

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered April 5, 2021

Administrator Mn Veterans Home - Luverne 1300 North Kniss, Po Box 539 Luverne, MN 56156

RE: CCN: 245631

Cycle Start Date: March 17, 2021

Dear Administrator:

On March 17, 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:

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

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F" 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 17, 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).

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In addition, if substantial compliance with the regulations is not verified by September 17, 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

PRINTED: 04/20/2021 FORM APPROVED OMB NO. 0938-0391

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	(X3) DATE SURVEY COMPLETED	
		245631	B. WING		C 03/17/2021
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156	03/11/2021
(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 CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 000	INITIAL COMMENT	TS .	F 000		
	completed at your finvestigation. Your for compliance with 42 for Long Term Care The following comp SUBSTANTIATED: H5631017C (MN67 F600, F609 and F6	laints were found to be			
F 600 SS=D	signature is not req page of the CMS-28 correction is require	•	F 600		5/17/21
	Exploitation The resident has th neglect, misapprop and exploitation as includes but is not I corporal punishmer	rom Abuse, Neglect, and e right to be free from abuse, riation of resident property, defined in this subpart. This imited to freedom from nt, involuntary seclusion and mical restraint not required to medical symptoms.			
	§483.12(a) The fac	•			
	physical abuse, cor involuntary seclusion	use verbal, mental, sexual, or poral punishment, or un; In; In is not met as evidenced			
AROBATORY	 DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE	TITLE	(X6) DATE

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

Electronically Signed

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.

04/12/2021

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245631	B. WING		03/17	/2021
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	1 03/17/	/2021
MN VETE	ERANS HOME - LUVE	ERNE		LUVERNE, MN 56156		
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F 600	review, the facility f	tion, interview, and document ailed to prevent sexual	F 600	F600 □ Free from Abuse and Neg		
	behaviors and implined resident (R2) with a inappropriately tout of sexual abuse. A identify R1 was at iby another resident inappropriately and Findings include:	ement interventions for 1 of 1 known sexual behaviors who ched R1 during 2 of 2 incidents dditionally, the facility failed to ncreased risk for further abuse t (R3) who also touched R1 I had known sexual behaviors.		1. R2 was moved off the Special C Unit (SCU) on 1/25/2021 and R3 w moved off of the SCU on 3/22/202 order to further protect R1. R1 has been involved in any further similar since the last event that occurred k R1 and R3 on 3/13/2021. All reside be reviewed to determine if they ar higher risk of receiving sexual abust and/or determine if they have a his	vas 1 in not r events between ents will re at a se	
	state agency (SA) is walking up the hall (SCU) and observed hand in her shirt. Re he was doing and NA-A noticed the re	20 at 11:37 a.m., report to the dentified the NA-A was way of the special care united R2 sitting next to R1 with his 2 was unable to verbalize what was removed from the area. egistered nurse (RN) on duty. To remain separated from 0/21 at 11:37 a.m.,		sexual behaviors towards others. I identified as being at a higher risk receiving sexual abuse, which inclu R1, will have a new vulnerability assessment completed and will be planned to be observed for signs of sexual abuse. Residents identified a history of sexual behaviors toward others, including R2 and R3, will have vulnerability assessment compand will be care planned to be observed.	of udes care of to have rds ave a pleted	
	investigation summidentified NA-A was observed R2 sitting her shirt. Staff imm residents and notifilast seen in the halincident. R2 had deverbalize details of prior incidents between the incident. R2's osupervised interact remove resident fro	pary submitted to the SA swalking up the hallway and prext to R1 with his hand in ediately separated the ed the RN on duty. R2 was lway a few minutes prior to the ementia and was unable to the incident. There were no ween the R1 and R2, all parties ied appropriately. There were a from either resident following are plan was updated to keep ions with female residents to the incidents if inappropriate 2 was to be offered	for signs of sexual aggression or sexual behaviors towards others. 2. All residents have the potential to be affected. 3. Director of Nursing and Administrator reviewed policy titled Vulnerable Adult/Resident Protection Plan on 4/6/2021. Facility staff will be educated by the Administrator or Designee regarding the Vulnerable Adult/Resident Protection Plan Policy by 5/17/2021. Specifically,			

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F 600	distractions and act Review of the 1/23/ SA identified license was providing supe R1 was seated in a front of her and R2 adjacent to R1. LPN wake another resid LPN-C's return, R2 his right hand on R' reaching with his le breast. LPN-C was occurred. Neither re of the incident. R2 v from the area. Both distress and neither related to diagnose to another area in tl R2 were to be kept Review of the 1/27/ investigation report both residents were incident but could h Neither resident har following the incider recall the event. Im immediate separati reassigned to sit in during meals. R2 w checks. R2's care p administration reco scheduled docume location. The interd 1/25/21, to discuss move R2 from the separated from the	ivity when behaviors occurred. 21 at 2:03 p.m., report to the ed practical nurse (LPN)-C rvision in the SCU dining area. chair with an over-bed table in was seated at a table N-C left the dining area to ent for the noon meal. Upon was sitting in front of R1 with 1's knee and his left hand was ft hand was reaching for R1's unsure if R2 actual contact esident was upset at the time was immediately removed residents had no signs of were able to be interviewed so of dementia. R2 was moved he facility for meals. R1 and separate from one another. 21 at 3:32 p.m., 5-day submitted to the SA identified a separated at the time of the ave been separated further. It is symptoms of distress ht, and neither were able to mediate interventions included on of R2 from R1. R2 was the solarium out of sight of R1 as placed on frequent visual	F 60	abuse and sexual behaviors to others. 4. Audits will be conducted we weeks by the Administrator or for 5 random residents to dete resident should be identified as risk for receiving sexual abuse of sexually abusing others. If a residents are identified, reside plan will be audited to ensure interventions are in place and a vulnerability assessment mabe completed. Audit results will reported to the Quality Assurar Committee for review at the neal Assurance meeting. 5. 5/17/2021	ekly for 4 Designee rmine if the s being high or high risk ny of the 5 nt s care determine if y need to ll be nce		

