

Protecting, Maintaining and Improving the Health of All Minnesotans

# State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL30638003M Date Concluded: May 9, 2022

**Compliance #:** HL30638004C

Name, Address, and County of Licensee

**Investigated:** 

Ecumen North Branch 383rd St. 19 North Branch, Mn 55056 Chisago County

**Facility Type: Assisted Living Facility with** 

**Dementia Care (ALFDC)** 

**Evaluator's Name:** 

Jana Wegener, RN - Special Investigator

Finding: Substantiated, facility responsibility

**Nature of Visit:** The Minnesota Department of Health investigated an allegation of maltreatment, in accordance with the Minnesota Reporting of Maltreatment of Vulnerable Adults Act, Minn. Stat. 626.557, and to evaluate compliance with applicable licensing standards for the provider type.

# Allegation(s):

It is alleged neglect occurred when the alleged perpetrator (AP), a staff member, failed to follow the residents plan of care which directed two staff to assist with transfers. The AP transferred the resident independently using the standing mechanical lift and the resident fell from the lift causing a skin tear, bruising, swelling, and pain to the residents' lower legs.

#### **Investigative Findings and Conclusion:**

Neglect was substantiated. The facility was responsible for the maltreatment. The facility failed to ensure the AP was competent and properly trained prior to providing care for residents. The AP was not trained and independently transferred the resident using a mechanical standing lift. The safety straps of the sling were not attached correctly and the resident fell out of the sling.

The investigation included interviews with facility staff including administrative staff, nursing staff, and unlicensed staff. The investigator reviewed the residents medical records, employee files, employee training, facility policy and procedures, and incident reports. Observations were

completed of the facility environment, staff and resident interactions, and mechanical lift transfers.

The residents medical record indicated the resident was admitted to the memory care unit with diagnoses including dementia, osteo arthritis, displaced femur fracture with delayed healing, and history of falls. The resident was severely cognitively impaired, required a secure memory care unit, and was receiving hospice services for end-of-life care.

The residents plan of care directed staff the resident required a physical assist of two staff and the EZ mechanical standing lift for all transfers. The plan of care indicated the second staff would physically assist the resident through the transfer to ensure safety.

A review of the residents' service delivery of care record indicated the AP was assigned to the resident's group (a list of resident's staff is responsible for on their shift) and documented providing the resident with physical assist of two staff and a mechanical standing lift to transfer the resident on the morning of the incident.

The facility investigation indicated the AP as a new employee who had only been working on her own a few days when she used a EZ stand mechanical lift to transfer the resident independently instead of using two staff assist. The resident fell in the EZ stand mechanical lift and the AP yelled for another unlicensed personnel (ULP) staff for assistance. The investigation indicated staff reported observing the resident kneeling on the standing lift platform with her right leg to one side, and the resident's wheelchair on top of her right foot, with the mechanical lift arms raised all the way up to the highest point, and only one side of the lift sling attached to the lift arms. The investigation indicated the resident was screaming and crying, and the two staff were unable to assist the resident up so they called for maintenance staff to help get the resident out of the lift.

The facility investigation indicated the EZ stand was inspected for operation and found to be in good working order. The sling used was the correct size for the resident. The investigation indicated staff failed to transfer the resident with two staff, failed to notify nursing, and did not report the incident to management or nursing until the following day during the morning meeting. The investigation indicated the AP was educated on reporting timely to prevent a delay in treatment.

The resident's progress notes indicated the evening after the incident occurred facility staff had reported to the on-call hospice nurse the resident had complaints of right ankle pain and documented the resident's right ankle appeared swollen. Staff was advised to give the resident pain medication and apply ice to the resident's ankle. The resident record had no documentation of the incident, assessment of the residents' injuries, monitoring, or actions taken by facility staff after the incident occurred.

The next morning, two days after the resident had fallen in the EZ stand mechanical lift, a hospice visit assessment note indicated the resident's left shin was bruised, her right ankle was painful and bruised, and she had swelling of her right lower leg. The note indicated the facility reported the resident had a fall due to incorrect use of the EZ stand, and an x-ray was ordered with no acute fracture or dislocation noted.

The resident's hospice notes indicated the resident continued to have pain in her right foot and ankle for 12 days following the incident.

The AP's personnel records included a blank document titled "On Site Mechanical Stand Transfer Form." The form included demonstration of competency for staff using the EZ way stand mechanical lift with a check list of competency skills including checking the residents care plan and ensuring the loops on the sling are properly attached to the lift arms. The document included a handwritten note that indicated "This is what is covered when skills are assessed". There was no indication the information was reviewed with the AP.

Email communication with RNCM indicated skills competency was documented on the "Assisted Living New Hire Competency Skills Check List", and the "On Site Mechanical Standing Lift Form" was used only as a reference for the nurses when completing staff competencies.

A review of the AP's "Assisted Living New Hire Competencies Skills Check List" indicated it was used to track competency of skills completed after the initial training. The document indicated the AP initial review date occurred nine days prior to the incident. However, the document indicated the AP had not completed the skills competency to use of mechanical lift for transfers at the time of the incident. The document indicated RNCM had verified the AP had completed competency two months after the incident occurred. The AP's personnel records had no other documentation of mechanical lift competency completed prior to the incident.

When interviewed facility nursing staff stated the AP had been working independently at the time of the incident and was assigned to her own group. The nurse stated staff did not report the incident until the following day.

The AP stated she was working independently assigned to a group on the memory care unit alone when the incident occurred. The AP stated she was getting the resident up and ready for the day and did not know the resident required two staff assist with the EZ stand mechanical standing lift.

Another unlicensed staff stated she was working with the AP the morning of the incident and they were each assigned a group (their own assignments and set of residents) on the memory care unit. The staff stated the resident fell in the EZ stand mechanical lift when the AP transferred the resident alone and did not connect the sling loops to the lift arms correctly. The staff stated the resident was yelling "OUCH, OUCH, OW, oh my God" and was crying in pain.

The staff stated they were not able to get the resident back onto the bed, so they called out to the maintenance staff for help.

When interviewed the maintenance staff stated he was doing his morning rounds when a staff called him to assist with lifting a resident who had fallen. The maintenance staff stated when he entered the residents' room she was yelling "Help me, help me", and was kneeling on the standing lift platform, hanging by one arm, with only one loop connected to the lift.

When interviewed the registered nurse (RN) stated one Monday morning during huddle at the start of the shift staff reported the resident had fallen out of the EZ stand mechanical lift the previous morning. The RN stated staff did not report the incident prior to that. The RN stated she had assessed the resident's injuries after being notified of the incident, however, a review of the resident record had no documentation an assessment was completed. The RN stated the AP had not been confirmed to be safe to work on her own yet.

An incident report completed by the RN two months after the incident occurred, and after the investigator was onsite indicated the AP accidentally dropped the resident while using the EZ stand mechanical lift. The incident report indicated a loop slipped off the lift arm and the resident was hanging in the lift by one arm and kneeling on the platform. The report indicated the resident received a skin tear on her right calf and had right foot pain following the incident.

In conclusion, neglect was substantiated. The facility was responsible for the neglect when they failed to ensure the AP was competent to follow the resident plan of care and operate a EZ stand mechanical standing lift prior to providing care for the resident.

## Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.

"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

## Neglect: Minnesota Statutes, section 626.5572, subdivision 17

"Neglect" means:

- (a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
- (1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
- (2) which is not the result of an accident or therapeutic conduct.
- (b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: Yes

Family/Responsible Party interviewed: Yes

Alleged Perpetrator interviewed: Yes

**Action taken by facility:** The facility provided education to the AP on EZ stand mechanical lift transfers and inspected the mechanical standing lift.

