

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically Delivered

April 28, 2021

Administrator Gil-Mor Manor 96 Third Street East Morgan, MN 56266

RE: CCN: 245594

Cycle Start Date: March 24, 2021

Dear Administrator:

On April 27, 2021, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance; therefore no remedies will be imposed.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumalu Fiske Downing

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

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

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



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered April 6, 2021

Administrator Gil-Mor Manor 96 Third Street East Morgan, MN 56266

RE: CCN: 245594

Cycle Start Date: March 24, 2021

Dear Administrator:

On March 24, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

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

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

DEPARTMENT CONTACT

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

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

Email: nicole.osterloh@state.mn.us

Office: 507-476-4230

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, 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 June 24, 2021 (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).

Gil-Mor Manor April 6, 2021 Page 3

In addition, if substantial compliance with the regulations is not verified by September 24, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04 8.html

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

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered April 6, 2021

Administrator Gil-Mor Manor 96 Third Street East Morgan, MN 56266

Re: Event ID: 3DET11

Dear Administrator:

The above facility survey was completed on March 24, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior

Program Assurance | Licensing and Certification

Minnesota Department of Health

Mighing

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

(X6) DATE

Minnesota Department of Health

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE COMP	SURVEY LETED
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	*****	NTION*****				
	NH LICENSING	CORRECTION ORDER				
	144A.10, this correct pursuant to a surver found that the deficient herein are not corrected shall with a schedule of the Minnesota Department of which is a schedule of the Minnesota Department of which is a schedule of the Minnesota Department of which is a schedule of the Minnesota Department of which is a schedule of the Minnesota Department of the Minnesota De	nether a violation has been compliance with all				
	number and MN Ru When a rule contain comply with any of lack of compliance. re-inspection with a result in the assess	rule provided at the tag ile number indicated below. Ins several items, failure to the items will be considered Lack of compliance upon ny item of multi-part rule will ment of a fine even if the item uring the initial inspection was				
	that may result from orders provided tha the Department witl	hearing on any assessments n non-compliance with these t a written request is made to nin 15 days of receipt of a nt for non-compliance.				
	was conducted at y the Minnesota Department	TS: 3/24/21, a complaint survey our facility by surveyors from artment of Health (MDH). Your I compliance with the MN				
	The following comp	laint was found to be				

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

Electronically Signed 04/16/21

TITLE

Minnesota Department of Health

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
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2 000	Continued From pa	ge 1	2 000				
	SUBSTANTIATED: however NO licensi	H5594020C (MN71031), ing orders were issued.					
		nent of Health is documenting Correction Orders using					
	The facility is enroll signature is not req page of state form.	ed in ePOC and therefore a uired at the bottom of the first Although no plan of correction lity must acknowledge receipt cuments.					

Minnesota Department of Health STATE FORM

PRINTED: 04/28/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION ING	` ^^		E SURVEY IPLETED
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GIL-MOR	MANOR			96 THIRD STREET EAST MORGAN, MN 56266			
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F 000	INITIAL COMMEN	TS	F C	000			
F 600 SS=D	survey was completed complaint investigated be NOT in compliant Requirements for Land The following compounds of the following compounds of the facility's plan of as your allegation of Department's acceenrolled in ePOC, you at the bottom of the form. Upon receipt of an onsite revisit of you validate substantial regulations has been free from Abuse at CFR(s): 483.12(a)(§483.12 Freedom of Exploitation The resident has the neglect, misappropiand exploitation as includes but is not a corporal punishment any physical or cheet the resident's §483.12(a) The face	nd Neglect 1) from Abuse, Neglect, and ne right to be free from abuse, riation of resident property, defined in this subpart. This limited to freedom from nt, involuntary seclusion and emical restraint not required to medical symptoms.	F 6	500			4/21/21
L ABORATOR)	/ DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE			(X6) DATE

Electronically Signed 04/16/2021

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 600	involuntary seclusic This REQUIREMED by: Based on observative review, the facility for (R1) was free from 1 of 1 staff (nurse a failed to have a system report suspected states was no perceived the for reporting suspection.	poral punishment, or on; NT is not met as evidenced tion, interview, and document ailed to ensure 1 of 1 resident verbal and physical abuse by tide (NA)-C). The facility also tem in place to monitor for and aff burnout and ensure there areat of staff to staff retaliation cted abuse.	F 600	The Director of Nursing reviewed facility policies and procedures wit Administrator and the DON develonew Progress Note titled Abuse/N Incident Report in PointClickCare ensure that ALL parts of the report investigation are completed, and t reporting is done within 2 hours of occurring. This report method is a being used for other types of incid such as falls, and skin injuries; where the policy is the procedure of the procedure	ch pped a eglect to t and hat incident currently ents ich has	
	State Agency (SA) were providing mor turning R1 from sid roughly causing he side rail 4 times. R'head to hurt and as R1 asked NA-C wh NA-C reportedly repeing a [expletive] a suspended pending. Review of the 3/19/submitted to the SA staff failed to remodangerous situation staff were to be traipolicies. No change procedure. Facility 1) NA-A identified s disposition that day pan several times of "red hot" when she	21, 5 day investigation report a identified the facility indicated by R1 from a potentially no NA-C was terminated. All ned annually to abuse as were needed to the policy or		been an effective tool that walks s step-by-step through the initial rep This incident report method will er that staff are guided through the e process from the initial report all the through the investigation to ensure handling of each incident. 1. Did you ensure that the reside safe, removed from harm, protect harm? Explain. 2. NOTIFICATION IMMEDIATEL Administrator, document date and 3. Remove alleged perpetrator a place employee on suspension uninvestigation. 4. Was this reported to OHFC (Swithin 2 hours of initial report? Ex 5. NOTIFICATION: Director of Nocument date and time. 6. Begin investigation IMMEDIAT after notifying Administrator and Dives/No a. Interview the initial reporter interview sheets in Abuse/Neglect	ort. Insure Intire Ine way Ine proper Intity	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	PLE CONSTRUCTION (X3) DATE SL G COMPLE		
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GIL-MOF	RMANOR			MORGAN, MN 56266		
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F 600	NA-C was by R1's her left side her her rail. Each time R1 was bumped into the was "sick of dealing indication NA-A sto intervened to ensur verbal abuse stopp was struck into the retaliation from NA-day with her mornin head still hurt from 2) R1 identified she in trouble when ask advised staff she when the after hitting the felt NA-C was intenstate "Well, i known assessed by the D0 did say she had paivisible bruising was 3) NA-C identified Fitmes that night, quand thinking she was morning, NA-C put leaned to her left sitt to her right side to the head on her rail. NA-A denied on her rail. NA-A denied making the R1. NA_C had bee mornings as the facilidentified R1 had as me?" during the nignot.	head. When R1 was rolled to ad was "rammed" into the side was rolled to the side her head he rail. NA-C advised NA-A she g" with R1. There was no pped the rough treatment and re the rough handling and led after the first time her head rail. NA-A was afraid of rail. NA-A was afraid of rail. NA-A assisted R1 the next hig cares. R1 complained her the day before. The day before had not wanted to get NA-C as worried her glasses were rail. R1 would not say if she tional in her actions, but did she doesn't like me". R1 was DN during her interview, and in in her face 3 out of 10. No	F6	Yes/No b. Interview the victim (residenterview sheets in Abuse/Ne Yes/No c. Interview other residents interview sheets in Abuse/Ne Yes/No d. Interview other staff that witnessed the incident or othe incidents - use the interview shouse/Neglect Binder. Yes/Ne e. Interview any witnesses interview sheets in Abuse/Neys/No f. All interviews should hav statements in quotes. Yes/Ng. Interview Visitors, Family that may have information. Yh. Location of incident. i. Explain exactly what was the INITIAL REPORTER distatements should be in quotif. Were there witnesses? Ik. Explain exactly what was the WITNESS/WITNESSES statements should be in quotif. Explain exactly what was the VICTIM(RESIDENT) distatements should be in quotif. Explain exactly what was the VICTIM(RESIDENTS states should be in quotations. n. Explain exactly what was VISITORS, FAMILY MEMBEL statements should be in quoto. Explain exactly what was	use glect Binder. use glect Binder. may have er similar sheets in No use the glect Binder. e direct or members (es/No streported by direct sations. If so, Who? streported by direct sations. If so, who? streported by ements streported by ements streported by ements streported by stations.	

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F 600	assessed R1 headensure she was no body from the roug staff or residents w to facility policies. Interview on 3/23/2 identified she was a occurred on 3/17/2 NA-A and NA-C we by R1's feet and NA time we rolled her, bar" which was to Fwhy she was so me you get for being a for a different care Even after the incidend would not eat be and teary eyed". W room, NA-C said shold another co-wor	ge 3 to-toe that same morning to thoused elsewhere on her had cares, no indication other ere interviewed, or re-trained 1 at 1:34 p.m., with NA-A and NA trainee. The event at approximately 9:00 a.m., not into R1's room. NA-A was A-C was by her head. "Every [R1] hit her face on the grab R1's left side. R1 asked NA-C ean. NA-C replied "That's what [expletive] all night". R1 asked giver. R1 was very distraught. ent, R1 refused to take a bath, oreakfast. She was "Very upset hen NA-A and NA-C left R1's ne was "Sick of [R1]". NA-A eker (NA-D) of the incident fter it occurred as NA-A wasn't	F 600	(physical, verbal, sexual, emotion neglect, financial exploitation) q. Did the incident cause injury? Explain. r. Did a licensed nurse complete body assessment on the victim (resid t. Routine medications (cardio, diuretics, narcotics, PRN meds, la diabetic, Parkinson s, etc.). u. Psychoactive medications (antipsychotics, antianxiety, hypnoroutine, PRN, antidepressants, etv. Acute changes (UTI, syncopeloss, fever, URI, delirium, other in w. Chronic conditions (CVA, Parkinson s, seizures, dementia COPD, hypotension, arthritis, etc. x. Psychological issues (anxiety agitation, depression, failure to the etc.)	e a full esident)? ent). axatives, otics, c.) s, weight fection). , TIA,) , rive,	
	sure what to do. NA abuse policies after NA-A and NA-B we comment to "please bar." During morning nurse, licensed praasked in morning rediscussing the alleg NA-A felt very intim The facility just had but abuse was not Interview on 3/23/2 assisted NA-A in R made the comment NA-C "pushing her	A-A had no retraining to facility the incident. The next day, re assisting R1. R1 made the enot run my head into the grand-up, the overnight ctical nurse (LPN)-A had eport "Who tattled?!" when gations of abuse against NA-C. idated by LPN-A's remark.		y. Cognitive status (alert, oriente confused, varies, change in the la days, etc.) z. Change in sleep patterns? If explain. aa. Judgement (poor safety awar good judgement, varies, makes n known, unable) bb. Behavior/Mood problems (sundowning, wandering, agitation hallucinations, combative, etc.) cc. Notification to LAW ENFORC (Date/Time). What was their resp dd. Notification to FAMILY (Date/What was their response. ee. Notification to PRIMARY CAF PROVIDER/MD (Date/Time). What their response.	st 30 so, eness, eeds n, EMENT conse. Time).	