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F 600	reviewed and intern further abuse from R2's 1/24/21, quart identified he had mphysical behaviors occurred 1 to three assistance of 1 stamove independent wheelchair. R2's diwith and without be weakness, and a hR2's 1/26/21, care impaired cognitive a benign brain tuminappropriate sexuadmission. Staff we snacks, and other R2 for behaviors at R2 was sexually in seeking. Staff were female residents at behaviors occurred 6:30 a.m., and staff consistent.	f whether R1's care plan was ventions added to prevent	F 60					
	1) 12/20/20, R2 was attempted to grab sassistance to trans 2) 1/23/21, R2 was towards staff and gduring morning car 3) 1/28/21, R2 atte because his believe 4) 1/31/21 R2 was	is sexually inappropriate and staff's breasts during fer. sexually inappropriate grabbed staff in the groin area						

-	ETATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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F 600	buttocks. 5) 2/11/21, R2 put hand made sexually redirected R2. 6) 3/3/21, R2's behall R2 continued to harbehaviors. R2 had documented over 5 sexual comments a member. During an interview RN-A identified R2 R2 used to reside a moving to the SCU sexually inappropriatistory of exit seeki until he was sexual resident. He was the (all male) and has had buring an interview NA-A identified R2 inappropriate with sup in the a.m. during toileting. R2 had a where he was sexual occurred a long tim recall the date but we unit on the day it occurred to the long time.	nis hand between an NA's legs inappropriate comments. Staff avior review charting identified we occasional sexual 11 shifts with behavior weeks. Three shifts included and grabbing at a staff on 3/17/21 at 9:50 a.m. with had poor cognition and insight on the Red wing prior to R2 had a history or being ate with staff. R2 also had a ng and was moved to the SCU ly inappropriate with another en moved to the Green Wing	F6	00				

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156		3/11/2021
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F 600	with his hand up Raresidents and reporting immediately. After the supervise R2 when residents. Staff wer from R2, and provide puzzles, and other immore recent encour meal. R2 was transfollowing the incide. During an interview the director of nursi R2 had a history of inappropriateness. unattended by staff providing a.m. care 1/23/21, R2 was left dining area. R2 approbserved being sex sexually inappropriateness the R2 was able to mot and at times attemprooms. Staff were thim around female to redirect him whe second encounter with the action took place. Neither resident has after the encounter separate male unit to the SCU or to fin	I's shirt. She separated the ted the incident to the nurse he incident staff were to he was around other female e to also keep R1 separated de R2 with distractions, activities. R2 had another neer with R1 during the noon ferred to the Green wing at as that was an all male unit. on 3/17/21 at 3:21 p.m., with ng (DON) identified R1 and encounters involving sexual On 11/6/21, R1 was left during while they were s to other residents. On the unattended in the SCU proached R1 and was attended in the SCU proached R1 and was attended in the radar" for sexual owards residents until 11/6/21, ivate independently in the unit of the one of the residents. Staff were trained in he had behaviors. R2's was less than one minute, and the outside of R1's clothing. It is dispared to a signs of distress during or R2 was transferred to a and had no attempts to return d R1.	F6	500		
		21, report to the SA identified R1 who was sitting in recliner				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILD		(X3) DATE SURVEY COMPLETED				
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F 600	and placed one har to be reaching to ge hand. Staff had tak dining area and had minute before return Staff intervened and and initiated an action signs of distress laughed and smiled Both residents lack consent/understand R1's 3/3/21, quarte severe cognitive imbehaviors during as extensive assist with mobility, total assist assistance with am diagnoses of Alzhei R1's undated care impaired cognitive frelated to dementia time, or situation. Rommunicate her nintervention was adaway from R1. On added that identifie R2 apart from each interaction between 3/15/21, an interverkeep R3 away from interactions between R1's progress notes sexual abuse perpendicular and taken and	and on her breast and appeared bet under R1's shirt with other en another resident to the debeen gone approximately 1 ning to find R3 next to R1. Indicate the district R3 and the district R3. R1 showed at the staff approached R1. Indicate the staff approached R1 had pairment. R1 had not a seessment period, required the toileting, dressing, and bed attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating, and limited bullation and transfers. R1 had attance with eating attance wi		500				
	supervision. Staff fa	apart and provide appropriate ailed to do so, which resulted abuse event on 1/26/21. R1						

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED			
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wa an face ab incompleted inco	acility identified R1 buse related to he creased supervision occurring, nor lown sexual behaverased risk to fother residents. Eview of R1's 3/1/centified she had contation, and sense assessment in altreatment prevention she was allowing the 11/6/2 B's 1/25/21, quartified she had contation, and sense assessment in altreatment prevention she was allowing the assessment in the compairment. It is a state of the compairment of the	alted on 3/13/21 a third time by 3. There was no mention the was at increased risk for a dementia and required ion to prevent further abuse identified residents with aviors towards staff were at cus those behaviors towards 21, vulnerability assessment cognitive impairment, physical cory/communication limitations. dicated to see care plan for ention plan. There was no a increased risk for abuse 1 incident. erly MDS identified he had no behaviors were noted nent period. R3 ate independent with locomotion nair, and required extensive as of Daily Living (ADL). R3's atraumatic brain injury (TBI),		500				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	NG	COMPLETED			
		245631	B. WING				C 17/2021
	PROVIDER OR SUPPLIER	RNE		1300 N	T ADDRESS, CITY, STATE, ZIP CODE IORTH KNISS, PO BOX 539 RNE, MN 56156	1 00/	11/2021
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F 600	3/13/21, an interver to supervise interact and remove R3 from behaviors occurred an activity in a sepa present. The facility risk for potential ina	ge 8 copropriate behaviors. On an antion was added that staff were stions with female residents an situation if inappropriate and a staff were to distract R3 with a staff were if behaviors were a failed to identify R3 was at appropriate behaviors with the had the behaviors with staff	F 6	00			
	identified he had inacognitive impairmed sensory and comm assessed to have no of maltreatment tow was no indication so for known sexual in beginning in 2018, a	5/21, vulnerability assessment appropriate sexual comments, nt, physical limitations, unication limitation. He was o indicators for increased risk vards other residents. There taff accurately assessed R2 appropriate behaviors and was therefore at otential abuse of other					
	R3 had special nee all interactions with staff were to redired There was no indicated ensure R3 was dist	Resident Care Sheet identified ds as staff were to supervise female residents. If sexual, at behavior or comments. ation staff were alerted to anced and appropriately round female residents prior.					
	through 3/16/21 ide 1) 1/7/21, R3 made staff inappropriately 2) 1/10/21, R3 mad during cares.	avior notes from 1/1/21 ntified the following. On: several attempts to grab at and made sexual comments. e sexual comments to staff making sexual comments to es.					