**Action taken by the Minnesota Department of Health:** The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:

https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

The responsible party will be notified of their right to appeal the maltreatment finding.

cc: The Office of Ombudsman for Long-Term Care

The Office of Ombudsman for Mental Health and Developmental Disabilities

Chisago County Attorney North Branch City Attorney

North Branch Police Department

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '		(X3) DATE SURVEY COMPLETED	
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		30638	B. WING		04/05/2022
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE (X6) DATE

Minnesota Department of Health

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0 620	for reporting maltreabuse prevention p (a) The assisted livit the requirements for maltreatment of vul 626.557. The facility implement a written cases of suspected. This MN Requirements by: Based on interview licensee failed to immunesota Adult Ab (MAARC) suspected residents (R1) review the facility failed to personnel, (ULP)-A care to residents. Usafety leg strap and attached to a EZ statement to a EZ statement are which indicated and the EZ stand mand the	Compliance with requirements atment of vulnerable adults; lan.  Ing facility must comply with	0 620			
	R1 was admitted to	the facility on May 18, 2021,				

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>l</b> `´´	E CONSTRUCTION	(X3) DATE COMP	SURVEY
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	_	uding coronary artery disease, femur fracture, dementia disturbances, and				
	2021, indicated the cognitively impaired memory care. The serious R1 was receiving here.	nent effective November 29, resident was severely and required a secure service agreement indicated ospice services and instructed pice nurse for questions, ates.				
	indicated R1 require two staff and a EZ st transfers. The servi	ffective December 15, 2022, ed physical assistance from stand mechanical lift for all ce plan indicated R1 required physically assist the resident				
	the Registered Nurse (RNCM)-E identified who had been work at the time of the inindicated the incided January 30, 2022, but until the following material during a nursing hur indicated ULP-A was and forgot she required assistance with the ULP-A transferred to investigation indicated investigation indicated investigation indicated investigation indicated from the lift by one platform, and her right wheelchair. The investigation in the investigation indicated from the lift by one platform, and her right wheelchair. The investigation in the investigation in the investigation.	r investigation completed by se Clinical Manager d ULP-A was a new employee sing on her own for a few days cident. The investigation nt occurred on Sunday out was not reported internally norning January 31, 2022, ddle. The investigation as getting R1 ready for the day nired two staff physical EZ stand mechanical lift and the resident alone. The ted ULP-A had not properly the lift and R1 fell. The ted R1 was observed hanging arm, with her knees on the ght foot sideways under her restigation indicated the retigition indicated the retigition indicated until the				

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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		
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	2022. The incident February 2, 2022, a eight hours after the	ng on Monday January 31, was reported to MAARC on at 4:20 p.m., three days and e incident occurred and over were made aware of the				
	wrote down what had and slid it under on the incident. ULP-G to work on her own getting R1 ready where the medication cart out of R1's room so she entered the room the lower part of her raised up to the high connected. ULP-G lift by the strap around kneeling on the plant to one side and her wheelchair. ULP-G crying "ouch ouch of stated R1 was in part went to the door and Technician (MT)-F indicated it was an help to get R1 up of for assistance. ULF assistance they we and indicated R1 which incident. ULP-G stated the incident to the RN of the incident to the incide	at 1:38 p.m. ULP-G stated she appened on a piece of paper e of the RN's doors the day of a stated ULP-A was assigned, and had asked ULP-A to start nile she finished something at . ULP-G stated ULP-A came creaming for help, and when om R1 had no safety strap on er legs and the lift arms were hest level with only one strap stated R1 was hanging in the und her belly and one loop, atform with her right leg cocked foot caught under her stated R1 was yelling in pain buch, ow, oh my God". ULP-G ain and they needed help, she d asked Maintenance to help lift the resident. ULP-G emergency and she needed r she would have to call 911 P-G stated with MT-F's re able to get R1 on the bed as still in pain after the ated she reported the incident ing morning stand up, but the part of the part of the portion of the port of the part of the p				
	till the next day durindicated she thought to the RN of indicated since ULF she was responsible.	ing morning stand up, but that it was within 24 hours. should have reported the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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		nechanical lift, but transferred				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION		l ` ′	(X3) DATE SURVEY COMPLETED	
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	the sling strap into to caused the sling strap arms were raised. If fell and was hanging her knees on the plant ground. RNCM-E stoccurred staff were incident immediately was not reported in RNCM-E stated a in and a report made Reporting Center (If becoming aware of she waited to report cooperate office revenue.)	stated ULP-A did not hook the lift all the way which rap to slip off when the lift RNCM-E stated as a result R1 g from the lift by one arm, with atform, and feet on the tated if any sort of incident expected to report the ly, and verified the incident ternally until the next day. Investigation should be done to the Minnesota Adult Abuse MAARC) with in 24 hours of the incident. RNCM-E stated to MAARC until after viewed the information from rmine if the incident was				
	Adult Maltreatment indicated the purpor for internal and external and external and external reatment of vultitled "Immediate Stallegation of Maltre intervene and ensuradult and immediate Assisted Living Direction indicated if neither withe on call RN. If the staff person, they will building immediately further notice. Section Maltreatment" indicated in the suspected abuse, in the suspected abuse.	Policy" dated July 17, 2021, se was to establish guidelines ernal reporting of potential nerable adults. Section 3. teps - Witnessed Incident or atment" indicated staff would re safety of the vulnerable ely notify the RN or Licensed ector (LALD). The policy were onsite staff were to notify e alleged perpetrator was a yould be directed to leave the ly and not return to work until ion 4. titled "Reporting ated any staff person who cts maltreatment of a I report the incident incident appears to be neglect, or financial exploitation and immediately make a report				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED		
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	immediately as no I receiving initial know The procedure indicated maltreatment occur immediately, and in was still unclear we report would be ma "Internal Investigation complete an incider appropriate notificate procedure indicated would complete an pertaining to the report maltreatment. Section indicated all staff we potential or suspect vulnerable adult and mandated reporters internal reporting prodirectly to MAARC.	tions under section 3. The I the RN, LALD, or designee internal investigation ort of potential or suspected on 6. titled "Education" ere educated on reporting ted maltreatment of a district their obligation to report as a their obligation included focess and the choice to report				
	days.	R CORRECTION: Seven (7)				
0 730 SS=D		ontents of resident record	0 730			
	following for each re (1) identifying information name, date of birth, number; (2) the name, address the resident's emergine representatives, and (3) names, address the resident's health providers, if known;	nation, including the resident's address, and telephone number of gency contact, legal d designated representative; es, and telephone numbers of and medical service				

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PREFIX (EACH D	DEFICIENCY	TEMENT OF DEFICIENCIES OF 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) COMPLETE DATE
0 730 Continued	From pa	ige 8	0 730			
allergies, a medication documenta records; (5) the resident conservator (7) the facing assessment (8) all records (9) documents the needs the appropriate profession (10) documents and review (13) document (14) a discording termination when applied (15) other chapter and status.  This MN R by:  Based on indicensee face and review (13) documents (14) and (15) other chapter and status.	and when a treatment on, and action, and action action action action action action action action, and action action; and action action action; and action action action action; and action	a the provider is managing nents or therapies that require d other relevant health dvance directives, if any; ealth care directives, vers of attorney, or rent and previous service plans; ommunications pertinent to the of significant changes in the nd actions taken in response to sident, including reporting to pervisor or health care of incidents involving the staken in response to the ent, including reporting to the isor or health care of that services have been ed in the service plan; of that the resident has received essisted living bill of rights; of complaints received and related documentation,				