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F 600	worked overnights. "yell" and "be mad' "Who tattled?!" NA staff for reporting in one person will be spoken to by the D and no re-education incident. R1's 2/12/21, quartidentified she had with diagnoses of rand depression. Nowere identified. R1 bed mobility, transfand locomotion with R1's nursing assesskin or other asses 2/12/21 to identify sinspection of R1 to from the rough care. "I don't remesse didn't know an received on 3/17. Fand would not mak about the allegation who she could report replied she did not felt safe at the facil marks to indicate in interview. R1 was a and noted to be an R1's 3/19/21, phys	NA-B also witnessed LPN-A staff and asked staff in report B fears retaliation form other necidents. "If we dos something, mad" at them. NA-B was not ON during the investigation, n on abuse occurred after the serly Minimum Data Set (MDS) moderate cognitive impairment muscle weakness, pain, anxiety occupitive affecting diagnoses required a 2 staff assist with fers, dressing and toilet use the the use of a wheelchair. Sements identified there was not sment performed since staff had performed a full ensure she was not injured	F 60	ff. Notification to NURSING REGISTRY/BOARD OF NUR gg. Notification of OMBUDSN was their response? hh. Was the victim (resident) hospital for evaluation? Docu Where, When, Date and Time On 3/24/2021, education was staff in all departments that a staff burnout and how to iden member is showing signs of the steps to report this to the Following this education, supfurther trained on 03/30/2021 department manager meeting them on the steps to take if a under their supervision is expburnout. All staff completed ton 03/30/2021. To help reduce staff burnout, of Nursing and Administrator contact with annLeo and All T for assistance with staffing to staff burnout. They notified u did have someone that could help us out. However, this perviously worked for us, was and is on a no-rehire status. Administrator and Director of that this was not an adequate asked the pool agency to find They were able to provide two to provide minimal coverage of shifts to-date, so the Admininitiated new contracts with K Prime Time Healthcare and N are in the process of locating	ASING? MAN. What sent to the unent e. provided for ddresses tify if a staff purnout and supervisor. ervisors were during, educating nemployee periencing this training the Director have been in emporaries help with the they potentially erson terminated Nursing felt esolution and others. In individuals of a couple nistrator areKrest, surzee; they	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
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			9	96 THIRD STREET EAST		
GIL-MOF	RMANOR		1	MORGAN, MN 56266		
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F 600	Continued From pa	ge 5	F 600			
		pain in all of her extremeties. ion R1 reported the rough ID-A.		to help give our staff a break to he burnout.	elp with	
	R1's progress note: 1) 3/17/21, there is R1 for potential inju 2) 3/19/21, staff not identified she mixed declined to treat it a indication staff iden requests as potenti Interview on 3/23/2 identified she had r aware of the allega LPN-B identified NA could see she has be for work around 9:0 staying late in the n cares. NA-C was gr sees signs of burnor "Go take a breathe those additional bre acknowledged she	s identified on: no indication staff assessed pries from allegations of abuse. The set of the set o		All-staff education and training is scheduled for April 19, 20, and 21 providing all employees the requir annual facility specific Abuse, Neg Mistreatment, Misappropriation of Resident Property and Exploitation and Procedures using the updated LeadingAge and Pathway Health of this policy and procedure, Mand Reporter and Zero Tolerance of Retaliation Policy and Procedure. Zero Tolerance of Retaliation Policy Here at Gil-Mor, we will not tolerate intimidation or retaliation against a who raises a concern, makes a recooperates in an investigation. Retaliation is not just malicious and contrary to our core values; it also undermines the culture of opennet trust we are determined to maintate threat of retaliation can hinder investigations and prevent people coming forward with concerns. Recan take many forms and is some	n Policy d 2017 edition dated Cy se anyone port, or d ss and in. Any from etaliation	
	identified she worker morning as there we resident baths. NA-3 years. NA-C state several times that rof verbal and physic stated she was by I she had already fin R1's body. "I hones	1 at 3:04 p.m. with NA-C ed until 11:08 a.m. that as no additional staff to do C has worked at the facility for ed R1 had used her call light night but denied the allegations cal abuse. NA-C specifically R1's feet and not her head as ished washing the top half of tly don't remember her hitting adjust her pillow". NA-C		subtle. It can also occur inside or of the workplace. In many instance also illegal. Each of us has a role in making retaliation unacceptable maintaining an environment in who can all feel safe and comfortable an issue or reporting a violation. We recognize speaking up is not a however, at Gil-Mor, we want to make the maintaining and report contains to speak up and report contains.	outside es, it is to play e and ich we raising easy, nake the	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	IPLE CONSTRUCTION IG		E SURVEY PLETED
		245594	B. WING _			C 24/2021
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
				96 THIRD STREET EAST		
GIL-MOF	MANOR			MORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 600	Continued From pa	ge 6	F 60	00		
F 600	denied feeling tired appropriately. NA-C investigation and w Review of NA-C's e was disciplined in Sinsubordination to treprimanded for no eating at the nurses shift. The LPN directlight. NA-C got up, desk and stormed publication of the light. NA-D had approximately 1:30 getting ready to lead back to work in a feeshift and advised Nathe administrator. Vadministrator advisor reporting. She start filed the report about abuse training onling to facility abuse polare-educated after the with NA-A, NA-C are unsure how to proceed as this was the start of the light	and stated she de-stresses was suspended pending the as terminated. Employee file identified she september of 2019 for he charge nurse. NA-C was tanswering a call light and a station during her overnight cted her to answer the call slammed her chair against the	F 60	as simple as possible. Retaliat anyone who raises a concern of violation in good faith may resuld disciplinary action, up to and intermination of employment. For all newly hired employees, Development-RN will ensure the employees receive training on specific Abuse and Neglect polyprocedures, they will receive a Abuse and Neglect packet that the quiz to test their knowledge understanding. Also, SD-RN withat new hires understand and competent and stress the impounderstanding that every employent and there is tolerance of retaliation policy, suspected it must be REPORT IMMEDIATELY to the Charge Nadministrator and DON, keeping resident safe and removing the danger immediately. In the every englet is reported to the charge nurse will follow charcommand and report it immediated. Administrator and Director of Nathendministrator and DON is for reporting the incident within	our reports a alt in cluding our Staff nat all new our facility icy and copy of the includes and vill ensure are ortance of oyee is a sa zero of abuse is ED ourse, no the em from ent abuse aarge nurse, ain of ately to the lursing.	
	MD-A is also the m were made aware or reported it to the SA stated to them she weren't broke as he agreed no formal a immediately after thidentify if R1 had an	edical director. He and family of the incident after she A. The family reported R1 was surprised her glasses or head hit hard. The DON assessment occurred he allegation was made to my injuries. "I did inspect her oke to R1, but did not do or		notification to the State Agency completion of the follow-up investigation of the following the following information. We then tested the knowledge and understanding	WOHFC and estigation were given by Burnout: educational eir	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	IPLE CONSTRUCTION NG		E SURVEY IPLETED
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10 10 1	THO VIDENT ON CONTINUENT			96 THIRD STREET EAST	_	
GIL-MOF	RMANOR					
				MORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 600	Continued From pa	ge 7	F 60	00		
F 600	delegate a formal at The DON was unaw burnout. There was for that. The DON serelated to the pand contract for pool staurreliable so they of they advertise for higher had annual insertions and the sere to generalized training suspected the allegaterminated NA-C's not reported her find the nurse aide regist facility policies had required by federal policy had not been incident related to reafe, and investigating and investigating and investigating and the was unaware they agreed burnout was the was unaware they are facility abuse policies and the policies and the was unaware they are facility abuse policies and the policies and they are facility abuse policies.	ssessment for injuries for R1. Ware of how to monitor staff for a no policy she was aware of stated all staff are over worked emic. The facility does have a aff, but the workers are lo not use them often at all. Inelp in the paper. The facility ervices, but abuse was not ocused on the pandemic rained online yearly in a grained online yearly in a grained online to be true and had employment. The DON had dings to law enforcement or stry. She was unaware the not been reviewed yearly as regulation. She agreed facility a followed at the time of the eporting, keeping the resident	F 60	each employee complete the I Quiz. Included in this informat who to contact and how to ask additional steps to take to desadditional methods for stress management. Then on 03/30, supervisors received additional education and training on how any indicators, signs and symptheir employees suffering from Our Staff Development-RN preemployees educational and in on stress management that id different places and methods relieve stress. Below is inform regarding stress management methods of relaxation, provide past year to employees. "5/5/2020 Mental Health ar Psyco-social considerations d COVID-19 "5/15/2020 Free information from Dr. Samantha Peterson, Psychologist; American Red Couporting yourself and others COVID-19, University of Torom Control: Managing Your Mentata During COVID-19, Beck Institut Cognitive Behavioral Therapy) Managing Mental Health in the Workplace, 10 Virtual Therapy Health Apps to Cope with Cord	tion was a for help, stress, and /2021, all al Burnout to identify ptoms of a burnout. ovided all formation entified to help nation and ed over the uring an provided Cross s during al Health ute (Beck) and Mental	
	identified any suspensite mistreatment was to the charge nurse, vadministrator and E	4, Vulnerable Adult policy ected abuse, neglect, or o be reported immediately to who was to then notify the DON immediately after the allegation. Abuse was		Stress, CBT for Front-line Me Professionals: Brief Intervention time of crisis, CBT Substance Disorders during the COVID-1 (2-part series)	dical ons during a Use 9 Crisis	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		SURVEY PLETED
		245594	B. WING		03/2	24/2021
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	00/2	
				96 THIRD STREET EAST		
GIL-MOF	RMANOR			MORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE	D BE	(X5) COMPLETION DATE
F 600	that produces or co emotional distress. was to report the in abuse where there were to take immed resident. The admin interview victims, e members, visitors, Review of the 2015	which was not an accident uld produce pain, injury or The administrator or designee cident to the SA. In cases of was a potential for harm, staff diate steps to protect the histrator or designee was to mployees, witnesses, family etc.	F 600	Coordination Center s Behaviora Staff Wellness Group Reaching Calm 21 Brown Bag Series " 01/25/2021 Offered two links of videos to help you relax " 01/25/2021 through 01/29/202 Gil-Mor set-up a Relaxation Room staff to show examples of how aromatherapy and a relaxation videos relaxation and Rest information that described how getting 8 hours	on 21 of for a eo. ormation s of	
	Property policy ider intentional mistreat physical pain, injury expected to cause to the resident. All roriented to the Res made aware of theis suspected maltreat described in this plast facility abuse policy employees. The poconspicuous location suspected crimes of immediately to law investigated. Immenursing staff were to the situation./ Employees the resident to determine the	disappropriation of Resident atified abuse was defined as ment that could or did result in and causes or reasonably mental or emotional damage new employees were to be ident Protection Plan and responsibility to report any ment as defined and an. Yearly inservices on the was mandatory for all licy was to be posted in a on in the facility. All reports of or abuse were to be reported enforcement to be diately upon receiving a report, to remove the resident from oyees were to be immediately acility pending investigation. Camine, assess and interview rmine injury. There was to be employee who makes a		sleep every night is best for good your immune system works better relax and unwind, and while adrer norepinephrine and cortisol are re when a person does physical active these are healthy levels. When you constantly stressed, these hormon still released and increases the rise developing heart disease. These hormones can start affecting your sleep. The immune system loses inflammation phase of healing who cortisol is in high levels in your bloom is one of the necessary phases of for our immune system "On 03/01/2021, all staff receives survey to complete to help our fact management staff identify areas in attention or improvement. Survey questions were as follows: O What do you enjoy about work Gil-Mor? O What do you feel is the most opart of your job here at Gil-Mor?	if you nalin, leased vity, ou are nes are sk of ability to the en ood this healing red a ility needing king at difficult	
	Mistreatment and N Property policy ider	e 2015, Abuse, Neglect, lisappropriation of Resident itified results of the o be reported within 5 days to		o What changes would make the better for you in the work environm o What do feel empowers you to continue to work as a Gil-Mor emp	nent?	