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NAME OF F	PROVIDER OR SUPPLIER	240001			TREET ADDRESS, CITY, STATE, ZIP CODE	03/	17/2021
					300 NORTH KNISS, PO BOX 539		
MN VETE	ERANS HOME - LUVE	ERNE		L	UVERNE, MN 56156		
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		,			DEFICIENCY)		
F 600	the staff. 5) 1/27/21, R3 had during the evening 6) 2/1/21, R3 asked could squeeze staff 7) 2/2/21, R3 made statements towards 8) 2/3/21, R3 making grabbing at staff du longer in R3 reach stopped. 9) 2/4/21, R3 made comments towards 10) 2/6/21, R3 made during cares. 11) 2/22/21, R3 trie 2 times this shift. 12) 2/23/21, R3 had attempts to inappro 13) 3/7/21, R3 called "pull down their par 14) 3/13/21 (1:58 president's breast the 15) 3/13/21 (10:04) approach another for the redirected to another for the redirected to another for the redirected to a femal 16) 3/14/21, R3 was staff members breast 17) 3/14/21, R3 made towards female staff 18) 3/15/21, R3 not comments to staff the	making sexual comments to many sexual comments shift. d staff to come over so he foreast. e sexual comments and staff during cares. In sexual comments and uring cares. When staff no comments and advancements as several sexually inappropriate staff. It is esexual remarks to staff d to touch staff inappropriately d sexual comments and epriately touch staff 2 times. In the sexual comments and epriately touch staff 2 times. In the sexual comments and epriately touch staff 2 times. In the sexual comments and epriately touch staff 2 times. In the sexual comments and told staff to example at day. In the sexual comment sexually. Staff er unit to watch TV. R3 would example a sexual to grab at a sext during transfer. In the sexual comments are resident. In the sexual comments are residen	F	600			
	assistant (NA)-A ide	entified she was the one who t between R1 and R3 that					

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		, ,	TIPLE CONSTRUCTION ING	COMPLETED				
		245631	B. WING				17/2021	
	PROVIDER OR SUPPLIER ERANS HOME - LUVE	RNE	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156			,		
(X4) ID PREFIX TAG			ID PREFI TAG	X (EACH CORF	PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)		(X5) COMPLETION DATE	
F 600	occurred in the comunit (SCU). R1 was common area and wheelchair parked had taken another upon returning to the R3 with his hand or breast. She cued R towards them. R3 r confirmed R1 was a she approached he A nurse, LPN-A was back towards R1 ar another resident at NA-A's verbal cues with intervening. The close eye" on R3 had a history of ma trying to touch staff approached a resid She confirmed R3 varound in his wheel. Observation on 3/1 identified she was so in the common area were noted at that the common area where an activate female residents with immediate area. Interview on 3/17/2 practical nurse (LPI the common area of the	mmon area of the Special Care is sitting in the recliner in the R3 was sitting in his by wall in front by R1. NA-A resident to the dining area and the common area, witnessed in top of R1's shirt over her area to stop as she walked eplied "she likes me". She monverbal and smiled when are to remove R3 from the area. It is also in the area but had her and R3, as she was assisting the time. LPN-A did hear directed at R3 and assisted the nurse instructed us to "keep after that. NA-A revealed R3 king sexual comments or however, R3 had never tent before to her knowledge. It was able to wheel his self lichair. 7/21 at 9:35 a.m., of R1 sleeping in the recliner located as on the SCU. No concerns						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245631	B. WING				C 1 7/2021
	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH KNISS, PO BOX 539	<u> </u>	17/2021
				L	UVERNE, MN 56156		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600	residents at the time comment to R3 "you that" and turned to two. She revealed the rest of R3 in eyesight. Observation on 3/11:00 p.m., of the considering in a recline table behind R3. St walking through the of R3, however, state area. Interview on 3/17/2 identified the only reany sexual behaviounless he is resting does not attempt to could assist others area consistently. Observation on 3/17 was sleeping in a reand R3 was seated an one-to-one active. Interview on 3/17/2 nurse (RN)-B identified the number of R3, however, state and R3 was seated an one-to-one active.	d her back towards the two e but had heard NA-A u cannot touch women like go assist with separating the he staff then kept R1 and R3 of the weekend and staff kept 7/21 at 12:42 p.m. through mmon area identified R3 was er. R1 was sitting at a small aff were observed frequently e common area for supervision iff were not consistently in the 1 at 12:50 p.m., with NA-A esident on the SCU that had rs was R3. Staff supervise R3 in a stationary chair as he get out. During that time, staff and not be in the common 7/21 at 2:00 p.m., identified R1 ecliner in the common area in a recliner with staff doing	F 6	600			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156	<u> </u>	, , , , , , , , , , , , , , , , , , , ,
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F 600	supervision of R3 of confirmed that R3 supervised while he to ensure R1's safe. Review of memo to staff were to super and female resider report to the RN im discussion or actio. Interview on 3/17/2 administrator reveasexual abuse he we put into place to en involved to prevent interventions into princident of the same the unit. He agreed followed for R1 and the second incident they were not to be been left alone at the occurred. He identified involving R3 "could facility could not prove the beneficial SCU stated R1 had no sunable to recall the facility did not proter resident and predict there was nothing at the first incident wire already a victim of	common area for constant during the evening shift. RN-A was now to be appropriately e was around other residents ety and any other resident's. It is staff dated 3/13/21, identified vise all interactions with R3 and interactions are witnessed. If at 4:17 p.m., with alled if a resident had identified ould expect interventions to be insure the safety of the resident interactions are witnessed. Staff put alled in a resident had not been do the care plan had not been do the care plan had not been do the care plan had not been do the intervention identified in the table and the second event if it is in the care producted as the edict that kind of behavior. Staff put if it is in place to protect the lo not want to move them off of unit if we do not need to". He signs of fear and R3 was event. He disagreed that the	F 60			