Minnesota Department of Health

Minnesota Department of Health

	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	CONSTRUCTION	(X3) DATE COMP	SURVEY
		30638	B. WING		04/0	) 5/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, ST	TATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
0 730	injuries, changes in taken in response to and documentation supervisor or health one resident (R1) r	the resident, assessment of the resident condition, actions to the needs of the resident, of reporting to the appropriate a care professional for one of eviewed.  The din a level two violation (and tharm a client's health or evitential to have harmed a fety) and was issued at an enter one or a limited number of or one or a limited number of the situation has occurred th	0 730			
	The undated facility	investigation completed by				

Minnesota Department of Health

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>l</b> ` '	E CONSTRUCTION	` ′	ATE SURVEY OMPLETED	
	30638	B. WING		04/0	) 5/2022	
NAME OF PROVIDER OR SUPPLIER  ECUMEN NORTH BRANCH	5379 383F	DRESS, CITY, S RD STREET RANCH, MN	STATE, ZIP CODE 55056			
PREFIX (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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
who had been working at the time of the income Sunday January reported internally understigation indicated ready for the day and physical assistance lift and ULP-A transfers second staff member ULP-A had not propound R1 fell. R1 was lift by one arm, with and her right foot signatures in the investigation income injuries noted January 31, 2022, with was completed with investigation indicated of the incident on Feward Completed with noted.  A incident report compound of the facility in January 30, 2022, at the time of occurrent report indicated ULF independently with the when a strap slipped dropped. The report skin tear on her right incident report in family, and the manual the incident on January 30, 2021.	se Clinical Manager dulp-A was a new employee ing on her own for a few days cident. The incident occurred 30, 2022, but was not ntil the following morning, uring a nursing huddle. The ed ULP-A was getting R1 and forgot R1 required two staff with the EZ stand mechanical ferred the resident without a er. The investigation indicated erly connected R1 to the lift observed hanging from the her knees on the platform, deways under her wheelchair. dicated the resident did not until the following evening when a skin tear, pain, and foot was noted. The ed then Hospice was notified ebruary 1, 2022, and X-ray no fracture or dislocation  mpleted by RNCM-E on April and after the investigator indicated the fall occurred on and incorrectly documented are at 7:00 p.m. The incident P-A had transferred R1 the EZ stand mechanical lift of and the resident and indicated the resident and calf, and had right foot pain. Indicated R1's provider, ager on duty were notified of lary 31, 2022. The resident's mentation of notification of the	0 730				

Minnesota Department of Health

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Minnesota Department of Health

	I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	COMP	SURVEY
		30638	B. WING		04/0	) 5/2022
	PROVIDER OR SUPPLIER	5379 3831	DRESS, CITY, S RD STREET RANCH, MN	STATE, ZIP CODE 55056		
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
0 730	Continued From pa	ge 11	0 730			
	from January 3, 202 completed and included a	22, at 11:17 p.m. a ULP staff nospice RN that R1's ankle ollen, and indicated R1 was akle but it is painful. The ULP lorazepam and morphine to eep and manage pain and and indicated the clinical ow up tomorrow.  22, at 2:19 p.m. Licensed N)-C documented a message eregarding R1's right footed the need for an X-ray. X-ray order was obtained and				
	X-ray. LPN-C recei	n with repositioning during ved orders from hospice to er lift for all transfers.				
	information regarding on January 30, 202. EZ stand mechanic no documentation of the on call nurse, he family. R1's record assessment of injuries.	is notes failed to include any ing the incident that occurred 2, when R1 had a fall from the al lift. R1's facility record had of notification of the incident to ospice nurse, provider, or lacked documentation of ries, and monitoring of the injuries following the incident				
	hospice progress no 9:48 a.m. two days indicated a hospice the facility reported	spice records included a ote dated February 1, 2022, at after the incident occurred, RN had assessed R1 after the resident had a fall ect use of the EZ stand				

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Minnesota Department of Health

AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	CONSTRUCTION	COMP	SURVEY
	30638	B. WING		04/0	) 5/2022
NAME OF PROVIDER OR SUPPLIE	5379 383	DRESS, CITY, S'RD STREET	TATE, ZIP CODE 55056		
PREFIX (EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROIDEFICIENCY)	D BE	(X5) COMPLETE DATE
foot. The progres assessed R1 for shin was bruised touch. The RN id ankle were bruise pain. The RN ind weight, and R1's orders received for No acute fracture was updated. The indicated R1 comankle swelling and days following the 2022.  On April 5, 2022, she had complete injuries on Monda notified of the incompleted injuries on Monda notified of the incompleted and incident, however the staff involved provided.  On April 27, 2022 no incident report investigator was a should have notified they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report, resulting the staff involved provided they had incident report.	at resulted in injury to R1's right is note indicated the RN injuries and indicated her left right foot was tender to the ocumented R1's right foot and it and swollen with moderate cated R1 was unable to bear provider was notified, with or a portable X-ray to right foot. Is were identified, and the family is hospice record documentation inued to have right foot and id pain related the the fall for 12 incident until February 11,  at 10:33 a.m. RNCM-E stated and assessment of R1's and Incident until February 11,  at 10:33 a.m. RNCM-E stated and assessment of R1's and R1's facility record had no incident occurred. RNCM-E staff involved indicated R1's the time of the incident but R1 NCM-E stated staff had ident report at the time of the incident was at the time of the incident was at the time of the incident was the incident occurred and not. RNCM-E indicated the incident assessment, reporting of the incident was	0 730			

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	(X3) DATE SU COMPLE		
			7 50.25		C	
		30638	B. WING		04/05/	/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
0 730	Continued From pa	ge 13	0 730			
01300	dated July 25, 2022 accountable to ensign include information received including or provided, document in resident status at reporting to the apprending the resident response to the need pertinent details about to the appropriate status at the documentation relevant.  TIME PERIOD FOR (21) days	re titled "Resident Records" It, indicated all staff were ure the resident record would if applicable to services documentation of services tation of a significant change and actions taken including propriate supervisor or el documentation of incidents and actions taken in eds of the resident including out the incident and reporting upervisor, and other vant to the resident services.  R CORRECTION: Twenty-one ualifications, training, and	01300			
SS=F	All staff persons promust be trained and services consistent standards appropriate and promote and be assisted living bill of the licensee failed to end to be a services with curappropriate to the remployees (ULP-A)	oviding assisted living services of competent in the provision of with current practice ate to the resident's needs, at trained to support the frights.  The provision of the support is not met as evidenced and interview, the sure a unlicensed personnel and competent in the provision rent practice standards assidents' needs for one of one of reviewed. This had the life for the sure at the life for the support in the provision rent practice standards and competent in the provision rent practice standards are sidents' needs for one of one of the life for the li				

Minnesota Department of Health

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	I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		30638	B. WING		04/0	) 5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
ECUME	N NORTH BRANCH		RD STREET RANCH, MN	55056		
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
01300	Continued From pa	ge 14	01300			
	violation that did no safety but had the position client's health or sa widespread scope (or represent a system)	ed in a level two violation (a t harm a client's health or otential to have harmed a fety), and was issued at a (when problems are pervasive emic failure that has affected to affect a large portion or all				
	Findings include:					
	with diagnoses inclu	the facility on May 18, 2021, uding coronary artery disease, femur fracture, dementia disturbances, and				
	2021, indicated she impaired and require	nent effective November 29, was severely cognitively ed a secure memory care. nent indicated R1 was ervices.				
	indicated the residence assistance from two mechanical lift for a indicated R1 require	fective December 15, 2022, ant required physical staff and a EZ stand all transfers. The service planed the second staff to exercise resident through the transfer.				
	the Registered Nurse (RNCM)-E identified who had been work at the time of the in indicated ULP-A was and forgot R1 required assistance with the	investigation completed by se Clinical Manager d ULP-A as a new employee sing on her own for a few days cident. The investigation as getting R1 ready for the day red two staff physical EZ stand mechanical lift and dent alone. The investigation				