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY PLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 96 THIRD STREET EAST MORGAN, MN 56266	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 600	the SA and was to 1) Name and age of 2) Cognitive level 3) description of the 4) date and time of 5) Where it took pla 6) type and location 7) Name of person incident 8) Name of person 9) Names of people notified including person members. Substantiated comemployees were to boards. Review of the unda identified after an a staff were to protect were to interview th Staff were to asses findings. All staff we	include: of resident e incident incident ace.	F 6	o What could Gil-Mor do netter to help you feel empo o Would you be interested a mentor for new staff? "On 3/24/2021 Education called Job Burnout: How to stake action, as well as testinemployees knowledge and understanding through the E "On 03/30/2021 Addition education and training was pepartment Managers to he identify any indicators, signs symptoms of their employees from burnout. On an annual basis, the Stade Development-RN will be respecting up in-service meeting annually required education as required by our state and licensure such as our facility. Abuse, Neglect, Mistreatme Misappropriation of Residen Vulnerable Adult, Mandated Zero Tolerance of Retaliation Procedures. As of 03/24/2021 and ongoin Development-RN will be respected to the following education and the ensure that all new hires recovered training for our state licensure. This plan of correct the following education topic to test their knowledge and of each topic: Vulnerable Adult Facility specific Abuse of the stable of the stable and of each topic: Vulnerable Adult	owered? d in becoming nal information spot it and ng d Burnout quiz. al Burnout provided to all elp them s and es suffering Iff sponsible for gs to offer all and training If federal y specific ent and nt Property, Reporter and n Policy and In the Staff sponsible for raining and will be and federal ection includes and training understanding	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245594	B. WING				0
NAME OF 5	200//055 05 01 1551 155	243394	D. WING		FREET ARRESTON OFFICE TIP CORE	03/2	24/2021
NAME OF F	PROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE		
GIL-MOR	MANOR				ORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600	Develop/Implement	ge 10 Abuse/Neglect Policies	F 6		Mistreatment and Misappropriation Resident Property - Abuse Prevention - Mandatory reporting and Zero Tolerance of Retaliation All newly hired employee personne will be audited by the Director of Nursing/Supervisor or designee to that all education and training above been completed and a quarterly repose submitted to the quarterly Quality Assurance Committee for review. The Gil-Mor facility specific Abuse, Neglect, Mistreatment and Misappropriation of Resident Proper Policy and Procedures are promined posted for all residents on the dining bulletin board and for all employees employee break room and on the employee bulletin board located by timeclock. All incidents of abuse or neglect will reviewed and discussed during our interdisciplinary team meetings and quarterly summary report of all repoincidents will be brought to the qual Quality Assurance meeting for reviewed supplements of the quality Assurance meeting for reviewed in the completion date for correction deficiency is 04/21/2021.	I files ensure e has port will by erty ently g room s in the the l be weekly I a ortable rterly ew and	4/21/21
SS=D	CFR(s): 483.12(b)(1)-(3)	F 0	,U /			7/ ८ / ८
		lity must develop and olicies and procedures that:					

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NAME OF I	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP COL		_ 1/2021
				96 THIRD STREET EAST		
GIL-MOF	RMANOR			MORGAN, MN 56266		
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F 607	Continued From pa	age 11	F6	07		
		nibit and prevent abuse, tation of residents and f resident property,				
		blish policies and procedures such allegations, and				
	paragraph §483.95 This REQUIREME by: Based on interview facility failed to imp 1 staff (nurse aide nursing (DON) wer policies prior to an addition, the facility immediately protect abuse and have a burnout and ensure retaliation.	ide training as required at it. NT is not met as evidenced or and document review, the element policies to ensure 1 of (NA)-A) and 1 of 1 director of the trained to facility abuse allegation of abuse. In a failed to ensure R1 was ested from potential further method to monitor for staff the staff felt free from potential		The Director of Nursing revie facility policies and procedure Administrator and the DON do new Progress Note titled Abus Incident Report in PointClickC ensure that ALL parts of the reinvestigation are completed, a reporting is done within 2 hou occurring. This report method being used for other types of such as falls, and skin injuries	s with eveloped a se/Neglect care to eport and and that rs of incident d is currently incidents s; which has	
	State Agency (SA) were providing more turning R1 from side roughly causing he side rail 4 times. R head to hurt and as R1 asked NA-C who NA-C reportedly rebeing a [expletive] suspended pending Review of the 3/19	/21 4:39 p.m., report to the identified NA-A and NA-C rning cares to R1. While le to side, R1 was handled r head to get bumped into her 1 stated several times, her sked for a different care giver. By she was so mean to her. plied "That's what you get for all night". NA-C was get the investigation.		been an effective tool that wastep-by-step through the initia. This incident report method with that staff are guided through the process from the initial report through the investigation to enhandling of each incident. 1. Did you ensure that the resafe, removed from harm, proharm? Explain. 2. NOTIFICATION IMMEDIA Administrator, document date 3. Remove alleged perpetra place employee on suspension investigation. 4. Was this reported to OHF	Il report. ill ensure he entire all the way nsure proper esident was etected from ATELY: and time. tor and in until	

Facility ID: 00542

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	(X3) DATE	SURVEY PLETED
		245504	B. WING			С	
		245594	B. WING			03/2	24/2021
	PROVIDER OR SUPPLIER R MANOR			90	TREET ADDRESS, CITY, STATE, ZIP CODE 6 THIRD STREET EAST IORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 607	staff failed to remove dangerous situation staff were to be trait policies. No change procedure. Facility 1) NA-A identified so disposition that day pan several times of "red hot" when she prior to the incident NA-C was by R1's her left side her her rail. Each time R1 was bumped into the was "sick of dealing indication NA-A sto intervened to ensur verbal abuse stopp was struck into the retaliation from NA-day with her mornin head still hurt from 2) R1 identified she in trouble when ask advised staff she when tafter hitting the felt NA-C was intenstate "Well, i know assessed by the Dodid say she had paivisible bruising was 3) NA-C identified Fitmes that night, quand thinking she was morning, NA-C put leaned to her left si to her right side to shead on her rail. Note that the state of the policy is the property of the pr	ve R1 from a potentially in. NA-C was terminated. All ined annually to abuse is were needed to the policy or interview with: ihe felt NA-C had an irritated if as R1 had been on the bed during the night. NA-C was and NA-A entered R1's room interview with: in as R1 had been on the bed during the night. NA-C was and NA-A entered R1's room in NA-A was by R1's feet and in ead. When R1 was rolled to ad was "rammed" into the side in was "rammed" into the side in was rolled to the side her head in er ail. NA-C advised NA-A she ing with R1. There was no in pped the rough treatment and in ethe rough handling and in ethe day before. In the day before were In the day before. In the day before were In the day be	F6	607	within 2 hours of initial report? Exp 5. NOTIFICATION: Director of Nidocument date and time. 6. Begin investigation IMMEDIAT after notifying Administrator and DO Yes/No a. Interview the initial reporter interview sheets in Abuse/Neglect Myes/No b. Interview the victim (resident) interview sheets in Abuse/Neglect Myes/No c. Interview other residents use interview sheets in Abuse/Neglect Myes/No d. Interview other staff that may hwitnessed the incident or other simincidents - use the interview sheets Abuse/Neglect Binder. Yes/No e. Interview any witnesses use interview sheets in Abuse/Neglect Myes/No f. All interviews should have direct statements in quotes. Yes/No g. Interview Visitors, Family mem that may have information. Yes/No h. Location of incident. i. Explain exactly what was report the INITIAL REPORTER direct statements should be in quotations j. Were there witnesses? If so, No k. Explain exactly what was report the WITNESS/WITNESSES direct statements should be in quotations I. Explain exactly what was report the VICTIM(RESIDENT) direct statements should be in quotations I. Explain exactly what was report the VICTIM(RESIDENT) direct statements should be in quotations m. Explain exactly what was report statements should be in quotations m. Explain exactly what was report the VICTIM(RESIDENT) direct statements should be in quotations m. Explain exactly what was report statements should be in quotations m. Explain exactly what was report the VICTIM(RESIDENT) direct statements should be in quotations m. Explain exactly what was report statements should be in quotations m. Explain exactly what was report the VICTIM(RESIDENT) direct statements should be in quotations m. Explain exactly what was report the VICTIM exactly what was repore	ursing, ELY DN. use Binder. use Binder. ave ilar in the Binder. bers ted by ted by ited by	

STATEMENT OF C	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		LETED
		245594	B. WING		03/2/	4/2021
NAME OF PRO	OVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/2	7/2021
				96 THIRD STREET EAST		
GIL-MOR M	IANOR			MORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
to si the de R mid m ne T a e be si to Irido on N be tiil be wy for E a a rote a si a N co be	ide so she would re rail. NA-A denie enied making the rail. NA_C had been fornings as the fact lentified R1 had as ne?" during the nigot. here was no indicassessed R1 headnsure she was not ody from the rought aff or residents woo facility policies. Interview on 3/23/2 lentified she was accurred on 3/17/2 lA-A and NA-C we by R1's feet and NA-C we by R1's feet and NA-C we har" which was to Farm which was to Farm which was so me for a different care oven after the incident would not eat be for the incident of the compount o	ge 13 nove the resident to her right not bump her hear or face on d R1 ever hit her head and verbally abuse comment to a staying longer in the cility was short staffed. NA-C sked her "Why do you hate ht and reassured R1 she did ation staff had immediately to-toe that same morning to a bruised elsewhere on her or cares, no indication other ere interviewed, or re-trained at 1 at 1:34 p.m., with NA-A and NA trainee. The event at approximately 9:00 a.m., and into R1's room. NA-A was and NA-C was by her head. "Every [R1] hit her face on the grab at 1's left side. R1 asked NA-C was by her head. "Every [R1] hit her face on the grab at 1's left side. R1 asked NA-C was named and named a stranger. R1 was very distraught. The example of the incident fiter it occurred as NA-A wasn't was "Sick of [R1]". NA-A ker (NA-D) of the incident fiter it occurred as NA-A wasn't was "Sick of [R1]". NA-A ker (NA-D) of the incident fiter it occurred as NA-A wasn't was assisting R1. R1 made the enot run my head into the grand-up, the overnight octical nurse (LPN)-A had	F 607	should be in quotations. n. Explain exactly what was report VISITORS, FAMILY MEMBERS statements should be in quotations or Explain exactly what was report of the STAFF statements should in quotations. p. What type of abuse occurred? (physical, verbal, sexual, emotional neglect, financial exploitation) q. Did the incident cause injury? Explain. r. Did a licensed nurse complete body assessment on the victim (resolved to the sexual of the victim (resolved to the victim (re	a full sident)? ent). weight ection). TIA, ve, d, at 30 so, eness,	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	COM	SURVEY PLETED
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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/2	-
				96 THIRD STREET EAST		
GIL-MOF	RMANOR			MORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	D BE	(X5) COMPLETION DATE
F 607	Continued From pa	ge 14	F 607			
	NA-A felt very intim The facility just had but abuse was not Interview on 3/23/2 assisted NA-A in R made the commen NA-C "pushing her	1 with NA-B identified she 1's morning cares that R1 ther head hurt because of head into the rail". NA-B had		hallucinations, combative, etc.) cc. Notification to LAW ENFORC (Date/Time). What was their resp dd. Notification to FAMILY (Date/T What was their response. ee. Notification to PRIMARY CAR PROVIDER/MD (Date/Time). Wh their response. ff. Notification to NURSING ASS	oonse. Fime). EE at was	
	worked overnights. "yell" and "be mad" "Who tattled?!" NA staff for reporting ir one person will be	A-C one other time. NA-C NA-B also witnessed LPN-A staff and asked staff in report B fears retaliation form other cidents. "If we dos something, mad" at them. NA-B was not ON during the investigation,		REGISTRY/BOARD OF NURSING gg. Notification of OMBUDSMAN was their response? hh. Was the victim (resident) sent hospital for evaluation? Documer Where, When, Date and Time.	What to the	
	and no re-education incident. R1's 2/12/21, quartidentified she had right with diagnoses of nand depression. Nowere identified. R1 bed mobility, transf	erly Minimum Data Set (MDS) noderate cognitive impairment nuscle weakness, pain, anxiety o cognitive affecting diagnoses required a 2 staff assist with ers, dressing and toilet use in the use of a wheelchair.		On 3/24/2021, education was provestaff in all departments that addrest staff burnout and how to identify if member is showing signs of burnout the steps to report this to the superfollowing this education, supervis further trained on 03/30/2021, dur department manager meeting, ed them on the steps to take if an emunder their supervision is experied burnout. All staff completed this to	sses a staff but and ervisor. ors were ing ucating aployee acing	
	skin or other asses 2/12/21 to identify sinspection of R1 to from the rough care. Observation and in p.m. identified R1 sevent. "I don't remeshe didn't know any received on 3/17.	sments identified there was no sment performed since staff had performed a full ensure she was not injured es. terview on 3/23/21 at 2: 44 tated she couldn't recall the ember it" and stated repeatedly of thing regarding the care in appeared hesitant to speak energy eye contact once asked		on 03/30/2021. To help reduce staff burnout, the I of Nursing and Administrator have contact with annLeo and All Temp for assistance with staffing to help staff burnout. They notified us that did have someone that could pote help us out. However, this person previously worked for us, was terriand is on a no-rehire status. Administrator and Director of Nurse.	Director be been in oraries with at they entially n	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		245594	B. WING		C 03/24/2021
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/24/2021
				96 THIRD STREET EAST	
GIL-MOF	MANOR		1	MORGAN, MN 56266	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLÉTION
F 607	who she could repore replied she did not felt safe at the facil marks to indicate ir interview. R1 was a and noted to be an R1's 3/19/21, physical R1 was doing well a UTI. R1 reported There was no mencares by NA-C to National R1's progress note 1) 3/17/21, there is R1 for potential injue 2) 3/19/21, staff no identified she mixed declined to treat it a indication staff identequests as potential interview on 3/23/2 identified she had raware of the allegal LPN-B identified National R1 was a single staff identified she had raware of the allegal LPN-B identified National R1 was a single she was a si	n. When asked if she knew ort an abusive situation to, she know. R1 stated she currently ity. R1 had no bruising or njuries visible at the time of the alert to person, place and time accurate historian. cian (MD) visit note identified and staff were concerned over pain in all of her extremeties. tion R1 reported the rough MD-A. s identified on: no indication staff assessed uries from allegations of abuse. ted R1's urinary culture report d bacterium, however MD-A at that time. There was no ntified R1's additional bathroom al signs of a bladder infection. 1 at 2:54 p.m. with LPN-B not worked last week, but was tions made towards NA-C. A-C showed signs of burnout."	F 607	,	s. iduals iuple or est, ; they taffing o with dect, Policy 2017 lition ited
	for work around 9:0 staying late in the ricares. NA-C was gisees signs of burne "Go take a breathe those additional breacknowledged she nursing (DON) of histaff burnout.	been tired". NA-C was arriving 00 p.m. to 10:30 p.m. and nornings to assist with morning etting "lots of overtime". If she but in staff, she tells them to r". She had told NA_C to take eaks before. LPN-B had not advised the director of er concerns or observations of 1 at 3:04 p.m. with NA-C		Retaliation is not just malicious and contrary to our core values; it also undermines the culture of openness trust we are determined to maintain threat of retaliation can hinder investigations and prevent people fr coming forward with concerns. Reta can take many forms and is sometic subtle. It can also occur inside or or of the workplace. In many instances also illegal. Each of us has a role to	om aliation mes utside s, it is