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	PROVIDER OR SUPPLIER ERANS HOME - LUVE	RNE		STREET ADDRESS, CITY, STATE, ZIP (1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		N SHOULD E APPROPF	BE	(X5) COMPLETION DATE
F 600	prevented the secon R2 but felt there was though staff documbehaviors to staff p. The Administrator in the SCU that had a behavior was R3. Review of the 11/19 Resident Protection abuse was any non with a resident. Will an individual, not was to inflict injury or has employee or volunt they were to report supervisor or office immediately ensure made to the facility per state and federa components were in staff were responsite were educated on have educated on have to assess, pla monitor residents we factors for abuse in and sensory deficits behaviors such as a rooms, wandering, inappropriate. Addit communication discresidents requiring dependent on staff, were to be identified resident involved at prevent future occuprotected from the staff.	ne facility should have and incident between R1 and as no way to predict R3, even ented R3 had known sexual rior to the incident with R3. Identified the only resident on any inappropriate sexual sexual contact ful meant deliberate actions of the her an individual intended rm. When any nursing home ever became aware of abuse, it immediately to the rof the day. That staff was to the proper notifications were leadership and state agency al requirements. Seven an place to prevent abuse. All the policy and services, and with needs and behaviors. Risk cluded a history of cognitive seaggressive behaviors, entering other residents'	F6	600			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIPLE CONSTRUCTION DING	` '	(X3) DATE SURVEY COMPLETED	
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		245031	B. WING			/17/2021
	PROVIDER OR SUPPLIER ERANS HOME - LUVE	RNE		STREET ADDRESS, CITY, STATE, ZIP COD 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156	'E	
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F 600	resident could be a environment, consideranges in location	dents as appropriate. If the	F6	600		
F 609 SS=D	Reporting of Alleger CFR(s): 483.12(c)(§483.12(c) In response		F 6	609		5/17/21
	involving abuse, ne mistreatment, inclusion source and misapp are reported immed hours after the alleg that cause the alleg serious bodily injury the events that cause and do not rethe administrator of officials (including to adult protective serfor jurisdiction in lor	re that all alleged violations glect, exploitation or ding injuries of unknown ropriation of resident property, liately, but not later than 2 gation is made, if the events ration involve abuse or result in a r, 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 ate law through established				
	designated represe accordance with St Survey Agency, with incident, and if the a appropriate correcti	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 ve action must be taken. NT is not met as evidenced				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
		245631	B. WING				C 1 7/2021
	PROVIDER OR SUPPLIER			13	REET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH KNISS, PO BOX 539 UVERNE, MN 56156		
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F 609	by: Based on interview facility failed to ensallegation of abuse the State Agency (ST.) Findings include Review of the 11/6 state agency (SA) NA-A was walking care unit (SCU) an R1 with his hand in verbalize what he was from the area. NA-(RN) on duty. The separated from earliterview on 3/17/2 identified on 11/6/2 between R1 and R notified immediate separated. Interview and docu 3:49 p.m., with the she was asked to the incident on 11/0 or the director of noting at some time in the work. The SA report occurred at 7:00 at the person submitting identified she had a quite some time be to the SA at 11:37 and Interview and docu	w and document review the sure 1 of 2 resident (R1)'s awas reported within 2 hours to SA). /20 at 11:37 a.m., report to the identified at 7:00 a.m., the up the hallway of the special d observed R2 sitting next to her shirt. R2 was unable to was doing and was removed A notified the registered nurse residents were to remain ch other. /1 at 10:31 a.m., with NA-A (0), she observed the interaction 2. The charge nurse was by after the residents were // (SW) identified complete the investigation of (S/21) by either the administrator cursing (DON). She was notified a morning after she arrived to retidentified the incident m. and indicted the SW was ing the SA report. The SW worked on the investigation for efore she reported the incident	F 6	09	1. R2 was moved off the Special C Unit (SCU) on 1/25/2021 and R3 w moved off the SCU on 3/22/2021 ir to further protect R1. R1 has not be involved in any further similar even the last event that occurred betwee and R3 on 3/13/2021. Facility has reported and will report other report incidents timely to OHFC. 2. All residents have the potential to affected. 3. Director of Nursing and Administ reviewed policy titled Vulnerable Adult/Resident Protection Plan on 4/6/2021. Facility staff will be educated Administrator or Designee regard the Vulnerable Adult/Resident Protection Plan Policy by 5/17/2021. Facility side educated by the Administrator or Designee regarding the Vulnerable Adult/Resident Protection Plan Policy 1/2021. Specifically, staff will be educated regarding reporting timeli incidents of potential abuse. 4. Audits will be conducted weekly weeks by the Administrator or Desifor 10 random staff to ensure each member has a good understanding reporting timelines for incidents of potential abuse as well as the Vulnandult/Resident Protection Plan Polical Adult/Resident Protection Plan Po	are as n order een ts since en R1 table table table rator ated by rding ection taff will r cy by nes for for 4 gnee staff of the erable cy. Quality	

OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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PROVIDER OR SUPPLIER	RNE		1	300 NORTH KNISS, PO BOX 539	1 00/	11/2021	
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unable to recall who incident on 11/6/21. identified she was r SW reported the incagreed the report was Interview on 3/17/2 administrator identification for abusing the facility at the timany allegation of abimmediately but no notification for abusing the seview of the 11/19 Resident Protection as nonconsensual sometimes and concluding the seven abuse, including the seven abuse, including se Any nursing home of exploitation, or missing home of exploitation of abuse supervisor, who was immediately to the administrator or despectively password are port allegations or hours. Investigate/Prevent CFR(s): 483.12(c) In response	The incident report provided notified at 12:25 p.m., after the cident to the SA. The DON ras not made within 2 hours. If at 4:18 p.m., with the fied he was not employed with ne of the incident but expected use to be reported later than 2 hours of se. If at 4:18 p.m., with the fied he was not employed with ne of the incident but expected use to be reported later than 2 hours of se. If a 4:18 p.m., with the fied he was not employed with ne of the incident but expected use to be reported later than 2 hours of se. If a 4:18 p.m., with the fied he was not employed with a resident abuse to reported later than 2 hours of se. If a 4:18 p.m., with the fied he was not employed with and abuse abuse to prevented later than 2 hours of sexual abuse sexual abuse sexual abuse and prevention. The sexual abuse, and prevention. The sexual abuse, mistreatment, neglect, appropriation shall the incident to their supervisor day. Staff were to report day. Staff were to report abuse administrator or designee. The signee with training and access for reporting was to f abuse to the SA within two process for reporting was to f abuse to allegations of abuse, where the abuse to allegations of abuse, where the abuse to allegations of abuse, where the access for abuse, and the access for abuse abuse, and the access for abuse abuse, and the access for access for access for abuse, and the access for access fo			next Quality Assurance meeting. 5. 5/17/2021		5/17/21	
must:	., or more dumont, the radiity						
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa unable to recall whe incident on 11/6/21. identified she was r SW reported the incagreed the report w Interview on 3/17/2 administrator identified facility at the time any allegation of ab- immediately but no notification for abuse Review of the 11/19 Resident Protection as nonconsensual services and the seven abuse, including see Any nursing home of becomes aware of exploitation, or misa immediately report or the officer of the allegations of abuse supervisor, who wa immediately to the a administrator or des security password a report allegations or hours. Investigate/Prevent CFR(s): 483.12(c)(2 §483.12(c) In respon neglect, exploitation	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 16 unable to recall when she was notified of the incident on 11/6/21. The incident report provided identified she was notified at 12:25 p.m., after the SW reported the incident to the SA. The DON agreed the report was not made within 2 hours. Interview on 3/17/21 at 4:18 p.m., with the administrator identified he was not employed with the facility at the time of the incident but expected any allegation of abuse to be reported immediately but no later than 2 hours of notification for abuse. Review of the 11/19/19, Vulnerable Adult and Resident Protection Plan identified sexual abuse as nonconsensual sexual contact with a resident. The policy was to protect residents from maltreatment and comply with existing laws by including the seven-step approach to preventing abuse, including sexual abuse, and prevention. Any nursing home employee or volunteer who becomes aware of abuse, mistreatment, neglect, exploitation, or misappropriation shall immediately report the incident to their supervisor or the officer of the day. Staff were to report allegations of abuse immediately to the supervisor, who was to report allegations immediately to the administrator or designee with training and security password access for reporting was to report allegations of abuse to the SA within two hours. Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c)(2)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility	PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 16 unable to recall when she was notified of the incident on 11/6/21. The incident report provided identified she was notified at 12:25 p.m., after the SW reported the incident to the SA. The DON agreed the report was not made within 2 hours. 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Investigate/Prevent/Correct Alleged Violation CFR(s): 483.12(c) (1)-(4) §483.12(c) In response to allegations of abuse, neglect, exploitation, or mistreatment, the facility	PROVIDER OR SUPPLIER TRANS HOME - LUVERNE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) Continued From page 16 unable to recall when she was notified of the incident to 11/6/21. The incident or 11/6/22 p.m., after the SW reported the incident to 11/6/21. The DON agreed the report was not made within 2 hours. Interview on 3/17/21 at 4:18 p.m., with the administrator identified he was not employed with the facility at the time of the incident but expected any allegation of abuse to be reported immediately but no later than 2 hours of notification for abuse. Review of the 11/19/19, Vulnerable Adult and Resident Protection Plan identified sexual abuse as nonconsensual sexual contact with a resident. 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	PROVIDER OR SUPPLIER ERANS HOME - LUVE	RNE		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156		
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F 610	violations are thoro §483.12(c)(3) Previneglect, exploitation investigation is in p §483.12(c)(4) Repoint extinction investigations to the designated represe accordance with St Survey Agency, with incident, and if the appropriate correct This REQUIREMEI by: Based on observative review, the facility from the corrective action to abuse of 1 of 1 resifor further abuse by Findings include: Review of the 11/6/state agency (SA) if	evidence that all alleged ughly investigated. ent further potential abuse, and, or mistreatment while the rogress. ort the results of all evadministrator or his or her entative and to other officials in atte law, including to the State and Evadministration of the State alleged violation is verified invevacion must be taken. Now is not met as evidenced sion, interview, and document alled to take appropriate prevent the subsequent dent (R1) who was at high risk of 2 of 2 residents (R2 and R3).	F 61	F610 □ Investigate/Prevent/Correct Alleged Violation 1. R2 was moved off the Special Card Unit (SCU) on 1/25/2021 and R3 was moved off of the SCU on 3/22/2021 order to further protect R1. R1 has been involved in any further similar since the last event that occurred be R1 and R3 on 3/13/2021. All reside	are as in not events etween nts will	
	(SCU) and observe hand in her shirt. R he was doing and w NA-A noticed the reach other. Review of the 11/10 investigation summidentified NA-A was	vay of the special care unit d R2 sitting next to R1 with his 2 was unable to verbalize what was removed from the area. Egistered nurse (RN) on duty. To remain separated from 0/21 at 11:37 a.m., ary submitted to the SA is walking up the hallway and next to R1 with his hand in		be reviewed to determine if they are higher risk of receiving sexual abus and/or determine if they have a hist sexual behaviors towards others. Tidentified as being at a higher risk or receiving sexual abuse, which inclu R1, will have a new vulnerability assessment completed and will be planned to be observed for signs of sexual abuse. Residents identified a history of sexual behaviors toward others, including R2 and R3, will ha	ee ory of hose of des care to have	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245631	B. WING		03/1	C 1 7/2021	
	PROVIDER OR SUPPLIER	ERNE	1	STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156	, , ,		
(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 CORREC' (EACH CORRECTIVE ACTION SHOI CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 610	residents and notificated last seen in the hall incident. R2 had deverbalize details of prior incidents between contacts were notificated no signs of distress the incident. R2's contacts were notificated incident. R2's contacts were notificated incident. R2's contacts were notificated incident. R2's contacts were resident from the area of the signal	ediately separated the ed the RN on duty. R2 was lway a few minutes prior to the ementia and was unable to the incident. There were no yeen the R1 and R2, all parties ied appropriately. There were is from either resident following are plan was updated to keep ions with female residents to om situations if inappropriate 2 was to be offered tivity when behaviors occurred. If at 2:03 p.m., report to the ed practical nurse (LPN)-C ervision in the SCU dining area. It chair with an over-bed table in was seated at a table N-C left the dining area to lent for the noon meal. Upon a was sitting in front of R1 with 1's knee and his left hand was if thand was reaching for R1's unsure if R2 actual contact esident was upset at the time was immediately removed in residents had no signs of a resident was upset at the time was immediately removed a resident was upset at the time was immediately removed and the second had the secon	F 610	new vulnerability assessment co and will be care planned to be of for signs of sexual aggression of behaviors towards others. 2. All residents have the potential affected. 3. Director of Nursing and Admir reviewed policy titled Vulnerable Adult/Resident Protection Plantot 4/6/2021. Facility staff will be ed the Administrator or Designee rethe Vulnerable Adult/Resident Properties and sexual behaviors town others. 4. Audits will be conducted week weeks by the Administrator or Droperties and sexual behaviors town others. 4. Audits will be conducted week weeks by the Administrator or Droperties and sexual behaviors town others. 4. Audits will be conducted week weeks by the Administrator or Droperties and sexual abuse of sexually abusing others. If any residents are identified, resident plantot will be audited to ensure interventions are in place and dea a vulnerability assessment may be completed. Audit results will be reported to the Quality Assurance Committee for review at the nex Assurance meeting. 5. 5/17/2021	oserved r sexual al to be histrator on ucated by garding otection ically, sexual ards ally for 4 esignee hine if the being high r high risk r of the 5 scare etermine if need to be e		