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Minnesota Department of Health

	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ´	CONSTRUCTION	(X3) DATE COMP	SURVEY
		30638	B. WING		1	) <b>5/2022</b>
NAME OF	PROVIDER OR SUPPLIER		, ,	TATE, ZIP CODE		
ECUMEN	N NORTH BRANCH		RD STREET RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	(X5) COMPLETE DATE
01300	to the lift and fell. The lift by one arm a with her right foot since A incident report co 5, 2022, at 5:22 p.m entered the facility, January 30, 2022, the time at 7:00 p.m ULP-A had transfer EZ stand mechanic and the resident drotthe lift by one arm a platform with her legindicated the resideright calf, and had must be competency Skill Compete	ant was not properly connected the resident was hanging from and kneeling on the platform deways under the wheelchair.  Impleted by RNCM-E on April and after the investigator indicated the fall occurred on and incorrectly documented and incorrectly documented and incident report indicated red R1 independently with the all lift when a strap slipped off opped. R1 was hanging onto and her knees were on the gs to the side. The report ant received a skin tear on her				
		mpleted prior to the incident				
	ULP-A's skill check 21, 2022, but ULP-A onsite training, and to work on her own RNCM-E indicated date ULP-A comple verified as compete mechanical lift but i	at 3:16 p.m. RNCM-E stated list was reviewed on January A had not completed her was not verified as competent at the time of the incident. she did not know the exact ted her training and was ent to operate a EZ stand indicated it was prior to March stated she was new to her				

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AND PLAN OF CORRECTION IDENTIFICATION NOWIBER.  A. BUILDING:	
	C
30638 B. WING	04/05/2022
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
ECUMEN NORTH BRANCH	
NORTH BRANCH, MN 55056	,
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE TAG DEFICIENCY)	
01300 Continued From page 16	
role, and did not document when ULP-A's competency was completed.  The facility provided schedule for January 30, 2022 indicated ULP-A was scheduled to train with ULP-G on the Prairie group in the memory care unit from 6:00 a.m. to 2:00 p.m. However, when reviewing the facility provided resident group lists for Ashton and Prairie with the services received record indicated ULP-A had documented providing care to resident's on the Prairie group from 6:00 a.m. till 2:00 p.m., and ULP-G documented providing care to resident's on the Ashton group from 6:00 a.m. till 2:00 p.m. ULP-D who was scheduled to work from 6:00 a.m. to 10:00 a.m. documented providing care to resident groups as a float.	
The January 30, 2022 schedule status log in record for devices used by all staff at the start of the shift to download the resident task list and care plans for the group they are assigned and document services delivered to residents during their shift indicated ULP-A logged in at 6:10 a.m., and the services received record indicated ULP-A documented providing cares to resident's on the Prairie group until 2:00 p.m. ULP-G logged in at 6:02 a.m. and the services received record indicated ULP-G documented providing cares to residents on the Ashton group until 2:00 p.m. The services received record and schedule status log in the record indicated ULP-A was not training with ULP-G at the time of the incident but was working independently on her own group the day of the incident and was assigned to R1 who resided on the Prairie group.  On April 5, 2022, at 9:17 a.m. ULP-A stated the incident happened around 6:00 a.m. or 7:00 a.m.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	l ` ′	E SURVEY PLETED
	30638	B. WING	_	l l	C <b>05/2022</b>
NAME OF PROVIDER OR SUPPL	IER STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ECUMEN NORTH BRANC		RD STREET BRANCH, MN	55056		
PREFIX (EACH DEFICI	STATEMENT OF DEFICIENCIES ENCY MUST BE PRECEDED BY FULL OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
stated she got if the edge of the around her bac arms, then click R1. ULP-A state correctly but wh strap unhooked the EZ stand lift she had never the and she though.  On April 15, 202 ULP-A was assess the day of the irrestrated the room screaming entered the room	an page 17 Indently with ULP-G. ULP-A R1 ready for the day, had her sit at bed, placed the green sling it, put the sling straps under her ed the safety waist strap around and she thought R1 was attached en she raised the lift arms up the and R1 fell and was dangling in tangled in the sling. ULP-A stated ransferred a resident alone before it the loop was clicked in.  R2, at 1:38 p.m. ULP-G stated gned to work on her own group cident. ULP-G asked ULP-A to ready while she was at the and ULP-A came out of R1's grow for help. ULP-G stated when she in R1 was dangling from the had no safety strap on the lower and the lift arms were raised up vel with only one strap connected. The trained ULP-A on the floor, and duling staff had texted her and the scheduling staff that ULP-A to be on her own, but indicated the was scheduled to work by a incident occurred with R1. The saw the scheduler the was scheduled to work by a incident occurred with R1. The saw the scheduler the was grow Tuesday after the incident wiedged ULP-G had voiced ULP-A working independently, do her the facility decided to put used to the facility decided to the facility decided to the facility decided to put used to the facility decided to the facility and the facility and the f				
•	concerns about her competency vorking independently and				

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Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
			7. DOILDING.			_
		30638	B. WING			5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056		
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PREFIX TAG	•	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)		COMPLETE DATE
01300	Continued From pa	ge 18	01300			
01300	operating mechanic told to "push ULP-A" ULP-D stated two swork 6:00 a.m. to 2 charge of Ashton grathe Prairie group or float shift they work and/or 10:00 a.m. to 0.00 a.m. to	cal lifts. ULP-D stated she was to do more on her own". staff were always scheduled to :00 p.m. with one staff in roup and one staff in charge of each side, and a if they had a sed 6:00 a.m. to 10:00 a.m.	01300			
	can document on a who was assigned a group for the shift. It assigned to ULP-A indicated if ULP-A who been working and a group as ULP-G that On April 5, 2022, at the incident happen reported Monday, Jamorning huddle. Removed working independent process was not condetermined to be consultational assigned to be consultational assigned to assigned to assigned to use as a signed to use as a signed to use a signed t	resident group is the staff and had downloaded that LPN-C stated R1 was on January 30, 2022, and was training she would have documenting on the same				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		<b>l</b> ` ´	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		30638	B. WING		04/0	; 5/2022
	PROVIDER OR SUPPLIER	5379 383F	DRESS, CITY, S RD STREET RANCH, MN	STATE, ZIP CODE <b>55056</b>		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01300	string which indicate safety concerns reg with scheduling state occurred. Additional requested for concerns regarding ULP-A's expression occurred to in the regarding would be decorrectly. The policy training and competency evaluates and would include the competency evaluates the train evaluation.  The policy and proceeding occurred to a registered receive training with test AND a skill denincluding safe transpother observed charant procedures in his ituations. The policy competency for according must be comprovided assistance.	ICM-E included an email ed ULP-G had expressed parding ULP-A's competency of the weekend the incident I documentation was erns reported by ULP-G that he email string and text competency and safety, none and procedure titled "Training ted August 1, 2021, indicated ocumented completely and y indicated a record of staff tency would be maintained the date of the training and/or tion, and the evaluator the employee successfully ing and competency edure titled "Assisted Living nsed Personnel Staff" dated ated in section 5. ULPs who in nursing assistant would a written or oral competency nonstration on required topics fer techniques, injuries and nges that must be reported, handling various emergency by indicated an evaluation of expeted documentation of empleted before the staff	01300			