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		245594	B. WING		03/3	24/2021
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/2	14/2021
				96 THIRD STREET EAST		
GIL-MOF	RMANOR			MORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 607	Continued From particle identified she work morning as there were sident baths. NA-3 years. NA-C state several times that rof verbal and physistated she was by she had already fin R1's body. "I hones her head. I always denied feeling tired appropriately. NA-C investigation and were was disciplined in Sinsubordination to the reprimanded for not eating at the nurses shift. The LPN directlight. NA-C got up, desk and stormed Interview on 3/23/2 identified NA-D had approximately 1:30 getting ready to lead back to work in a feshift and advised NA-D had advised NA-D had approximately 1:30 getting ready to lead back to work in a feshift and advised NA-D had advised NA-D had advised NA-D had approximately 1:30 getting ready to lead back to work in a feshift and advised NA-D had advised NA-D had approximately 1:30 getting ready to lead back to work in a feshift and advised NA-D had advised NA-D had advised NA-D had approximately 1:30 getting ready to lead back to work in a feshift and advised NA-D had ad	age 16 ed until 11:08 a.m. that ras no additional staff to do C has worked at the facility for ed R1 had used her call light night but denied the allegations cal abuse. NA-C specifically R1's feet and not her head as ished washing the top half of etly don't remember her hitting adjust her pillow". NA-C and stated she de-stresses C was suspended pending the as terminated. employee file identified she deptember of 2019 for he charge nurse. NA-C was t answering a call light and as station during her overnight cted her to answer the call slammed her chair against the coast the nurse. 1 at 4:37 p.m. with the DON d reported the incident to her at p.m. or so, just as she was ve. The DOn had to come ew hours to cover the evening A-D to report the incident to	F 607	in making retaliation unacceptable maintaining an environment in which can all feel safe and comfortable ration issue or reporting a violation. We recognize speaking up is not enhowever, at Gil-Mor, we want to make decision to speak up and report coast simple as possible. Retaliation anyone who raises a concern or reviolation in good faith may result in disciplinary action, up to and include termination of employment. For all newly hired employees, our Development-RN will ensure that a employees receive training on our specific Abuse and Neglect policy approcedures, they will receive a cop Abuse and Neglect packet that ince the quiz to test their knowledge and understanding. Also, SD-RN will enter that new hires understand and are competent and stress the importar understanding that every employed mandated reporter and there is a zetolerance of retaliation policy. If all suspected it must be REPORTED IMMEDIATELY to the Charge Nurse.	and ch we aising easy, ake the encerns against eports a ding staff all new facility and ensure ence of e is a erro ouse is se,	
	administrator advis reporting. She start filed the report abo abuse training onlin to facility abuse pol re-educated after the with NA-A, NA-C and unsure how to produce	When she returned at 3:30, the ed her the incident required ted her investigation and then but an hour later. Staff had he yearly but were not trained icies specifically. No staff were he incident. The DOn spoke and NA-D. The DON was beed after the allegation was the first time anything like this		Administrator and DON, keeping the resident safe and removing them for danger immediately. In the event a conneglect is reported to the charge the charge nurse will follow chain a command and report it immediately. Administrator and Director of Nurse The Administrator and DON is responsible to the State Agency/OF	rom abuse e nurse, of y to the ing. consible ours of	

OLIVILI	10 I OIT WEDIOAITE	. A MEDICAID SETTICES			<u>U</u>	IVID IVO.	0930-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		SURVEY PLETED
)
		245594	B. WING				24/2021
NAME OF F	PROVIDER OR SUPPLIER	L		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				90	6 THIRD STREET EAST		
GIL-MOF	RMANOR			N	IORGAN, MN 56266		
(V4) ID	SHMMARY STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	COMPLETION DATE
F 607	Continued From pa	ae 17	F 6	607			
	·	ie facility. R1's physician,	, ,	,,,,	completion of the follow-up investig	nation	
		edical director. He and family			within 5 days.	jation	
		of the incident after she			within o days.		
		A. The family reported R1			On 03/24/2021, all employees were	e given	
		was surprised her glasses			an educational packet titled, Job B		
		er head hit hard. The DON			How to spot it and take action educ	cational	
		ssessment occurred			information. We then tested their		
		ne allegation was made to			knowledge and understanding by h		
		ny injuries. "I did inspect her			each employee complete the Burn		
		oke to R1, but did not do or			Quiz. Included in this information		
		ssessment for injuries for R1. ware of how to monitor staff for			who to contact and how to ask for additional steps to take to de-stres		
		no policy she was aware of			additional methods for stress	s, and	
		stated all staff are over worked			management. Then on 03/30/202	1. all	
		emic. The facility does have a			supervisors received additional Bu		
		aff, but the workers are			education and training on how to ic		
	unreliable so they o	lo not use them often at all.			any indicators, signs and symptom	s of	
		nelp in the paper. The facility			their employees suffering from bur	nout.	
		ervices, but abuse was not					
		ocused on the pandemic			Our Staff Development-RN provide		
		rained online yearly in a			employees educational and inform		
		g. The DON indicated she pation to be true and had			on stress management that identifi different places and methods to he		
		employment. The DON had			relieve stress. Below is information		
		dings to law enforcement or			regarding stress management and		
	•	stry. She was unaware the			methods of relaxation, provided ov		
		not been reviewed yearly as			past year to employees.	-	
	required by federal	regulation. She agreed facility			" 5/5/2020 Mental Health and		
		followed at the time of the			Psyco-social considerations during		
		eporting, keeping the resident			COVID-19		
	safe, and investigate	tion.			" 5/15/2020 Free information pro	ovided	
	Intensions and do	ment review on 2/04/01 at			from Dr. Samantha Peterson,		
		ment review on 3/24/21 at			Psychologist; American Red Cross		
		-A identified he was made			Supporting yourself and others dur COVID-19, University of Toronto -		
		tions. He was unsure what blaced for R1's safety. He			Control: Managing Your Mental He		
		s a likely cause of the abuse.			During COVID-19, Beck Institute (I		
		e facility had no policy, plan,			Cognitive Behavioral Therapy)	2001	
		d to staff burnout and was			Managing Mental Health in the		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION		PLETED
		245594	B. WING		03/2	; !4/2021
	PROVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 96 THIRD STREET EAST MORGAN, MN 56266	1 00/-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 607	Continued From paramater to follow their abuse to follow their abuse policity abuse policity for follow their abuse. Review of the 1/9/1 identified any suspensistreatment was to the charge nurse, wadministrator and Ebecoming aware of defined as conduct that produces or compared to take immediately abuse where there were to take immediately expected to cause to the resident. The administerview victims, emembers, visitors, Review of the 2015 Mistreatment and Market Property policy identificational mistreat physical pain, injury expected to cause to the resident. All oriented to the Resmade aware of the suspected maltreat	not specifically trained to es. He agreed the facility failed e policies as identified below. 4, Vulnerable Adult policy ected abuse, neglect, or o be reported immediately to who was to then notify the DON immediately after the allegation. Abuse was which was not an accident ould produce pain, injury or The administrator or designee cident to the SA. In cases of was a potential for harm, staff diate steps to protect the nistrator or designee was to mployees, witnesses, family etc.	F 607	DEFICIENCY)	d Mental virus al during a erisis care al Health of for a constant on sof health, figure alin, eleased vity, ou are nes are sk of ability to the	
	facility abuse policy employees. The po conspicuous location suspected crimes or immediately to law investigated. Immenursing staff were to	was mandatory for all licy was to be posted in a on in the facility. All reports of or abuse were to be reported		cortisol is in high levels in your blooms one of the necessary phases of for our immune system "On 03/01/2021, all staff receives survey to complete to help our factor management staff identify areas in attention or improvement. Survey questions were as follows:	healing ved a sility	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONST	TRUCTION	COM	E SURVEY PLETED
		245594	B. WING				C 2 4/2021
	PROVIDER OR SUPPLIER			96 THIRD	ADDRESS, CITY, STATE, ZIP CODE O STREET EAST IN, MN 56266	1 00/1	1/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD ROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
F 607	removed from the f and staff were to ex the resident to dete no retaliation for an report. Further review of th Mistreatment and N Property policy ider investigation were t the SA and was to i 1) Name and age o 2) Cognitive level 3) description of the 4) date and time of 5) Where it took pla 6) type and location 7) Name of person incident 8) Name of person 9) Names of people notified including pomembers. Substantiated compemployees were to boards. Review of the undal identified after an a staff were to protect were to interview th Staff were to assess findings. All staff we	acility pending investigation. camine, assess and interview rmine injury. There was to be employee who makes a e 2015, Abuse, Neglect, disappropriation of Resident atified results of the o be reported within 5 days to nclude: f resident e incident incident ace.	F6	o No Gil-Mo No	What do you enjoy about work for? What do you feel is the most dof your job here at Gil-Mor? What changes would make this of for you in the work environmed what do feel empowers you to mue to work as a Gil-Mor empower to help you feel empowered would you be interested in beautor for new staff? On 3/24/2021 Educational infood Job Burnout: How to spot it action, as well as testing loyees knowledge and erstanding through the Burnout on 03/30/2021 Additional Burnout on 03/30/2021 Additional Burnout on the entered was provided attempt Managers to help there if yany indicators, signs and onoms of their employees suffer burnout. In annual basis, the Staff elopment-RN will be responsible to out the elopment of Resident Properties and sour facility specification of Resident Properties and Staff elopment of Resident Properties of Retaliation Police edures. If 03/24/2021 and ongoing the elopment-RN will be responsible whire education and training white education endocated white education and training white education educatio	ifficult ngs ent? loyee? f or ration and t quiz. out d to all n ering le for ffer all aining al fic erty, ter and y and Staff le for	