-	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245631	B. WING				C 1 7/2021	
	PROVIDER OR SUPPLIER	RNE		STREET ADDRESS, CITY, S 1300 NORTH KNISS, PO LUVERNE, MN 56156	BOX 539	00/	17/2021	
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F 610	recall the event. Imitimmediate separative reassigned to sit in during meals. R2 with checks. R2's care padministration reconscheduled document location. The interd 1/25/21, to discuss move R2 from the Separated from the residents resided. The any interventions of reviewed and interventions of reviewed and interventiated he had may be a seistance of 1 staff move independently wheelchair. R2's diawith and without be weakness, and a himpaired cognitive for a benign brain tumber in the residents and the residents are seeking. Staff were female residents are behaviors occurred.	mediate interventions included on of R2 from R1. R2 was the solarium out of sight of R1 as placed on frequent visual plan and treatment of were revised to include nation for staff visualize his isciplinary team (IDT) met on the incident and decided to SCU. R2 was placed on a unit SCU where only male the report made no mention of whether R1's care plan was rentions added to prevent	F 6	10				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245631	B. WING				C 1 7/2021
	PROVIDER OR SUPPLIER ERANS HOME - LUVE	RNE		1	TREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH KNISS, PO BOX 539 .UVERNE, MN 56156		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIC PREFIX (EACH CORRECTIVE ACTION SHOUL) TAG CROSS-REFERENCED TO THE APPROF DEFICIENCY)		BE	(X5) COMPLETION DATE
F 610	1) 12/20/20, R2 wa attempted to grab s assistance to transi 2) 1/23/21, R2 was towards staff and g during morning card 3) 1/28/21, R2 attembecause his believe 4) 1/31/21 R2 was a.m. cares and at lubuttocks. 5) 2/11/21, R2 put hand made sexually redirected R2. 6) 3/3/21, R2's behave a continued to have behaviors. R2 had documented over 5 sexual comments a member. During an interview RN-A identified R2 R2 used to reside a moving to the SCU sexually inappropriatistory of exit seeki until he was sexual resident. He was the (all male) and has have buring an interview NA-A identified R2 inappropriate with sup in the a.m. during toileting. R2 had a continued to grab a sexual resident.	gress notes identified on: s sexually inappropriate and staff's breasts during fer. sexually inappropriate rabbed staff in the groin area es. mpted to get into the SCU ed his wife was in the SCU. very "sexual during" during unch grabbed a staff member's his hand between an NA's legs inappropriate comments. Staff avior review charting identified ve occasional sexual 11 shifts with behavior is weeks. Three shifts included and grabbing at a staff on 3/17/21 at 9:50 a.m. with had poor cognition and insight. on the Red wing prior to . R2 had a history or being ate with staff. R2 also had a ng and was moved to the SCU ly inappropriate with another ten moved to the Green Wing	F	610			

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	PLE CONSTRUCTION G	CON	(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER ERANS HOME - LUVE	ERNE		STREET ADDRESS, CITY, STATE, ZIP CODE 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156			
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F 610	occurred a long time recall the date but with the day it or gotten R2 up in the the night staff to play him with poker chip staff assisted reside the last recliner on recliners in the complaced R2 on the owhere R1 was sittly the hallway, she owith his hand up R residents and repoimmediately. After supervise R2 where residents. Staff we from R2, and provipuzzles, and other more recent encour meal. R2 was transfollowing the incide During an interview the director of nurs R2 had a history of inappropriateness. unattended by staff providing a.m. care 1/23/21, R2 was led dining area. R2 appobserved being set sexually inappropriateness. R2 was able to mo and at times attem rooms. Staff were to gottom.	age 21 the ago. NA-A was unable to was working the day shift in the courred. The night staff had amorning. NA-A had instructed ace R2 at a table and provide to see to keep him occupied while ent with a.m. cares. R1 was in the right side of a bank of amon area. The night staff pposite side of the recliners ag. As NA-A was coming down oserved R2 sitting next to R1 and instructed the incident to the nurse the incident staff were to a he was around other female are to also keep R1 separated de R2 with distractions, activities. R2 had another activities. R2 had another anter with R1 during the noon aftered to the Green wing ant as that was an all male unit. If on 3/17/21 at 3:21 p.m., with ing (DON) identified R1 and another encounters involving sexual On 11/6/21, R1 was left and another residents. On a ft unattended in the SCU broached R1 and was at towards staff only prior to ot "on the radar" for sexual towards residents until 11/6/21. It was increased and supervise residents. Staff were trained	F 61				

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '		E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		245631	B. WING				C 17/2021
	PROVIDER OR SUPPLIER ERANS HOME - LUVE	RNE		13	TREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH KNISS, PO BOX 539 UVERNE, MN 56156	<u>1 00/</u>	11/2021
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 610	to redirect him whe second encounter with the action took place. Neither resident hat after the encounter.	n he had behaviors. R2's was less than one minute, and be outside of R1's clothing. d signs of distress during or . R2 was transferred to a and had no attempts to return	F6	310			
	R3 wheeled over to and placed one har to be reaching to go hand. Staff had take dining area and had minute before retur Staff intervened and and initiated an actino signs of distress						
	severe cognitive im behaviors during as extensive assist wit mobility, total assist assistance with am	rly MDS identified R1 had pairment. R1 had no seessment period, required h toileting, dressing, and bed tance with eating, and limited bulation and transfers. R1 had mer's dementia and anxiety.					
	impaired cognitive in related to dementia time, or situation. Recommunicate her no intervention was additional time.	plan identified R1 had functions and thought process . R1 was not aware of place, .1 was not able to eeds. On 11/6/20, an ded that staff were to keep R2 1/26/21, an intervention was					