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Minnesota Department of Health STATE FORM

PRINTED: 06/23/2022

Minnesota Department of Health				TORWINITROVED	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>l</b> `´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		30638	B. WING		C 04/05/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS. CITY. S	STATE, ZIP CODE	
			RD STREET	- · · · -, - · · · · · · · · · · · · · ·	
ECUMEN	NORTH BRANCH	NORTH B	RANCH, MN	55056	
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPLETE
01370	Continued From pa	ge 20	01370		
01370 SS=F		a) Training and evaluation of	01370		
	unlicensed personner (1) documentation in provided; (2) reports of change to the supervisor de (3) basic infection of pathogens; (4) maintenance of environment; (5) appropriate and hygiene and groom (i) hair care and basic (ii) care of teeth, guidevices; (iii) care and use of (iv) dressing and as (6) training on the properties of the perform them; (8) medication, exereminders; (9) basic nutrition, rand assistance with (10) preparation of licensed health professed health profess	safe techniques in personal ing, including: thing; ms, and oral prosthetic  hearing aids; and sisting with toileting; revention of falls; nce techniques and how to rcise, and treatment  neal preparation, food safety, eating; modified diets as ordered by a			

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family;

cultural background, and family;

(12) awareness of confidentiality and privacy;

between staff and residents and the resident's

(13) understanding appropriate boundaries

(14) procedures to use in handling various

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>l</b> ` ′	E CONSTRUCTION	COMP	SURVEY
		30638	B. WING		04/0	) 5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ECUME	N NORTH BRANCH		RD STREET RANCH, <b>M</b> N	55056		
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01370	Continued From pa	ge 21	01370			
		ns; and commonly used health ent and assistive devices.				
	by: Based on interview licensee failed to entrained and compersonnel (ULP) in one employees (ULP)	and record review, the sure a registered nurse (RN) tency-evaluated an unlicensed all required topics for one of P)-A with employee records the potential to affect all the facility.				
	violation that did no safety but had the president's health or widespread scope (or represent a system)	ed in a level two violation (a t harm a resident's health or otential to have harmed a safety) and was issued at a when problems are pervasive emic failure that has affected to affect a large portion or all				
	The findings include	<b>9</b> :				
	providing assisted I	January 11, 2022, and began iving cares to licensee's empleting skills competency				
	Registered Nurse Condicated ULP-A was been working on he time of the incident. ULP-A was getting not know R1 require assistance with the transfers. ULP-A transfers.	vestigation completed by the clinical Manager (RNCM)-E is a new employee who had it own for a few days at the The investigation indicated R1 ready for the day and did it is stand mechanical lift for ansferred R1 independently in The sling was not connected				

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AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
						•
		30638	B. WING			5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADD	DRESS. CITY. S	STATE, ZIP CODE		
			RD STREET			
ECUMEN NORTH BRANCH		RANCH, MN	55056			
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
01370	Continued From pa	ge 22	01370			
	properly to the mec from the lift.	hanical lift and the resident fell				
	Competency Skill Constitution Skills were reviewed However, the document were not verified constitution.	d "Assisted Living New Hire RA shecklist" indicated ULP-A's d on January 21, 2022. ment indicated ULP-A skills empetent until March 30, 2022, onths after the incident				
	evidence she succe skills evaluations as accordance with as the following areas: evaluations for all u include the following	training records lacked essfully completed practical required for training in sisted living 144G statutes in Training and competency nlicensed personnel must g: quirements for all services				
	the supervisor designation corporation corporation corporation corporation corporation corporations;  - maintenance of a					
	<ul> <li>care of teeth, gum</li> <li>care and use of he</li> <li>dressing and assistant and assistant and assistance with</li> <li>basic nutrition, me</li> <li>and assistance with</li> </ul>	earing aids; and sting with toileting; evention of falls; e techniques and how to esting preparation, food safety, eating; diffed diets as ordered by a				
	•	ills that include preserving the				

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	NT OF DEFICIENCIES I OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		30638	B. WING		04/0	5/2022
	PROVIDER OR SUPPLIER	5379 383R	DRESS, CITY, S RD STREET RANCH, MN	STATE, ZIP CODE  55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
01370	resident and the resident and fareawareness of consumers and residents are procedures to use emergency situation awareness of comequipment and assistant and	nt and showing respect for the sident's preferences, cultural mily; fidentiality and privacy; propriate boundaries between and the resident's family; in handling various hs; and monly used health technology	01370			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		` ′	(X3) DATE SURVEY COMPLETED	
	30638	B. WING		04/0	) 5/2022	
NAME OF PROVIDER OR SUPPLIER ECUMEN NORTH BRANCH	5379 383	DRESS, CITY, S RD STREET BRANCH, MN	STATE, ZIP CODE  55056			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUNCE CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	JLD BE	(X5) COMPLETE DATE	
amount of time for evaluation, name a instructor 's signal signature of the confrom the instructor the employee such and competency estaff person composed signature, staff person composed to the emprovided and procedure signal	inpetency evaluation, total the training and competency and title of the instructor, ture, name and title and impetency evaluator if different evaluator statement attesting to the training valuation, name and title of the leting the training, staff person valuation, name and title of the leting the training, staff person verson statement attesting they impleted the training as of the competency training, and or orientation will be applying at the time of the ing completion.  Indeedure titled "Assisted Living ensed Personnel Staff" dated cated in section 5. ULPs who do nursing assistant would the awritten or oral competency monstration on required topics after techniques, injuries and anges that must be reported, handling various emergency icy indicated an evaluation of completed before the staff	01370				
01380 144G.61 Subd. 2 ( SS=F unlicensed person	b) Training and evaluation of n	01380				
competency evalu	aragraph (a), training and ation for unlicensed personnel living services must include:					

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		` ′	ATE SURVEY OMPLETED	
		30638	B. WING		04/0	; 5/2022	
	PROVIDER OR SUPPLIER	5379 383F	RD STREET	STATE, ZIP CODE			
		NORTH B	RANCH, MN	55056			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE	
01380	Continued From pa	ge 25	01380				
	resident status; (2) basic knowledge changes in body fur observed changes appropriate person (3) reading and receand respirations of (4) recognizing physicand developmental (5) safe transfer ted (6) range of motion (7) administering more required.  This MN Requiremental by: Based on interview licensee failed to entrained and had confunctioned of one employed.	ording temperature, pulse,					
	violation that did no safety but had the president's health or widespread scope (or represent a system or has the potential of the residents).  The findings include ULP-A was hired or providing assisted limits.	ed in a level two violation (a t harm a resident's health or otential to have harmed a safety) and was issued at a when problems are pervasive emic failure that has affected to affect a large portion or all					

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMP	SURVEY
						<u> </u>
		30638	B. WING			5/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ECLIMEN	NORTH BRANCH	5379 383F	RD STREET			
LCONILI	I NORTH BRANCH	NORTH B	RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
01380	Continued From pa	ge 26	01380			
	Registered Nurse Control of the incident of th	Investigation completed by the Clinical Manager (RNCM)-E as a new employee who had be own for a few days at the The investigation indicated R1 ready for the day and did led two staff physical EZ stand mechanical lift for ansferred the resident without liber and R1 fell from the lift.  If "Assisted Living New Hire RA Checklist" indicated ULP-A's don January 21, 2022. The ment indicated ULP-A skills ompetent until March 30, 2022, onths after the incident				
	evidence she succe skills evaluations as accordance with as the following areas: evaluations for all uninclude the following - Observing, reporting status; - basic knowledge of changes in body fur observed changes in bo	ng, and documenting resident of body functioning and actioning, injuries, or other that must propriate personnel; ding temperature, pulse, and esident; cal, emotional, cognitive, and				
	<ul> <li>recognizing physic</li> <li>developmental need</li> <li>safe transfer technique</li> <li>range of motioning</li> </ul>	cal, emotional, cognitive, and ds of the resident; niques and ambulation;				