-	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	X2) MULTIPLE CONSTRUCTION . BUILDING		(X3) DATE SURVEY COMPLETED	
		245594	B. WING	B. WING		C 03/24/2021	
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STA		24/2021	
011 1405				96 THIRD STREET EAST			
GIL-MOF	RMANOR			MORGAN, MN 56266			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTIVE CROSS-REFERENCE	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE	
F 607	Continued From pa	ge 20	F6	ensure that all new have required training for licensure. This plan the following education to test their knowled of each topic: - Vulnerable Adult - Facility specific of Mistreatment and Mist	our state and federal of correction includes ion topics and training ge and understanding. Abuse, Neglect, isappropriation of on rting and Zero tion oyee personnel files e Director of or designee to ensure d training above has a quarterly report will quarterly Quality ee for review. Specific Abuse, nt and Resident Property es are prominently nts on the dining room or all employees in the mand on the pard located by the esed during our weekly meetings and a eport of all reportable		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		245594	B. WING		C 03/24/2021
	PROVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 06 THIRD STREET EAST MORGAN, MN 56266	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION
F 607	Continued From pa	ge 21	F 607	The completion date for correction deficiency is 04/21/2021.	of this
F 609 SS=D	Reporting of Allege CFR(s): 483.12(c)(F 609		4/23/21
		onse to allegations of abuse, n, or mistreatment, the facility			
	involving abuse, ne mistreatment, inclusource and misapp are reported immed hours after the alleg that cause the alleg serious bodily injury the events that cau abuse and do not rethe administrator of officials (including tadult protective ser for jurisdiction in londard mistreatment).	re that all alleged violations glect, exploitation or ding injuries of unknown ropriation of resident property, diately, but not later than 2 gation is made, if the events lation involve abuse or result in α , or not later than 24 hours if see the allegation do not involve esult in serious bodily injury, to the facility and to other to the State Survey Agency and vices where state law provides ing-term care facilities) in late law through established			
	designated represe accordance with St Survey Agency, with incident, and if the appropriate correct This REQUIREMEN by: Based on observative review, the facility for the second s	ort the results of all e administrator or his or her ntative and to other officials in ate law, including to the State nin 5 working days of the alleged violation is verified ive action must be taken. NT is not met as evidenced ion, interview, and document alled to timely report an al and verbal abuse for 1 of 1		The Director of Nursing reviewed facility policies and procedures with Administrator and the DON develo	n

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION ING		E SURVEY PLETED
		245594	B. WING			C 24/2021
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	<u> </u>	- 1/2021
GII MOE	R MANOR			96 THIRD STREET EAST		
GIL-WOF	NIMNOR			MORGAN, MN 56266		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 609	Continued From paresident (R1) to the enforcement. Findings include: Review of the 3/17/State Agency (SA) were providing morturning R1 from side roughly causing he side rail 4 times. R'head to hurt and as R1 asked NA-C who NA-C reportedly rebeing a [expletive] suspended pending. Review of the 3/19/submitted to the SA staff failed to remordangerous situation staff were to be train policies. No change procedure. Facility 1) NA-A identified sidisposition that day pan several times of "red hot" when she prior to the incident	age 22 e State Agency (SA) and law /21 4:39 p.m., report to the identified NA-A and NA-C rning cares to R1. While le to side, R1 was handled r head to get bumped into her 1 stated several times, her sked for a different care giver. By she was so mean to her. plied "That's what you get for all night". NA-C was gethe investigation. /21, 5 day investigation report A identified the facility indicated we R1 from a potentially n. NA-C was terminated. All ined annually to abuse es were needed to the policy or	F 6	DEFICIENCY)	ouse/Neglect (Care to report and , and that ours of incident od is currently if incidents es; which has valks staff ital report. will ensure in the entire rt all the way ensure proper resident was protected from DIATELY: te and time. rator and ition until HFC (SA) rt? Explain. or of Nursing, HEDIATELY	
	rail. Each time R1 was bumped into the was "sick of dealing indication NA-A sto intervened to ensure verbal abuse stopp was struck into the	ad was "rammed" into the side was rolled to the side her head he rail. NA-C advised NA-A she g" with R1. There was no pped the rough treatment and re the rough handling and led after the first time her head rail. NA-A was afraid of -C. NA-A assisted R1 the next		 a. Interview the initial repo interview sheets in Abuse/N Yes/No b. Interview the victim (res interview sheets in Abuse/N Yes/No c. Interview other residents interview sheets in Abuse/N Yes/No 	eglect Binder. ident) - use eglect Binder. s use	

PRINTED: 04/28/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			` '	SURVEY PLETED
			.			С	
245594			B. WING 03/24/20				
NAME OF PROVIDER OR SUPPLIER GIL-MOR MANOR				96	TREET ADDRESS, CITY, STATE, ZIP CODE 6 THIRD STREET EAST IORGAN, MN 56266		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 609	day with her mornin head still hurt from 2) R1 identified she in trouble when ask advised staff she whent after hitting the felt NA-C was intenstate "Well, i known assessed by the D0 did say she had paivisible bruising was 3) NA-C identified Fitimes that night, quand thinking she was morning, NA-C put leaned to her left sitto her right side to the head on her rail. NA her getting R1 off hit to advise NA-A to miside so she would right the rail. NA-A denied denied making the R1. NA_C had been mornings as the fact identified R1 had as me?" during the nighot. There was no indicates assessed R1 headensure she was no body from the rough staff or residents with to facility policies. Interview on 3/23/2 identified she was a occurred on 3/17/2.	ng cares. R1 complained her the day before. The had not wanted to get NA-C and about the incident. R1 as worried her glasses were a rail. R1 would not say if she tional in her actions, but did she doesn't like me". R1 was DN during her interview, and in in her face 3 out of 10. No	Fé	609	d. Interview other staff that may h witnessed the incident or other sim incidents - use the interview sheets Abuse/Neglect Binder. Yes/No e. Interview any witnesses use interview sheets in Abuse/Neglect Byes/No f. All interviews should have direct statements in quotes. Yes/No g. Interview Visitors, Family mem that may have information. Yes/No h. Location of incident. i. Explain exactly what was report the INITIAL REPORTER direct statements should be in quotations j. Were there witnesses? If so, V. k. Explain exactly what was report the WITNESS/WITNESSES direct statements should be in quotations l. Explain exactly what was report the VICTIM(RESIDENT) direct statements should be in quotations m. Explain exactly what was report other RESIDENTS statements should be in quotations. n. Explain exactly what was report other RESIDENTS statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other RESIDENTS statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Explain exactly what was report other statements should be in quotations. n. Expl	illar in the Binder. ct bers ted by . Vho? ted by ct . ted by . ted by . ted by . ted by . ded by .	

Facility ID: 00542

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245594	B. WING	i	·····	03/2	24/2021
NAME OF F	PROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
CII MOE	GIL-MOR MANOR			90	6 THIRD STREET EAST		
GIL-MOH	MANOR			M	IORGAN, MN 56266		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTIO	N	(X5)
PRÉFIX		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD		COMPLÉTION DATE
TAG	REGULATORT OR L	SCIDENTIFTING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	NIAIE	
			i				
F 609	Continued From pa	ige 24	F	609			
	by R1's feet and NA	A-C was by her head. "Every			t. Routine medications (cardio,		
		[R1] hit her face on the grab			diuretics, narcotics, PRN meds, lax	catives,	
		R1's left side. R1 asked NA-C			diabetic, Parkinson s, etc.).		
		ean. NA-C replied "That's what			 u. Psychoactive medications 		
	, , ,	[expletive] all night". R1 asked			(antipsychotics, antianxiety, hypnot		
		giver. R1 was very distraught.			routine, PRN, antidepressants, etc		
		lent, R1 refused to take a bath,			v. Acute changes (UTI, syncope,		
		preakfast. She was "Very upset			loss, fever, URI, delirium, other infe	ection).	
		hen NA-A and NA-C left R1's			w. Chronic conditions (CVA,		
		ne was "Sick of [R1]". NA-A			Parkinson s, seizures, dementia,	ΠA,	
		rker (NA-D) of the incident			COPD, hypotension, arthritis, etc.)		
		fter it occurred as NA-A wasn't			x. Psychological issues (anxiety,		
		A-A had no retraining to facility			agitation, depression, failure to thri	ve,	
		r the incident. The next day,			etc.)	J	
		re assisting R1. R1 made the			y. Cognitive status (alert, oriented		
		e not run my head into the			confused, varies, change in the las days, etc.)	1 30	
		ng stand-up, the overnight ctical nurse (LPN)-A had			z. Change in sleep patterns? If s	0	
		eport "Who tattled?!" when			explain.	Ο,	
		gations of abuse against NA-C.			aa. Judgement (poor safety aware	nace	
		idated by LPN-A's remark.			good judgement, varies, makes ne		
		I annual training at inservices,			known, unable)	cus	
	but abuse was not				bb. Behavior/Mood problems		
	221 42423 1140 1101	33.3.33.			(sundowning, wandering, agitation,		
	Interview on 3/23/2	1 with NA-B identified she			hallucinations, combative, etc.)		
		1's morning cares that R1			cc. Notification to LAW ENFORCE	MENT	
		t her head hurt because of			(Date/Time). What was their response		
		head into the rail". NA-B had			dd. Notification to FAMILY (Date/T		
		A-C one other time. NA-C			What was their response.	,	
		NA-B also witnessed LPN-A			ee. Notification to PRIMARY CARE	=	
		staff and asked staff in report			PROVIDER/MD (Date/Time). What	at was	
		-B fears retaliation form other			their response.		
		ncidents. "If we dos something,			ff. Notification to NURSING ASSI		
		mad" at them. NA-B was not			REGISTRY/BOARD OF NURSING		
		ON during the investigation,			gg. Notification of OMBUDSMAN.	What	
		n on abuse occurred after the			was their response?		
	incident.				hh. Was the victim (resident) sent		
					hospital for evaluation? Document		
	R1's 2/12/21, quart	erly Minimum Data Set (MDS)			Where, When, Date and Time.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
	245594		B. WING		03/2	24/ 2021	
NAME OF	PROVIDER OR SUPPLIER	<u> </u>		STREET ADDRESS, CITY, STATE, ZIP	•	1/2021	
				96 THIRD STREET EAST			
GIL-MOF	RMANOR			MORGAN, MN 56266			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 609	identified she had with diagnoses of and depression. Nowere identified. R1 bed mobility, trans and locomotion with R1's nursing assessing or other or other assessing	moderate cognitive impairment muscle weakness, pain, anxiety o cognitive affecting diagnoses required a 2 staff assist with fers, dressing and toilet use the the use of a wheelchair. Issments identified there was not assment performed since staff had performed a full of ensure she was not injured res. Interview on 3/23/21 at 2: 44 stated she couldn't recall the ember it" and stated repeatedly bything regarding the care R1 appeared hesitant to speak are eye contact once asked on. When asked if she knew ort an abusive situation to, she at know. R1 stated she currently dity. R1 had no bruising or injuries visible at the time of the alert to person, place and time in accurate historian. Sician (MD) visit note identified and staff were concerned over dipain in all of her extremeties. Intion R1 reported the rough MD-A.	F6	On 3/24/2021, education wat staff in all departments that staff burnout and how to ide member is showing signs of the steps to report this to the Following this education, suffered in the steps to report this to the Following this education, suffered in the steps to take in the steps to the steps to steps to steps the step	at addresses lentify if a staff of burnout and he supervisor. upervisors were 121, during ting, educating if an employee experiencing ed this training ut, the Director for have been in all Temporaries to help with d us that they ald potentially sperson was terminated s. of Nursing felt ate solution and ind others. two individuals ge of a couple ministrator in KareKrest, d Nurzee; they ng pool staffing ak to help with ming is and 21 erequired		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	TIPLE CONSTRUCTION NG		E SURVEY PLETED
		245594	B. WING			C 24/2021
NAME OF PROVIDER OR SUPPLIER GIL-MOR MANOR				STREET ADDRESS, CITY, STATE, Z 96 THIRD STREET EAST MORGAN, MN 56266	•	L-1/LUL 1
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		DED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD		ION SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 609	Interview on 3/23/2 identified she had aware of the allega LPN-B identified N could see she has for work around 9: staying late in the cares. NA-C was given sees signs of burn "Go take a breather those additional bracknowledged she nursing (DON) of the staff burnout. Interview on 3/23/2 identified she work morning as there were identified she was by stated she was by stated she was by she had already fire the ad. I always denied feeling tired appropriately. Nainvestigation and were was disciplined in insubordination to reprimanded for ne eating at the nurse	ntified R1's additional bathroom tial signs of a bladder infection. 21 at 2:54 p.m. with LPN-B not worked last week, but was ations made towards NA-C. IA-C showed signs of burnout."I been tired". NA-C was arriving 00 p.m. to 10:30 p.m. and mornings to assist with morning getting "lots of overtime". If she out in staff, she tells them to er". She had told NA_C to take teaks before. LPN-B a had not advised the director of her concerns or observations of the concerns or observations of the concerns of the c	F6	Mistreatment, Misapprop Resident Property and Eand Procedures using the LeadingAge and Pathway of this policy and procedures are all all all the at Gil-Mor, we will resident in the at Gil-Mor and the are determined to the workplace. In man also illegal. Each of us he are in making retaliation unamaintaining an environm can all feel safe and companies are are decision to speak up and as simple as possible. Reanyone who raises a conviolation in good faith madisciplinary action, up to termination of employments.	exploitation Policy be updated 2017 by Health edition cure, Mandated ance of ocedure. ation Policy not tolerate against anyone akes a report, or ation. Ilicious and es; it also of openness and to maintain. Any inder nt people from cerns. Retaliation d is sometimes inside or outside by instances, it is as a role to play oceptable and ent in which we offortable raising olation. up is not easy, want to make the offortable raising olation. up is not easy, want to make the offortable raising olation. up is not easy, want to make the offortable raising olation. up is not easy, want to make the offortable raising olation.	

