <p>Upon interview on 10/3/23 at 1:04 p.m. licensed practical nurse (LPN)-B stated the nursing staff has not been told to assist with any activities including 1:1. She stated the nursing staff may bring a newspaper to a resident who requests it. She stated the staff does not offer music, television, or any other resident interest or an</p>	21435		

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21435	<p>Continued From page 12</p> <p>activity in the resident's room. She stated the residents sleep and have snacks.</p> <p>Upon interview on 10/3/23 at 3:05 p.m. LPN-C stated there are rarely any activities the shift he works, the residents either sit in the hallway or a few read in their room.</p> <p>Upon interview on 10/4/23 at 11:27 a.m. trained medical assistant (TMA)-A stated she does not see many activities in the facility anymore. She stated that the facility only has one person in activities who only does activities in the afternoons. TMA-A stated she did not believe there were any 1:1 activity currently happening.</p> <p>Upon interview on 10/4/23 at 11:35 a.m. Registered nurse (RN)-A stated, "I do wish there were more activities going on here, it would help nursing staff with falls and behaviors."</p> <p>Upon interview on 10/4/23 at 12:31 p.m. licensed practical nurse (LPN)-A stated she worked the p.m. shift and were "never" activities on the p.m. shift. She stated sometimes during the afternoon, at the beginning of the shift, some of the residents will be watching a movie or there might be bingo for those who are able to attend.</p> <p>Upon interview on 10/4/23 at 4:09 p.m. the Administrator stated she is aware there are limited activities at the facility. She stated since Covid the number of volunteers had declined. She stated the facility has been actively looking for an activity director. She stated they are waiting for the "right fit". She stated she wanted someone with experience who is energetic and has new and fresh ideas. The Administrator was not aware if any staff members were tracking and documenting activities on the residents.</p>	21435		

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21435	Continued From page 13 A facility policy titled Resident's' Bill of Rights indicated the home has a well-rounded program of activities, including arts and crafts and spiritual services to help achieve personal growth. SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-One (21) days.	21435		
21445	MN Rule 4658.0900 Subp. 3 Activity and Recreation Program; Director Subp. 3. Activity and recreation program director. The activity and recreation program director must be a person who is trained or experienced to direct the activity and recreation staff and program at that nursing home. This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to have a qualified activities director to oversee the development, implementation, and ongoing evaluation of the activities program for the facility. Upon interview on 10/3/23 at 10:44 a.m. the assistant activities director (AD)-A stated she was hired at the facility four years ago for facility gardening. AD-A stated when there was not gardening to be done, she would assist the activities department with activities. She stated	21445	Corrected	10/23/23

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21445	<p>Continued From page 14</p> <p>the facility had been without an activity director since 2/2023 and she has been filling in since that date. She stated she mainly spends her mornings in the garden and spends her afternoons doing activity assessments or performing an activity. AD-A stated she was not certified as an activity director, and she has not had two years' experience in a social or recreations program within the last five years, one of which was a full-time in a therapeutic activities program. She stated she is not an occupational therapist or occupation therapy assistant.</p> <p>When interviewed on 10/4/23 at 9:20 a.m. the human resource director (HR)-A stated the facility had been actively searching for an activity director. She stated she was aware that AD-A was not a certified activity director.</p> <p>Upon interview on 10/4/23 at 4:10 p.m. the Administrator stated the facility has been searching for an activity director since 2/2023. The facility has interviewed multiple candidates, but she has particular criteria she is looking for in the director and they have not found the "right fit" yet. She stated she was aware that AD-A is not a certified activity director. The Administrator stated she believed AD-A was only performing activities and she believed the Minimum Data Set Coordinator (MDS) was completing the assessments.</p> <p>A review AD-A's personnel file was completed. An Employee Status Change Form dated 7/22/19 indicated AD-A's job title changed from gardener to gardener/activities. AD-A hours changed from 40 hour per pay period to 80 hours per pay period. An Employee Status Change Form dated 5/2/22 indicated AD-A changed her hours per pay period from 80 hours to 64 hours, no other</p>	21445		

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21445	<p>Continued From page 15</p> <p>changes. AD-A's file did not show documentation of a condition job offer at the time of hire and did not show a job description. AD-A's initial job offer, her job description and the job description for the activity director were requested, however not provided.</p> <p>A facility policy related to qualifications of an activity director was requested, however not provided.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing or designated person to determine how the deficiency occurred, review policies and procedures, revise as necessary, educated staff on revisions, and monitor to ensure compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-One (21) days.</p>	21445		