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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		
			7 50.25.,10.			·
		30638	B. WING			5/2022
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056		
( <b>V</b> 4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	COMPLETE DATE
01380	Continued From pa	ge 27	01380			
	required.					
	ULP-A's skill check 21, 2022, but ULP-A onsite training, and to work on her own RNCM-E indicated date ULP-A comple verified as compete mechanical lift but i 30, 2022. RNCM-E	at 3:16 p.m. RNCM-E stated list was reviewed on January A had not completed her was not verified as competent at the time of the incident. she did not know the exact sted her training and was ent to operate a EZ stand indicated it was prior to March stated she was new and did ULP-A's competency was				
	Documentation" efficient indicated training we completely and corrected of staff training maintained and work training and/or compand amount of time for the evaluation, name as instructor 's signature of the corrected from the instructor, the employee successfully confirm the instructor, the employee successfully confirm the signature, staff person complete sig	ective August 1, 2021, ould be documented rectly. The policy indicated a rig and competency would be ald include the date of the petency evaluation, total the training and competency and title of the instructor, are, name and title and impetency evaluator if different evaluator statement attesting essfully completed the training raluation, name and title of the eting the training, staff person between the training as of the competency training, and or orientation will be bloyee at the time of the edg completion.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	<b>l</b> ` ′	,		E SURVEY IPLETED	
			D MINO		c		
		30638	B. WING		04/0	5/2022	
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056			
(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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
02320	receive training with test AND a skill dentification including safe translother observed charant procedures in his situations. The policy competency for accompetency for accompetency for accompanied assistance.  TIME PERIOD TO (21) Days.	nursing assistant would a written or oral competency nonstration on required topics fer techniques, injuries and nges that must be reported, nandling various emergency by indicated an evaluation of epted documentation of empleted before the staff	01380				
SS=G	(b) Residents had care and other assistant continuity from people and competent to provide and the service plant.  This MN Requirement by: Based on observation review, the licensed were provided by intrained and competent and competent plant of care. Althous two staff when transstanding lift; ULP-A	ave the right to receive health sted living services with ple who are properly trained erform their duties and in to adequately provide the in the assisted living contract in.  ent is not met as evidenced on, interview, and record failed to ensure services dividuals who were properly ent for one of one residents, fall from a mechanical lift. If a property is a second staff to the residents individualized and R1 required assistance of sferring using the mechanical transferred R1 without a she mechanical lift and R1 fell without a she mechanical lift and R1 fell					

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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	
		30638	B. WING			C <b>05/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APPROPRIES (EACH)	OULD BE	(X5) COMPLETE DATE
02320	violation that harmed not including serious or a violation that has serious injury, impaissued at an isolate limited number of realimited number of situation has occurred. Findings Include:  R1 was admitted to with diagnoses included hypertension, right without behavioral costeoarthritis.  R1's service agreement and required and required the service agreement receiving hospice so call the hospice numbers.  R1's service plan endicated the resident assistance from two mechanical lift for a indicated R1 required physically assist the service on the indicated R1 required physically assist the service of the incident state of the incid	ed in a level three violation (a ed a resident's health or safety, is injury, impairment, or death, as the potential to lead to airment, or death), and was ed scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).  The facility on May 18, 2021, uding coronary artery disease, femur fracture, dementia	02320			

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		30638	B. WING		04/0	) 5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET			
			RANCH, MN			T
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02320	the resident alone. resident was not profell. The resident was arm and kneeling of foot sideways under investigation indicated January 30, 2022, which is the following of during a nursing humany 31, 2022, which was reported investigation indicated the incident the until February 1, 2022, the with no acute fraction of the incident the until February 1, 2022, the with no acute fraction of the incident of the facility documentated Hire RA Competent ULP-A's skills were 2022. However, the had not been verificated the facility as lift resolved incident of the facility as lift resolved incident was reducation on use of the incident was reducated to the incident was reducated and not completed using a mechanical residents at the times.	nechanical lift and transferred. The investigation indicated the operly connected to the lift and as hanging from the lift by one in the platform with her right in the wheelchair. The ted the incident occurred on was not reported to the facility norning January 31, 2022, ddle. The resident did not insuntil the evening of when a skin tear pain and ed to the hospice RN. The ted hospice was not notified of all the following day on the near X-ray was completed are or dislocation noted.  It ion titled "Assisted Living New by Skill Checklist" indicated ure or dislocation noted.  It is document indicated ULP-A and as competent to perform ration of the EZ stand March 30, 2022, two months occurred.  Inchanical Stand, identified by reducation dated February 2, ICM-E provided coaching and the EZ stand mechanical lift. Inpetency completed prior to quested, none was provided. It is training and competency for standing lift to transfer.	02320			
		22, to March 31, 2022, was				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		l \	(X3) DATE SURVEY COMPLETED	
		30638	B. WING		1	C <b>05/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
FCUMEN	NORTH BRANCH	5379 383	RD STREET			
LOOME	- HORTH BRANGH	NORTH E	BRANCH, MN	55056		T
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUTH CROSS-REFERENCED TO THE APPROPRIEMENCY)	ULD BE	(X5) COMPLETE DATE
02320	Continued From pa	ge 31	02320			
	completed and inclu	uded the following:				
	reported to on call happeared to be swo able to move her arwas advised to give to R1 to help her sleapply ice to ankle, a manager would follow - On February 1, 20 Practical Nurse (LP was sent to hospice pain, and questione LPN-C indicated a R1 experienced pair X-ray. LPN-C received	22, at 11:17 p.m. a ULP staff nospice RN that R1's ankle ollen, and indicated R1 was akle but it is painful. The ULP a lorazepam and morphine to eep and manage pain and and indicated the clinical ow up tomorrow.  22, at 2:19 p.m. Licensed N)-C documented a message a regarding R1's right foot at the need for an X-ray. X-ray order was obtained and in with repositioning during fived orders from hospice to the lift for all transfers.				
	information regarding on January 30, 202. EZ stand mechanic no documentation of the on call nurse, he family. R1's record assessment of injurresidents pain and injurresidents pain and in until resolved.  A review of R1's hourse.	ng the incident that occurred 2, when R1 had a fall from the al lift. R1's facility record had of notification of the incident to ospice nurse, provider, or lacked documentation of ries, and monitoring of the injuries following the incident spice records included a				
	9:48 a.m. two days indicated a hospice the facility reported involving the incorremechanical lift that foot. The progress	ote dated February 1, 2022, at after the incident occurred, RN had assessed R1 after the resident had a fall ect use of the EZ stand resulted in injury to R1's right note indicated the RN uries and indicated her left				