	IDENTIFICATION NUMBER.				(X3) DATE SURVEY COMPLETED	
	245594	B. WING _			C 24/2021	
NAME OF PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 00//	L-T/LUL I	
			96 THIRD STREET EAST			
RMANOR			MORGAN, MN 56266			
SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHO			
Op Continued From page 27 light. NA-C got up, slammed her chair against the desk and stormed past the nurse. Interview on 3/23/21 at 4:37 p.m. with the DON identified NA-D had reported the incident to her at approximately 1:30 p.m. or so, just as she was getting ready to leave. The DOn had to come back to work in a few hours to cover the evening shift and advised NA-D to report the incident to the administrator. When she returned at 3:30, the administrator advised her the incident required reporting. She started her investigation and then filed the report about an hour later. Staff had		F 60	Development-RN will ensure the employees receive training on a specific Abuse and Neglect poliprocedures, they will receive a Abuse and Neglect packet that the quiz to test their knowledge understanding. Also, SD-RN withat new hires understand and competent and stress the impounderstanding that every employment and attempt to learn the end of the received it must be REPORT	our facility by and copy of the includes and Il ensure are tance of yee is a a zero abuse is		
unsure how to proceed after the allegation was made as this was the first time anything like this had happened at the facility. R1's physician, MD-A is also the medical director. He and family were made aware of the incident after she reported it to the SA. The family reported R1 stated to them she was surprised her glasses weren't broke as her head hit hard. The DON or neglect is reported to the charge nurs the charge nurse will follow chain of command and report it immediately to the Administrator and Director of Nursing. The Administrator and DON is responsible for reporting the incident within 2 hours of notification to the State Agency/OHFC at completion of the follow-up investigation.		g the m from nt abuse rge nurse, in of tely to the ursing. esponsible 2 hours of OHFC and				
identify if R1 had ar face" when she spot delegate a formal a The DON was unaw burnout. There was for that. The DON s related to the pande contract for pool staunreliable so they d They advertise for h just had annual inse	ny injuries. "I did inspect her oke to R1, but did not do or ssessment for injuries for R1. ware of how to monitor staff for a no policy she was aware of stated all staff are over worked emic. The facility does have a aff, but the workers are lo not use them often at all. nelp in the paper. The facility ervices, but abuse was not		an educational packet titled Job How to spot it and take action. tested their knowledge and und by having each employee comp Burnout Quiz. Included in this i was who to contact and how to help, additional steps to take to and provided additional method stress management. Then on 03/30/2021, all supervisors rece	Burnout: We then erstanding lete the nformation ask for de-stress, s for		
	Continued From particular particu	PROVIDER OR SUPPLIER R MANOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 27 light. NA-C got up, slammed her chair against the desk and stormed past the nurse. Interview on 3/23/21 at 4:37 p.m. with the DON identified NA-D had reported the incident to her at approximately 1:30 p.m. or so, just as she was getting ready to leave. The DOn had to come back to work in a few hours to cover the evening shift and advised NA-D to report the incident to the administrator. When she returned at 3:30, the administrator advised her the incident required reporting. She started her investigation and then filed the report about an hour later. Staff had abuse training online yearly but were not trained to facility abuse policies specifically. No staff were re-educated after the incident. The DOn spoke with NA-A, NA-C and NA-D. The DON was unsure how to proceed after the allegation was made as this was the first time anything like this had happened at the facility. R1's physician, MD-A is also the medical director. He and family were made aware of the incident after she reported it to the SA. The family reported R1 stated to them she was surprised her glasses weren't broke as her head hit hard. The DON agreed no formal assessment occurred immediately after the allegation was made to identify if R1 had any injuries. "I did inspect her face" when she spoke to R1, but did not do or delegate a formal assessment for injuries for R1. The DON was unaware of how to monitor staff for burnout. There was no policy she was aware of for that. The DON stated all staff are over worked related to the pandemic. The facility does have a contract for pool staff, but the workers are unreliable so they do not use them often at all. They advertise for help in the paper. The facility just had annual inservices, but abuse was not discussed as they focused on the pandemic	PROVIDER OR SUPPLIER R MANOR SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 27 Ight. NA-C got up, slammed her chair against the desk and stormed past the nurse. Interview on 3/23/21 at 4:37 p.m. with the DON identified NA-D had reported the incident to her at approximately 1:30 p.m. or so, just as she was getting ready to leave. The DOn had to come back to work in a few hours to cover the evening shift and advised NA-D to report the incident to the administrator. When she returned at 3:30, the administrator advised her investigation and then filed the report about an hour later. Staff had abuse training online yearly but were not trained to facility abuse policies specifically. No staff were re-educated after the incident. 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The facility just had annual inservices, but abuse was not discussed as they focused on the pandemic	PROVIDER OR SUPPLIER 245594 245594 245594 245594 245594 245594 245594 245594 245594 245594 25TREET ADDRESS, CITY, STATE, ZIP CODE 96 THIRD STREET EAST MORGAN, MN 56266 SUMMANY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUILATORY OR LSC IDENTIFYING INFORMATION) Continued From page 27 Ight. NA-C got up, slammed her chair against the desk and stormed past the nurse. Interview on 3/23/21 at 4:37 p.m. with the DON identified NA-D had reported the incident to her at approximately 1:30 p.m. or so, just as she was getting ready to leave. The DOn had to come back to work in a few hours to cover the evening shift and advised NA-D to report the incident to the administrator. When she returned at 3:30, the administrator advised her the incident required re-educated after the incident. The DOn spoke with NA-A, NA-C and NA-D. 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The facility just had annual inservices, but abuse was not discussed as they focused on the pandemic	PROVIDER OR SUPPLIER 8 MANOR STREET ADDRESS, CITY, STATE, ZIP CODE 95 THIRD STREET EAST MORGAN, MN 56266 SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPRICENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 27 Ight. NA-C got up, slammed her chair against the desk and stormed past the nurse. Interview on 3/23/21 at 4-37 p.m. with the DON identified NA-D had reported the incident to her at approximately 1:30 p.m. or so, just as she was getting ready to leave. The DOn had to come back to work in a few hours to cover the evening shift and advised NA-D to report the incident to the administrator. When she returned at 3:30, the administrator advised her the incident required reporting. She started her investigation and then filed the report about an hour later. Staff had abuse training online yearly but were not trained to facility abuse policies specifically. No staff were re-educated after the incident the polyment of the first time anything like this had happened at the facility. Al-C and NA-D. The DON was unsure how to proceed after the allegation was made as this was the first time anything like this had happened at the facility. Al-C and NA-D in the pandemic stated to them she was surprised her glasses weren't broke as her head hit hard. The DON agreed no formal assessment for injuries for R1. The DON stated all staff are over worked related to the make was surprised her glasses weren't broke as her head hit hard. The DON agreed no formal assessment for injuries for R1. The DON so unavare of the incident at the face' when she spoke to R1, but did not do or delegate a formal assessment for injuries for R1. The DON so unavare of the incident staff are over worked related to the pandemic. The facility does have a contract for pool staff, but the workers are unreliable so they do not use them often at all. They advertise for help in the paper. The facility ust had annual inservices, but abuse was not discussed as they focused on the pandemic.	

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		245594	B. WING		C 03/24/2021	
	PROVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 96 THIRD STREET EAST MORGAN, MN 56266	1 00/L-1/L0L1	
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F 609	needs. Staff were to generalized training suspected the allegoterminated NA-C's not reported her find the nurse aide registacility policies had required by federal policy had not beer incident related to reaste, and investigated. Interview and docu 11:39 a.m. with MD aware of the allegos interventions staff pagreed burnout wathe was unaware the or procedure related unaware staff were facility abuse policito follow their abuse. Review of the 1/9/1 identified any suspensitreatment was to the charge nurse, wadministrator and Educational distress. Was to report the in abuse where there were to take immediated. The admited the suspensition of the suspensitional distress.	rained online yearly in a g. The DON indicated she gation to be true and had employment. The DON had dings to law enforcement or stry. She was unaware the not been reviewed yearly as regulation. She agreed facility followed at the time of the reporting, keeping the resident tion. The Aidentified he was made tions. He was unsure what blaced for R1's safety. He is a likely cause of the abuse. The facility had no policy, plan, and to staff burnout and was not specifically trained to es. He agreed the facility failed to be policies as identified below. 4, Vulnerable Adult policy ected abuse, neglect, or to be reported immediately to who was to then notify the DON immediately after the allegation. Abuse was which was not an accident buld produce pain, injury or The administrator or designee acident to the SA. In cases of was a potential for harm, staff diate steps to protect the inistrator or designee was to mployees, witnesses, family	F 609	on how to identify any indicators, is and symptoms of their employees suffering from burnout. Our Staff Development-RN provide employees educational and inform on stress management that identif different places and methods to he relieve stress. Below is information regarding stress management and methods of relaxation, provided on past year to employees. "5/5/2020 Mental Health and Psychologist; American Red Cross Supporting yourself and others dured COVID-19, University of Toronto Control: Managing Your Mental Health Apps to Cope with Coronay Stress, CBT for Front-line Medical Professionals: Brief Interventions of time of crisis, CBT Substance Used Disorders during the COVID-19 Crical Capart series) "01/11/2021 Statewide Healthcare Coordination Center is Behavioral Staff Wellness Group Reaching for Calm 21 Brown Bag Series "01/25/2021 through 01/29/2021 Cest-up a Relaxation Room for staff show examples of how aromather.	ed all ation ed alp n er the p-social led sing Mind alth Beck I Mental irus during a isis Health or a ideos to il-Mor to	