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	PROVIDER OR SUPPLIER	RNE		13	TREET ADDRESS, CITY, STATE, ZIP CODE 300 NORTH KNISS, PO BOX 539 .UVERNE, MN 56156	<u> 00/</u>	17/2021		
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F 610	added that identifier R2 apart from each interaction between 3/15/21, an interver keep R3 away from interactions between R1's progress notes sexual abuse perpeto keep R1 and R2 supervision. Staff fain a second sexual was sexually assau another resident R3 facility identified R1 abuse related to he increased supervisi from occurring, nor known sexual beha increased risk to foother residents. Review of R1's 3/1/identified she had colimitation, and sens The assessment incomplete mention she was at following the 11/6/2 R3's 1/25/21, quarte severe impairment. during the assessmindependently, was once in his wheelch assist with Activities	d staff were to keep R1 and other and supervise any the two residents. On ation was added for staff to R1 and supervise any in the two. Is identified following the strated on R1 by R, staff were apart and provide appropriate abuse event on 1/26/21. R1 lted on 3/13/21 a third time by B. There was no mention the was at increased risk for redementia and required on to prevent further abuse identified residents with viors towards staff were at cus those behaviors towards 21, vulnerability assessment ognitive impairment, physical ory/communication limitations. dicated to see care plan for ntion plan. There was no increased risk for abuse 1 incident. Perly MDS identified he had No behaviors were noted ent period. R3 ate independent with locomotion air, and required extensive of Daily Living (ADL). R3's traumatic brain injury (TBI),	F6	610					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` '	TIPLE CONSTRUCTION	(×	(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BI THE APPROPRIA	
F 610	R3's current, undatimpaired cognitive is and impaired though of a motor vehicle are R3 also had mood anxiety disorders. Further and comments that On 7/27/18, staff we was being sexually continued, staff well place and re-approximate of the sexually in a separate of the sexually in a supervise interest and remove R3 from the behaviors occurred an activity in a separate of the sexually in a separate of the sexually in a separate of the sexually in a separate of the sexual in a sexual in a sexual in the	ed care plan identified R3 had function related to dementia ht processes related to history accident that resulted in TBI. affective disorder, sexual and R3 made impulsive decisions were sexually inappropriate. Here to redirect R3 firmly if he inappropriate and if behaviors are to remove him to a safe each later. Staff were to try pers or use 2 staff if needed to appropriate behaviors. On attion was added that staff were attions with female residents an situation if inappropriate. Staff were to distract R3 with a rate area if behaviors were a failed to identify R3 was at appropriate behaviors with the had the behaviors with staff appropriate sexual comments, and, physical limitations, unication limitation. He was no indicators for increased risk wards other residents. There taff accurately assessed R2 appropriate behaviors and was therefore at otential abuse of other	F6	510		
	R3 had special nee all interactions with	Resident Care Sheet identified ds as staff were to supervise female residents. If sexual, at behavior or comments.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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		245631	B. WING			03/1	17/2021
	PROVIDER OR SUPPLIER ERANS HOME - LUVE	RNE		13	TREET ADDRESS, CITY, STATE, ZIP CODE 800 NORTH KNISS, PO BOX 539 UVERNE, MN 56156		
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F 610	ensure R3 was dist supervised when ar Review of R3's beh through 3/16/21 ide 1) 1/7/21, R3 made staff inappropriately 2) 1/10/21, R3 made during cares. 3) 1/13/21, R3 was the staff during care 4) 1/15/21, R3 was the staff during care 4) 1/15/21, R3 was the staff. 5) 1/27/21, R3 had during the evening 6) 2/1/21, R3 made statements towards 8) 2/3/21, R3 making grabbing at staff during at staff during at staff during at staff during cares. 1) 2/2/21, R3 made comments towards 10) 2/6/21, R3 made comments towards 10) 2/6/21, R3 made during cares. 11) 2/22/21, R3 trie 2 times this shift. 12) 2/23/21, R3 caller "pull down their par 14) 3/13/21 (1:58 president's breast that 15) 3/13/21 (10:04) approach another for	ation staff were alerted to anced and appropriately round female residents prior. avior notes from 1/1/21 antified the following. On: several attempts to grab at and made sexual comments. It is esexual comments to staff making sexual comments to ese. making sexual comments to many sexual comments to esexual comments and staff to come over so he is breast. It is sexual comments and is staff during cares. When staff no comments and advancements are several sexually inappropriate staff. It is esexual comments to staff during cares to staff advancements and advancements are several sexually inappropriately discussed staff inappropriately discussed staff names and told staff to onts" The staff to grab a female in the staff and the staff to grab a female in the staff and the staff to grab a female in the staff and the staff to grab a female in the staff and the staff to grab a female in the staff and the staff to grab a female in the staff and the staff to grab a female in the staff and the staff to grab a female in the staff and the staff to grab a female in the staff and th	F	310			

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		245631	B. WING	i		C 03/17/2021
	PROVIDER OR SUPPLIER	RNE		STREET ADDRESS, CITY, STATE, ZIP 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156		00/11/2021
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F 610	periodically ask "horeferring to a femala 16) 3/14/21, R3 was staff members brea 17) 3/14/21, R3 matowards female staff 18) 3/15/21, R3 not comments to staff to the line of t	w about that little girl" e resident. s noted attempting to grab at a list during transfer. de several sexual comments if through the evening shift. ed to make frequent sexual hroughout shift. 1 at 9:15 a.m., with nursing entified she was the one who to between R1 and R3 that amon area of the Special Care is sitting in the recliner in the R3 was sitting in his by wall in front by R1. NA-A resident to the dining area and the common area, witnessed in top of R1's shirt over her is to stop as she walked eplied "she likes me". She nonverbal and smiled when in to remove R3 from the area. Is also in the area but had her ind R3, as she was assisting the time. LPN-A did hear directed at R3 and assisted the nurse instructed us to "keep after that. NA-A revealed R3 king sexual comments or however, R3 had never ent before to her knowledge. Was able to wheel his self	F 6	510		
	identified she was s	7/21 at 9:35 a.m., of R1 sleeping in the recliner located a on the SCU. No concerns ime.				