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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		
		30638	B. WING	_		5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ECLIMEN	N NORTH BRANCH	5379 383F	RD STREET			
LOONILI	NORTH I		RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
02320	Continued From pa	ge 32	02320			
	touch. The RN doc ankle were bruised pain. The RN indicated weight, and R1's proders received for No acute fractures was updated. The hindicated R1 continuankle swelling and days following the in 2022.  A incident report co 5, 2022, at 5:22 p.m.	ght foot was tender to the cumented R1's right foot and and swollen with moderate ated R1 was unable to bear ovider was notified, with a portable X-ray to right foot, were identified, and the family nospice record documentation ued to have right foot and pain related the the fall for 12 notident until February 11,  mpleted by RNCM-E on April of a fill occurred on a findicated the fall occurred on a findicated the fall occurred on a fill occurred on a fill occurred on the fall occurred				
	January 30, 2022, athe time of occurrence report indicated UL independently with when a strap slipped dropped. The report skin tear on her right The incident report.	indicated the fall occurred on and incorrectly documented nee at 7:00 p.m. The incident P-A had transferred R1 the EZ stand mechanical lift of and the resident indicated the resident had a nt calf, and had right foot pain. Indicated R1's provider, nager on duty were notified of uary 31, 2022.				
	she completed an a Monday January 31 the incident. However had no record of a and R1's facility recincident occurred. For staff involved indications of the incident RNCM-E stated stareport at the time of the me of the time	assessment of R1's injuries on 2022, after being notified of ver, the facility documentation assessment being completed, and had no documentation the RNCM-E stated unlicensed ated R1's ankle hurt a bit at the but R1 "seemed fine". If had completed an incident of the incident, however no pleted by the staff involved at lent was provided				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	CONSTRUCTION	1 ` ′	(X3) DATE SURVEY COMPLETED	
	30638	B. WING			C <b>05/2022</b>	
NAME OF PROVIDER OR SUPPLIER ECUMEN NORTH BRANCH	5379 383F	DRESS, CITY, STREET RANCH, MN	TATE, ZIP CODE 55056			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE	
was working indep EZ stand lift, and a EZ stand mechanicul. P-A stated R1 f stand lift. ULP-A stand lift. ULP-A stated she had new before that, and the ULP-A stated she two assist with train plan of care before the resident.  On April 5, 2022, a reported on Januar huddle R1 had a famechanical lift the stated ULP-G reported on Januar huddle R1 had a famechanical lift the stated ULP-G reported staff did not call nurse. LPN-C January 31, 2021 staff noted her and LPN-C stated state notified of the incident of	age 33  at 9:17 a.m. ULP-A stated she endently, attached R1 to the eas she raised the lift arms of the cal lift a strap came unhooked. Ell and was dangling in the EZ stated R1 was crying and stated P-A stated R1's ankle was and bent backwards. ULP-A ver transferred a resident alone ought the loop was clicked in. had forgotten R1 required a resident alone ought the loop was clicked in. had forgotten R1 required a resident alone ought the loop was clicked in. had forgotten R1 required a resident alone ought the loop was clicked in. had forgotten R1 required a resident and transfer and transfer with 10:05 a.m. LPN-C stated staff ry 31, 2022, during morning all from the EZ stand previous morning. LPN-C orted ULP-A had transferred R1 sling was not hooked up one side attached. LPN-C orted ULP-A had transferred R1 sling was not hooked up one side attached. LPN-C orted the incident to the on stated during a night shift on R1 had complaints of pain and cle was swollen and painful. The led the hospice nurse was not dent until February 1, 2022, done with no acute fracture.  At 11:01 AM Maintenance stated he was doing my nen one of the ULP's asked for at who fell in the lift. MT-F tered R1's room the lift sling d only one loop was hooked to shanging the one hooked side, the platform, and feet were on under and right next to the bed.					

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
			D AMINIO		С	
		30638	B. WING		04/0	5/2022
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
ECUMEN	N NORTH BRANCH	NORTH B	RANCH, MN	55056		
(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 APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
02320	Continued From pa	ge 34	02320			
UZSZU	MT-F stated R1 was and crying. MT-F stated R1 was and crying. MT-F stated incident to anyone.  On April 5, 2022, at the incident happer reported Monday, J morning huddle. RN working independed process was not confirmed to be saful. ULP-A failed to che R1 required two states ul. P-A did not hook the way which caus when the lift arms wh	s yelling "Help me, help me" rated he did not report the atted he did not report the atted he dover the weekend and was anuary 31, 2022, during NCM-E stated ULP-A was ntly, but her orientation ampleted and she had not been se on her own. RNCM-E stated ck R1's care plan indicating aff assist. RNCM-E stated at the sling strap into the lift all sed the sling strap to slip off overe raised up causing R1 to the lift by one arm with her rm, and feet on the ground. It is injuries on Monday January and gnotified of the incident. It is documentation had no ment being completed, and also the incident occurred. It is incident of the incident, and the incident was in R1's atted if any sort of incident etter the incident until the staff immediately. RNCM-E to report the incident until the attention the incident until the				
	was hanging in the belly and one loop,	at 1:38 p.m. ULP-G stated R1 lift by the strap around her kneeling on the platform with I to one side and her foot				

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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		
		30638	B. WING			C <b>)5/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE	_	
ECHMEN	NORTH BRANCH	5379 383F	RD STREET			
ECOME	N NORTH BRANCH	NORTH B	RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES  'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
02320	was yelling in pain of my God". ULP-G sineeded help, she will Maintenance Technology help lift the resident emergency and she got for assistance, assistance they were and indicated she will incident. ULP-G stareport the incident, called the on call nuincident till the next but within 24 hours. On April 27, 2022, and incident report will investigator was on should have notified immediately after the verified they had not incident report, resident report, resident report, resident was review ULP-A had not competent was not verified as at the time of the incident report will be completed her train competent but indicated as at the time of the incident report. The facility policy are facility policy a	heelchair. ULP-G stated R1 crying "ouch ouch ouch, ow oh tated R1 was in pain and they ent to the door and ician (MT)-F and asked him to to ULP-G indicated it was an eneeded to get R1 up or call ULP-G stated with MT-F's re able to get R1 on the bed was still in pain after the ted she did not immediately and stated she should have urse, but did not report the day during morning stand up after the incident.  at 3:16 p.m. RNCM-E verified was completed until after the site. RNCM-E stated staff of the on call nurse the incident occurred and ot. RNCM-E indicated the	02320			
	Residents", dated J	uly 17, 2021, instructed staff sident is safe 2. Immediately				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
					С	
		30638	B. WING		04/0	5/2022
NAME OF I	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
	staff will update the from the nurse. 4. So were to complete at the same to the qualicensed Assisted I. Nurse Manager 5. The assessment of the reasonable following document in the respective incident involving the assessment including The physician, and be notified of the increcord lacked any document of a incident occurred, as In addition, facility of assessment of injurincident occurred, as monitoring injuries of taken after the incident occurred and procedured Assessment of the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and on changes in the respective to the indicated the RN worker-assessment and the indicated the RN worker-ass	site 3. If no nurse is available on call RN, and get direction staff discovering the incident in incident report and provide ality management team via the Living Director, or Clinical The nurse would complete an resident in a time frame that is githe incident. The nurse will esident chart the details of any he resident and their ing follow up actions taken. 7. resident representative would cident and documented. R1's documentation of the incident, ident report at the time the and appropriate notifications. documentation lacked any ries completed after the and had no evidence of until resolved, or plan of action				
	exploitation; and all	forms of maltreatment Vulnerable Adults Act.				