CENTER	<u> 15 FOR MEDICARE</u>	& MEDICAID SERVICES			<u>Ul</u>	VIB IVO.	<u> </u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,		E CONSTRUCTION	COMI	SURVEY PLETED
		245594	B. WING			03/5	24/ 2021
NAMEOF	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE	03/2	24/2021
INAIVIE OF I	PROVIDER OR SUPPLIER						
GIL-MOF	RMANOR				6 THIRD STREET EAST		
				IV	MORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
	Regulatory on L Continued From particles Review of the 2015 Mistreatment and M. Property policy ider intentional mistreat physical pain, injury expected to cause to the resident. All roriented to the Resmade aware of theis uspected maltreat described in this plate facility abuse policy employees. The poconspicuous location suspected crimes of immediately to law investigated. Immenursing staff were to the situation./ Employeed from the fand staff were to exthe resident to determ or retaliation for an report. Further review of the Mistreatment and M. Property policy ider	ge 29 , Abuse, Neglect, Misappropriation of Resident atified abuse was defined as ment that could or did result in and causes or reasonably mental or emotional damage new employees were to be ident Protection Plan and responsibility to report any ment as defined and an. Yearly inservices on the was mandatory for all licy was to be posted in a on in the facility. All reports of or abuse were to be reported enforcement to be diately upon receiving a report, or remove the resident from oyees were to be immediately acility pending investigation. Kamine, assess and interview rmine injury. There was to be employee who makes a see 2015, Abuse, Neglect, Misappropriation of Resident antified results of the obe reported within 5 days to include: If resident incident	TAG		CROSS-REFERENCED TO THE APPROPE	ation d how is best em d, and d how is best em d, and d hoes levels. these reases e. g your m aling ur ohases a survey eeding at ficult gs ent? oyee? or oming a	
	6) type and location7) Name of person incident				called Job Burnout: How to spot it a take action, as well as testing employees knowledge and understanding through the Burnout	and	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION		E SURVEY PLETED
		245594	B. WING			C 03/24/2021	
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE	00/2	L-1/2021
					S THIRD STREET EAST		
GIL-MOF	RMANOR				ORGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 609	notified including pomembers. Substantiated compemployees were to boards. Review of the unda identified after an a staff were to protect were to interview th Staff were to asses findings. All staff were	ge 30 e outside the facility who were olice, physicians, family claints against other be reported to the respective ted Incident Report Guide llegation of abuse was made, to the resident first. Next, they e alleged perpetrator (AP). Is the resident and document are to be interviewed, and and law enforcement were to be	F 6	609	"On 03/30/2021 Additional Burnout education and training was provide Department Managers to help then identify any indicators, signs and symptoms of their employees sufferom burnout. On an annual basis, the Staff Development-RN will be responsible setting up in-service meetings to of annually required education and training as required by our state and federal licensure such as our facility specifical Abuse, Neglect, Mistreatment and Misappropriation of Resident Property Vulnerable Adult, Mandated Report Zero Tolerance of Retaliation Policy Procedures. As of 03/24/2021 and ongoing the Staff Development-RN will be responsible all new hire education and training ensure that all new hires receive al required training for our state and folicensure. This plan of correction in the following education topics and to test their knowledge and understof each topic: Vulnerable Adult Facility specific Abuse, Neglect, Mistreatment and Misappropriation Resident Property Abuse Prevention Mandatory reporting and Zero Tolerance of Retaliation All newly hired employee personne will be audited by the Director of Nursing/Supervisor or designee to that all education and training above	d to all of the straining the straining of the straining	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION		E SURVEY PLETED
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GIL-MOF	RMANOR				THIRD STREET EAST DRGAN, MN 56266		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 609	Continued From pa	ge 31	F 6		been completed and a quarterly reple submitted to the quarterly Qualit Assurance Committee for review. The Gil-Mor facility specific Abuse, Neglect, Mistreatment and Misappropriation of Resident Proper Policy and Procedures are promine posted for all residents on the dining bulletin board and for all employees employee break room and on the employee bulletin board located by timeclock. During the QA meeting held on Apr 2021, we discussed our plan of cor and felt that it is necessary to expandit review to ensure that our resident free from Abuse, Neglect, Mistreatment and Misappropriation Resident Property. All incident repland psychosocial resident interview are completed for each residents Conference will be audited by the Dof Nursing or designee and the resident presented to the management meetings. This audit will be conducted based on the resident is answers to following key interview questions so the resident? 2. Do you feel safe here and are treated in a dignified manner? 3. How does staff treat you and/or resident? 2. Do you get enough private time (privacy)? 5. Is there anything we could do the you be as active as you want to be a so the property of the privacy of the priva	erty ently g room s in the the il 23, rection nd our dents of orts vs that care Director ults will eam cted o the uch as, r you ughly? e o help	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION (3	(X3) DATE SURVEY COMPLETED
		245594	B. WING _		C 03/24/2021
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	03/24/2021
GIL-MOR	MANOR			96 THIRD STREET EAST MORGAN, MN 56266	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
F 609	Continued From par		F 60	6. Do you or your family have any of for care or stay here at Gil-Mor? 7. Have you ever felt that your righ have been violated? Then on a monthly basis, the Administrator or designee will review these audit findings to ensure timely reporting, thorough resident assessmand investigation has been done to ensure residents safety. The format the audit summary will include a list number of audited incident reports a psychosocial interviews in order to e that we are preventing abuse and neand to determine our compliance of reporting of abuse, neglect, mistreat and misappropriation of resident proensure proper investigation and ensuresident safety. This audit summary report will be submitted quarterly to the quarterly Quality Assurance meeting further review and recommendations. The completion date for correction of deficiency is 04/23/2021.	ment t of of the and ensure eglect timely ment operty, ure of the as for s.
SS=D	CFR(s): 483.12(c)(2		F 6		4/23/21
		onse to allegations of abuse, n, or mistreatment, the facility			
	§483.12(c)(2) Have violations are thorou	evidence that all alleged ughly investigated.			
		ent further potential abuse, n, or mistreatment while the rogress.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING COMPLE		LETED				
		245594	B. WING		03/2	; 4/2021
NAME OF P	PROVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 16 THIRD STREET EAST MORGAN, MN 56266	1 00/2	4/2021
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F 610	designated represe accordance with St Survey Agency, with incident, and if the appropriate correct This REQUIREMEN by: Based on interview facility failed to thor allegation of physic resident (R1). Findings include: Review of the 3/17/State Agency (SA) were providing mor turning R1 from sid roughly causing her side rail 4 times. Rehead to hurt and as R1 asked NA-C who NA-C reportedly repleting a [expletive] as suspended pending. Review of the 3/19/submitted to the SA staff failed to remove dangerous situation staff were to be trait policies. No change procedure. Facility 1) NA-A identified s	ort the results of all e administrator or his or her intative and to other officials in ate law, including to the State hin 5 working days of the alleged violation is verified ive action must be taken. NT is not met as evidenced iv, and document review, the oughly investigate an al and verbal abuse for 1 of 1 21 4:39 p.m., report to the identified NA-A and NA-C ning cares to R1. While e to side, R1 was handled r head to get bumped into her is stated several times, her isked for a different care giver. y she was so mean to her. blied "That's what you get for all night". NA-C was g the investigation. 21, 5 day investigation report is identified the facility indicated ive R1 from a potentially in NA-C was terminated. All ined annually to abuse es were needed to the policy or	F 610	The Director of Nursing reviewed of facility policies and procedures with Administrator and the DON developmew Progress Note titled Abuse/Ne Incident Report in PointClickCare to ensure that ALL parts of the report investigation are completed, and the reporting is done within 2 hours of it occurring. This report method is cubeing used for other types of incide such as falls, and skin injuries; whice been an effective tool that walks statep-by-step through the initial report his incident report method will ensure that staff are guided through the enprocess from the initial report all the through the investigation to ensure handling of each incident. 1. Did you ensure that the resident safe, removed from harm, protecte harm? Explain. 2. NOTIFICATION IMMEDIATELY Administrator, document date and it all the control of the c	poed a reglect or and at neident urrently ents or has aff ort. Sure ettire e way proper of was d from (*: time. and iii	

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			71. DOILD				
		245594	B. WING		·····		24/2021
	PROVIDER OR SUPPLIER			96	TREET ADDRESS, CITY, STATE, ZIP CODE 6 THIRD STREET EAST IORGAN, MN 56266		
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F 610	"red hot" when she prior to the incident NA-C was by R1's I her left side her her rail. Each time R1 was bumped into the was "sick of dealing indication NA-A sto intervened to ensur verbal abuse stopp was struck into the retaliation from NA-day with her mornin head still hurt from 2) R1 identified she in trouble when ask advised staff she when tafter hitting the felt NA-C was intenstate "Well, i known assessed by the Dodid say she had paivisible bruising was 3) NA-C identified Fitmes that night, quand thinking she was morning, NA-C put leaned to her left sito her right side to the head on her rail. NA her getting R1 off her to advise NA-A to miside so she would retail. NA-A denied making the R1. NA_C had bee mornings as the faciled identified R1 had as id	and NA-A entered R1's room . NA-A was by R1's feet and nead. When R1 was rolled to ad was "rammed" into the side was rolled to the side her head he rail. NA-C advised NA-A she he was rolled to the side her head he rail. NA-C advised NA-A she he was no hoped the rough treatment and he the rough handling and he after the first time her head he after the first tim	Fé	510	document date and time. 6. Begin investigation IMMEDIATI after notifying Administrator and DO Yes/No a. Interview the initial reporter interview sheets in Abuse/Neglect BYes/No b. Interview the victim (resident) interview sheets in Abuse/Neglect BYes/No c. Interview other residents use interview sheets in Abuse/Neglect BYes/No d. Interview other staff that may hwitnessed the incident or other sim incidents - use the interview sheets Abuse/Neglect Binder. Yes/No e. Interview any witnesses use interview sheets in Abuse/Neglect Byes/No f. All interviews should have direct statements in quotes. Yes/No g. Interview Visitors, Family mem that may have information. Yes/No h. Location of incident. i. Explain exactly what was reporthe INITIAL REPORTER direct statements should be in quotations j. Were there witnesses? If so, W. K. Explain exactly what was reporthe WITNESS/WITNESSES direct statements should be in quotations I. Explain exactly what was reporthe VICTIM(RESIDENT) direct statements should be in quotations m. Explain exactly what was reporthe VICTIM(RESIDENT) statements should be in quotations m. Explain exactly what was reporthe RESIDENTS statements should be in quotations m. Explain exactly what was reported the property of the pro	DN. use Binder. use Binder. ave ilar in the Binder. tted by	

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				96 THIRD STREET EAST		
GIL-MOF	RMANOR			MORGAN, MN 56266		
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F 610	assessed R1 headensure she was not body from the rought staff or residents was to facility policies. Interview on 3/23/2 identified she was occurred on 3/17/2 NA-A and NA-C with by R1's feet and Name we rolled her, bar" which was to why she was so myou get for being a for a different care Even after the incitand would not eat and teary eyed". Wroom, NA-C said stold another co-word about 45 minutes a sure what to do. Nabuse policies after NA-A and NA-B with comment to "please bar." During morninurse, licensed praasked in morning in discussing the alled NA-A felt very inting The facility just habut abuse was not linterview on 3/23/2 assisted NA-A in Facility in the facility in t	cation staff had immediately d-to-toe that same morning to of bruised elsewhere on her gh cares, no indication other were interviewed, or re-trained 21 at 1:34 p.m., with NA-A a NA trainee. The event 21 at approximately 9:00 a.m ent into R1's room. NA-A was IA-C was by her head. "Every, [R1] hit her face on the grab R1's left side. R1 asked NA-C replied "That's what a [expletive] all night". R1 asked a giver. R1 was very distraught. dent, R1 refused to take a bath, breakfast. She was "Very upset When NA-A and NA-C left R1's she was "Sick of [R1]". NA-A orker (NA-D) of the incident after it occurred as NA-A wasn't A-A had no retraining to facility or the incident. The next day, ere assisting R1. R1 made the se not run my head into the ng stand-up, the overnight actical nurse (LPN)-A had report "Who tattled?!" when gations of abuse against NA-C. nidated by LPN-A's remark. d annual training at inservices,	F 61	VISITORS, FAMILY MEME statements should be in quo. Explain exactly what we will be stated as the state of the	uotations. vas reported by ents should be ccurred? emotional, ion) injury? complete a full rictim (resident)? n (resident). cardio, neds, laxatives, ions y, hypnotics, ants, etc.) syncope, weight other infection). VA, ementia, TIA, itis, etc.) (anxiety, ire to thrive, , oriented, in the last 30 rns? If so, ity awareness, nakes needs ims agitation, etc.)	