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		245631	B. WING				17/2021
	PROVIDER OR SUPPLIER ERANS HOME - LUVE	ERNE		130	REET ADDRESS, CITY, STATE, ZIP CODE 00 NORTH KNISS, PO BOX 539 IVERNE, MN 56156		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 610	identified he was sl wheelchair off to th area where an activity female residents with immediate area. Interview on 3/17/2 practical nurse (LP the common area or resident when R3 the scidents at the time comment to R3 "you that" and turned to two. She revealed it separated the rest R3 in eyesight. Observation on 3/1 1:00 p.m., of the considering in a reclinic table behind R3. Si walking through the of R3, however, state area. Interview on 3/17/2 identified the only rany sexual behaviounless he is resting	age 27 7/21 at 10:05 a.m., of R3 eeping while sitting in his e side of the room in the dining vity was taking place. No ere near. Staff were in the 1 at 11:50 a.m., with licensed N)-A identified she had been in on the SCU assisting another ouched R1 in the breast area. d her back towards the two e but had heard NA-A u cannot touch women like go assist with separating the the staff then kept R1 and R3 of the weekend and staff kept 7/21 at 12:42 p.m. through ommon area identified R3 was er. R1 was sitting at a small aff were observed frequently e common area for supervision aff were not consistently in the 1 at 12:50 p.m., with NA-A esident on the SCU that had ars was R3. Staff supervise R3 in a stationary chair as he oget out. During that time, staff	F 6	110			
	was sleeping in a re	7/21 at 2:00 p.m., identified R1 ecliner in the common area I in a recliner with staff doing					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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NAME OF I	PROVIDER OR SUPPLIER	243001	2		TREET ADDRESS, CITY, STATE, ZIP CODE	03/	17/2021
_	ERANS HOME - LUVE	RNE		13	300 NORTH KNISS, PO BOX 539 UVERNE, MN 56156		
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F 610	nurse (RN)-B identi supervisor on 3/13/ an incident with R1 breast. Later on that LPN had reported to making comments at R1 so the staff most at R1 so the supervision of R3 do confirmed that R3 would supervised while he to ensure R1's safe. Review of memo to staff were to supervised most aff were to supervised most and female resident report to the RN im discussion or action. Interview on 3/17/2 administrator reveat sexual abuse he would not put into place to ensitively expenditudent of the same the unit. He agreed followed for R1 and the second incident they were not to be been left alone at the occurred. He identification involving R3 "could"	ity with R3. 1 at 2:05 p.m., with registered fied she was the evening 21. Earlier in the day, R3 had where he touched R1's at same day in the evening, an o her R3 was talking to R1 of "that little girl" and pointing noved him to another unit to V. R3 did not get close to R1 unit was always staffed with ommon area for constant uring the evening shift. RN-A was now to be appropriately awas around other residents ty and any other residents ty and any other resident's. I staff dated 3/13/21, identified wise all interactions with R3 ts. Staff are to remove R3 and mediately if any inappropriate is are witnessed.	F 6	310			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		245631	B. WING _			C / 17/2021
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F 610	"The facility has poresidents and we of the beneficial SCU stated R1 had no sunable to recall the facility did not protereoccurrence. "You resident and predict there was nothing at the first incident win already a victim of supervision. Staff plans. He agreed the prevented the second R2 but felt there was though staff documbehaviors to staff porevented the second R2 but felt there was though staff documbehaviors to staff porevented the second R2 but felt there was though staff documbehavior was R3. Review of the 11/11 Resident Protection abuse was any nor with a resident. With an individual, not was to inflict injury or has employee or volunt they were to report supervisor or office immediately ensure made to the facility per state and feder components were staff were respons were educated on were to assess, plamonitor residents were staff were residents were sta	olicies in place to protect the lo not want to move them off of unit if we do not need to". He signs of fear and R3 was e event. He disagreed that the	F 61			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION DING	(X3) DAT	(X3) DATE SURVEY COMPLETED	
245631		B. WING		03	C / 17/2021	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1300 NORTH KNISS, PO BOX 539 LUVERNE, MN 56156		/11/2021
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F 610	and sensory deficits behaviors such as a rooms, wandering, inappropriate. Addit communication disc residents requiring dependent on staff. were to be identified resident involved ar prevent future occu protected from the attention was to inc safety for other resi resident could be at environment, consideration in location.	s, aggressive behaviors, entering other residents' and being socially cional risk factors included orders, nonverbal, and heavy care or are totally Appropriate interventions d and implemented for the nd all other residents to rrences. Residents were to be alleged offenders. Additional lude consideration to provide dents as appropriate. If the	F 6	510		



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered April 5, 2021

Administrator Mn Veterans Home - Luverne 1300 North Kniss, Po Box 539 Luverne, MN 56156

Re: Event ID: PT9511

Dear Administrator:

The above facility survey was completed on March 17, 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

P.O. Box 64970

Saint Paul, Minnesota 55164-0970

Phone: 651-201-4117

Email: melissa.poepping@state.mn.us

PRINTED: 04/20/2021 FORM APPROVED

Minnesota Department of Health STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING: С B. WING _ 00411 03/17/2021

NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	
MN VETI	ERANS HOME - LUVERNE		TH KNISS, E, MN 56156	PO BOX 539	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENC (EACH DEFICIENCY MUST BE PRECEDED REGULATORY OR LSC IDENTIFYING INFOR	BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Initial Comments		2 000		
	*****ATTENTION*****				
	NH LICENSING CORRECTION OF	RDER			
	In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 3/17/21, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found IN compliance with the MN State Licensure. The following complaints were found to be				

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

Electronically Signed 04/12/21

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TITLE

(X6) DATE

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		00411	B. WING			C 17/2021
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	·	
MN VET	ERANS HOME - LUVE	·KNF	RTH KNISS, E, MN 56156	PO BOX 539		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENC	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETE DATE
2 000	SUBSTANTIATED: H5631018C (MN70 orders were issued Minnesota Departm the State Licensing Federal software. The facility is enroll signature is not requage of state form.	H5631017C (MN67041), and 193), however NO licensing	2 000			

Minnesota Department of Health

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