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F 610	NA-C "pushing her only worked with N worked overnights." yell" and "be mad" "Who tattled?!" NA staff for reporting ir one person will be spoken to by the D and no re-educatio incident. R1's 2/12/21, quart identified she had r with diagnoses of r and depression. No were identified. R1 bed mobility, transf and locomotion wit R1's nursing assess skin or other asses 2/12/21 to identify sinspection of R1 to from the rough care. "I don't remeshe didn't know an received on 3/17. F and would not mak about the allegation who she could report replied she did not felt safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the facil marks to indicate ir interview. R1 was a series of the safe at the safe at the facil marks to indicate ir interview.	head into the rail". NA-B had A-C one other time. NA-C NA-B also witnessed LPN-A staff and asked staff in report-B fears retaliation form other neidents. "If we dos something, mad" at them. NA-B was not ON during the investigation, n on abuse occurred after the early Minimum Data Set (MDS) moderate cognitive impairment muscle weakness, pain, anxiety occupitive affecting diagnoses required a 2 staff assist with the use of a wheelchair. Sements identified there was not sment performed since staff had performed a full ensure she was not injured	F6	(Date/Time). What was thei dd. Notification to FAMILY (I What was their response. ee. Notification to PRIMARY PROVIDER/MD (Date/Time) their response. ff. Notification to NURSING REGISTRY/BOARD OF NUI gg. Notification of OMBUDS was their response? hh. Was the victim (resident hospital for evaluation? Doo Where, When, Date and Tim On 3/24/2021, education was staff in all departments that a staff burnout and how to idel member is showing signs of the steps to report this to the Following this education, suffurther trained on 03/30/202 department manager meeting them on the steps to take if a under their supervision is ex burnout. All staff completed on 03/30/2021. To help reduce staff burnout of Nursing and Administrator contact with annLeo and Allfor assistance with staffing to staff burnout. They notified the did have someone that could help us out. However, this perviously worked for us, was and is on a no-rehire status. Administrator and Director of that this was not an adequat asked the pool agency to fine.	CARE CARE What was ASSISTANT RSING? MAN. What Sent to the cument he. Sprovided for addresses hify if a staff burnout and supervisor. Dervisors were Houring hang, educating an employee periencing this training Temporaries help with hus that they depotentially herson has terminated f Nursing felt he solution and	

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				06 THIRD STREET EAST		
GIL-MOF	MANOR			MORGAN, MN 56266		
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F 610	Continued From pa	ige 37	F 610			
	R1's 3/19/21, physical R1 was doing well at a UTI. R1 reported There was no menticares by NA-C to National R1's progress note 1) 3/17/21, there is R1 for potential injute 2) 3/19/21, staff not identified she mixed declined to treat it at indication staff identified she had requests as potential Interview on 3/23/2 identified she had raware of the allegal LPN-B identified National R1 iden	cian (MD) visit note identified and staff were concerned over pain in all of her extremeties. tion R1 reported the rough ID-A.		They were able to provide two ind to provide minimal coverage of a of shifts to-date, so the Administra initiated new contracts with Karek Prime Time Healthcare and Nurze are in the process of locating poot to help give our staff a break to he burnout. All-staff education and training is scheduled for April 19, 20, and 21 providing all employees the requirannual facility specific Abuse, Neg Mistreatment, Misappropriation of Resident Property and Exploitatio and Procedures using the update LeadingAge and Pathway Health of this policy and procedure, Man Reporter and Zero Tolerance of Retaliation Policy and Procedure. Zero Tolerance of Retaliation against a who raises a concern, makes a residual control of the staff of the st	couple ator frest, ee; they I staffing elp with red glect, n Policy d 2017 edition dated cy te anyone	
	those additional breaknowledged she	r". She had told NA_C to take eaks before. LPN-B had not advised the director of er concerns or observations of		cooperates in an investigation. Retaliation is not just malicious ar contrary to our core values; it also undermines the culture of openne)	
	Interview on 3/23/2 identified she work morning as there w resident baths. NA-3 years. NA-C state several times that r of verbal and physistated she was by	1 at 3:04 p.m. with NA-C ed until 11:08 a.m. that as no additional staff to do C has worked at the facility for ed R1 had used her call light night but denied the allegations cal abuse. NA-C specifically R1's feet and not her head as ished washing the top half of		trust we are determined to maintal threat of retaliation can hinder investigations and prevent people coming forward with concerns. Recan take many forms and is some subtle. It can also occur inside or of the workplace. In many instance also illegal. Each of us has a role in making retaliation unacceptable maintaining an environment in who	from etaliation etimes outside les, it is to play e and	

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F 610	Continued From pa	ge 38	F 610		
	her head. I always a denied feeling tired	tly don't remember her hitting adjust her pillow". NA-C and stated she de-stresses		can all feel safe and comfortable ra an issue or reporting a violation.	
	investigation and w			We recognize speaking up is not enhowever, at Gil-Mor, we want to make decision to speak up and report constitutions.	ake the incerns
	was disciplined in Sinsubordination to t	Employee file identified she september of 2019 for the charge nurse. NA-C was		as simple as possible. Retaliation a anyone who raises a concern or re violation in good faith may result in	ports a
	eating at the nurses shift. The LPN direct	t answering a call light and station during her overnight cted her to answer the call		disciplinary action, up to and include termination of employment.	
	desk and stormed p			For all newly hired employees, our Development-RN will ensure that a employees receive training on our	all new facility
	identified NA-D had	1 at 4:37 p.m. with the DON I reported the incident to her at p.m. or so, just as she was		specific Abuse and Neglect policy a procedures, they will receive a cop Abuse and Neglect packet that inc	y of the
	getting ready to lea back to work in a fe	ve. The DOn had to come w hours to cover the evening		the quiz to test their knowledge and understanding. Also, SD-RN will e	d nsure
	the administrator. V	A-D to report the incident to When she returned at 3:30, the		that new hires understand and are competent and stress the importar	nce of
	reporting. She start	ed her the incident required ed her investigation and then ut an hour later. Staff had		understanding that every employed mandated reporter and there is a z tolerance of retaliation policy. If ab	ero
	abuse training onling to facility abuse pol	le yearly but were not trained icies specifically. No staff were		suspected it must be REPORTED IMMEDIATELY to the Charge Nurs	se,
	with NA-A, NA-C ar	ne incident. The DOn spoke and NA-D. The DON was eed after the allegation was		Administrator and DON, keeping the resident safe and removing them for danger immediately. In the event of the safe and provide the saf	rom
	made as this was the	ne first time anything like this e facility. R1's physician,		or neglect is reported to the charge the charge nurse will follow chain of	e nurse,
	were made aware of	edical director. He and family of the incident after she		command and report it immediatel Administrator and Director of Nurs	ing.
	stated to them she	A. The family reported R1 was surprised her glasses or head hit hard. The DON		The Administrator and DON is resp for reporting the incident within 2 h notification to the State Agency/OF	ours of
	agreed no formal a	ssessment occurred ne allegation was made to		completion of the follow-up investig within 5 days.	

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NAME OF PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE 6 THIRD STREET EAST		
GIL-MOR MANOR				ORGAN, MN 56266		
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face" when she spot delegate a formal at The DON was unaw burnout. There was for that. The DON strelated to the pande contract for pool state unreliable so they of they advertise for higher and annual instructions as they fineeds. Staff were the generalized training suspected the allegaterminated NA-C's not reported her find the nurse aide regist facility policies had required by federal policy had not been incident related to resafe, and investigated interview and document the allegating interventions staff pagreed burnout was the was unaware the or procedure related unaware staff were facility abuse policies to follow their abuse mistreatment was the staff was unsupplied to the staff of the 1/9/1 identified any suspensistreatment was the staff was the supplied to the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the staff of the 1/9/1 identified any suspensistreatment was the 1/9/1 identified any suspensistr	by injuries. "I did inspect her oke to R1, but did not do or assessment for injuries for R1. Ware of how to monitor staff for a no policy she was aware of stated all staff are over worked emic. The facility does have a aff, but the workers are lo not use them often at all. The pin the paper. The facility ervices, but abuse was not ocused on the pandemic rained online yearly in a g. The DON indicated she ration to be true and had employment. The DON had dings to law enforcement or estry. She was unaware the not been reviewed yearly as regulation. She agreed facility a followed at the time of the eporting, keeping the resident	F	310	On 03/24/2021, all employees were an educational packet titled Job Bu How to spot it and take action. We tested their knowledge and underst by having each employee complete Burnout Quiz. Included in this inforwas who to contact and how to ask help, additional steps to take to deand provided additional methods for stress management. Then on 03/30/2021, all supervisors receive additional Burnout education and tron how to identify any indicators, si and symptoms of their employees suffering from burnout. Our Staff Development-RN provide employees educational and information stress management that identified different places and methods to he relieve stress. Below is information regarding stress management and methods of relaxation, provided over past year to employees. "5/5/2020 Mental Health and Psycoconsiderations during COVID-19 "5/15/2020 Free information provided from Dr. Samantha Peterson, Psychologist; American Red Cross Supporting yourself and others during COVID-19, University of Toronto - Nanaging Your Mental Health Countrol: Managing Your Mental Health During COVID-19, Beck Institute (Ecognitive Behavioral Therapy) Managing Mental Health in the Workplace, 10 Virtual Therapy and Health Apps to Cope with Coronavi Stress, CBT for Front-line Medical	rnout: then canding the mation for stress, or d aining gns d all ation ed lp or the o-social ed lp dind alth Beck Mental rus	

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ace be defined the error was always region or must be defined as a constant of the error was always and the error was a constant or error was a consta	ecoming aware of efined as conduct at produces or comotional distress. as to report the incuse where there ere to take immediately victims, elembers, visitors, eview of the 2015 istreatment and for tentional mistreat entered to the Resident. All reports policy idententional mistreat escribed in this placility abuse policy incused aware of their ispected to cause the resident. All resident and the escribed in this placility abuse policy incused	DON immediately after the allegation. Abuse was which was not an accident old produce pain, injury or The administrator or designee cident to the SA. In cases of was a potential for harm, staff diate steps to protect the histrator or designee was to mployees, witnesses, family	F 61	Professionals: Brief Interventime of crisis, CBT Substand Disorders during the COVID (2-part series) "01/11/2021 Statewide Healt Coordination Center's Behastaff Wellness Group Reach Calm 21 Brown Bag Series "01/25/2021 Offered two link help you relax"01/25/2021 through 01/29/2 set-up a Relaxation Room for show examples of how arom a relaxation video. Provided and Rest information that degetting 8 hours of sleep ever for good health, your immun works better if you relax and while adrenalin, norepinephr cortisol are released when a physical activity, these are h When you are constantly strandomes are still released at the risk of developing heart of These hormones can start a ability to sleep. The immune loses the inflammation phas when cortisol is in high levels blood this is one of the nece of healing for our immune sy "On 03/01/2021, all staff rece to complete to help our facili management staff identify an attention or improvement. Squestions were as follows: o What do you enjoy about Gil-Mor? o What do you feel is the more of the staff identify?	te Use -19 Crisis hcare avioral Health hing for a as on videos to 2021 Gil-Mor or staff to natherapy and I Relaxation escribed how ry night is best e system unwind, and ine and person does ealthy levels. essed, these and increases disease. ffecting your e system e of healing in your essary phases retem eived a survey ty reas needing furvey working at	

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NAME OF PROVIDER OR SUPPLIER GIL-MOR MANOR			9	STREET ADDRESS, CITY, STATE, ZIP CODE 96 THIRD STREET EAST MORGAN, MN 56266			
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
F 610	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 41 Property policy identified results of the investigation were to be reported within 5 days to the SA and was to include: 1) Name and age of resident 2) Cognitive level 3) description of the incident 4) date and time of incident 5) Where it took place. 6) type and location of injuries of any. 7) Name of person who discovered/observed the incident 8) Name of person incident reported to. 9) Names of people outside the facility who were notified including police, physicians, family members. Substantiated complaints against other employees were to be reported to the respective boards. Review of the undated Incident Report Guide identified after an allegation of abuse was made, staff were to protect the resident first. Next, they were to interview the alleged perpetrator (AP). Staff were to assess the resident and document findings. All staff were to be interviewed, and reports to the SA and law enforcement were to be made.		F 610	o What changes would make the better for you in the work environ o What do feel empowers you to continue to work as a Gil-Mor end o What could Gil-Mor do more obetter to help you feel empowered o Would you be interested in between the mentor for new staff? "On 3/24/2021 Educational information of the mentor for new staff? "On 3/24/2021 Educational information of the Burnout of	ment? o opployee? of or d? coming a mation it and out quiz. ut ded to all em ffering ible for offer all training eral cific d perty, orter and icy and e Staff ible for g and will all d federal includes		

Facility ID: 00542

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GIL-MOR MANOR				96 THIRD STREET EAST MORGAN, MN 56266			
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED		
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NAME OF PROVIDER OR SUPPLIER				S	TREET ADDRESS, CITY, STATE, ZIP CODE	03/24/2021		
GIL-MOR MANOR				96 THIRD STREET EAST MORGAN, MN 56266				
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