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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		
		30638	B. WING		C 04/05/2022	2
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
ECUMEN	ECUMEN NORTH BRANCH NORTH B			55056		
(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 SHOUL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	D BE COMP	
02360	Continued From pa	ge 37	02360			
	by: Based on observations review, the licensee	ent is not met as evidenced ons, interviews, and document failed to ensure one of one ewed were free from vas neglected.		No Plan of Correction (PoC) requi Please refer to the public maltreat report (report sent separately) for of this tag.	ment	
On April 5, 2022, the Minnesota Department of Health (MDH) issued a determination that neglect occurred for R1, and the facility was responsible for the maltreatment in connection with incidents which occurred at the facility. The MDH concluded there was a preponderance of evidence that maltreatment occurred.						
03000 SS=D	believe that a vulne been maltreated, or vulnerable adult has which is not reason immediately report to common entry point vulnerable adult sol admitted to a facility required to report so individual that occur unless:  (1) the individual was another facility and believe the vulnerable previous facility; or (2) the reporter know that the individual is	orter who has reason to rable adult is being or has who has knowledge that a sustained a physical injury ably explained shall the information to the t. If an individual is a ely because the individual is a, a mandated reporter is not uspected maltreatment of the red prior to admission, as admitted to the facility from the reporter has reason to ble adult was maltreated in the ws or has reason to believe a vulnerable adult as defined , subdivision 21, paragraph	03000			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	
	30638	B. WING		04/0	; 5/2022
NAME OF PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
ECUMEN NORTH BRANCH		RANCH, MN	55056		
PREFIX (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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
provisions of this set described above.  (c) Nothing in this set known or suspected knows or has reason been made to the control (d) Nothing in this sereporter from also reagency.  (e) A mandated reporter as to believe the 626.5572, subdivision. If the resubdivision. If the resubdivision. If the resubdivision agency determine that the resubdivision 17, parareporter or facility mentry point or directly agency information meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information when meets the criteria unsubdivision 17, pararelead investigative agency information agency informat	puired to report under the ection may voluntarily report as ection requires a report of a maltreatment, if the reporter in to know that a report has ommon entry point. Ection shall preclude a eporting to a law enforcement orter who knows or has at an error under section on 17, paragraph (c), clause make a report under this eporter or a facility, at any time estigation by a lead y will determine or should eported error was not neglect eria under section 626.5572, agraph (c), clause (5), the may provide to the common by to the lead investigative explaining how the event explaining how the explaining how the explaining how the event explaining how the	03000			

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	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED	
					С	
		30638	B. WING		04/0	5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056		
(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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
03000	violation that did no safety but had the president's health or cause serious injury was issued at an isolimited number of realimited number of situation has occurr. Findings Include:  R1 was admitted to with diagnoses includy hypertension, right without behavioral costeoarthritis.  R1's service agreement 2021, indicated the cognitively impaired memory care. The service has receiving he staff to call the hosp concerns, and updated R1's service plan endicated R1 required two staff and a EZ set transfers. The service has each of the second staff to the second sta	ed in a level two violation (a tharm a resident's health or obtential to have harmed a safety, but was not likely to y, impairment, or death), and plated scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).  The facility on May 18, 2021, adding coronary artery disease, femur fracture, dementia disturbances, and  The effective November 29, resident was severely and required a secure service agreement indicated pospice services and instructed pice nurse for questions, ates.  The effective December 15, 2022, and physical assistance from stand mechanical lift for all ce plan indicated R1 required physically assist the resident of investigation completed by the Clinical Manager of ULP-A was a new employeering on her own for a few days	03000			
		cident. The investigation				

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	F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMPLETED	
		30638	B. WING		04/0	) 5/2022
	OVIDER OR SUPPLIER	5379 383F	DRESS, CITY, S RD STREET RANCH, MN	STATE, ZIP CODE 55056		
(X4) ID PREFIX TAG	RÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODE DEFICIENCY)	D BE	(X5) COMPLETE DATE
in Jet nin a a Lett pir fi p w n a w w a d A 5 e Jet rin w d s T F 2 o Net N	anuary 30, 2022, to management or incorning January 31 andicated ULP-A was and did not know Russistance with the JLP-A transferred to be mechanical start roperly connected investigation indicated until the event skin tear, pain, and an X-ray was considered until the event skin tear, pain, and an X-ray was considered of the incident report considered the facility includes an anuary 30, 2022, at 5:22 p.m. anuary 30, 2022, at	nt occurred on Sunday out was not reported internally nursing until the following 1, 2022. The investigation is getting R1 ready for the day 1 required two staff physical EZ stand mechanical lift. The resident independently with ading lift. ULP-A had not R1 to the lift and R1 fell. The fed R1 was observed hanging farm, with her knees on the gold foot sideways under her sident did not have injuries aing of January 31, 2022, when ad swelling of her right foot restigation indicated Hospice incident on February 1, 2022, completed with no fracture or might foot sideways under her sident did not have injuries aing of January 31, 2022, when a swelling of her right foot restigation indicated Hospice incident on February 1, 2022, completed with no fracture or might foot pain. The incident P-A had transferred R1 the EZ stand mechanical lift doff and the resident to indicated the resident to tindicated the incident occurred (a) 30, 2022, at 8:00 a.m. The cated staff had not reported to following morning on (a) 2022. The incident was con February 2, 2022, at 4:20 and February 2, 20	03000			

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	OF CORRECTION	CORRECTION IN TORNITIEICATION NUMBER: IN TORNITIEICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		
	30638		B. WING	_	<b>I</b>	C <b>05/2022</b>
	PROVIDER OR SUPPLIER	5379 383F	DRESS, CITY, ST RD STREET RANCH, MN	TATE, ZIP CODE 55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETE DATE
03000	occurred and over a aware of the incider of the incider on the incident. ULP-G to work on her own getting R1 ready where the lower part of he raised up to the hig connected. ULP-G lift by the strap around the side and her wheelchair. ULP-G and they needed he hallway and asked (MT)-F to help lift the reported the incider stated she should he the RN on call but of ULP-A was working responsible to report of the reported the incider stated she should here who was working responsible to report of the report of the incider stated she should here the RN on call but of ULP-A was working responsible to report of the incider stated she should here the RN on call but of ULP-A was working responsible to report of the incider stated she should here the RN on call but of ULP-A was working in 2022. LPN-C stated initially reported to here inciders the incider of th	d eight hours after the incident 24 hours after staff were made at 1:38 p.m. ULP-G stated she appened on a piece of paper e of the RN's doors the day of a stated ULP-A was assigned and had asked ULP-A to start alle she finished something at ULP-G stated ULP-A came areaming for help, and when am R1 had no safety strap on a legs and the lift arms were thest level with only one strap stated R1 was hanging in the lind her belly and one loop, afform with her right leg cocked foot caught under her stated R1 was yelling in pain allel pso they stepped into the Maintenance Technician are resident. ULP-G stated she are the next morning. ULP-G ave reported the incident to did not, and indicated since a independently she was	03000			
	On April 5, 2022, at	all nurse as they should have.  10:33 a.m. RNCM-E stated  led over the weekend and was				

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NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5379 383RD STREET  NORTH BRANCH, MN 55056  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (A) ID PR		STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:			(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  5379 383RD STREET  NORTH BRANCH, MN 55056			20620	B. WING		1		
ECUMEN NORTH BRANCH  NORTH BRANCH, MN 55056			30636			1 04/0	15/2022	
NORTH BRANCH NORTH BRANCH, MN 55056	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, ST	TATE, ZIP CODE			
NORTH BRANCH, MN 55056	ECLIME		5379 3831	RD STREET				
(VALID SLIMMARY STATEMENT OF DEFICIENCIES ID DEOLIDED'S DI ANI OE CODDECTION (	ECOME	N NOR I II BRANCI	NORTH B	RANCH, MN	55056			
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COM		(EACH DEFICIENCY	MUST BE PRECEDED BY FULL		CROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETE DATE	
not reported by staff involved until Monday, January 31, 2022. RNCM-E stated ULP-A failed to check R1's care plan which directed R1 required two staff assistance and the EZ stand mechanical lift and ULP-A transferred R1 alone. RNCM-E stated if any sort of incident occurred staff were expected to report the incident immediately, and verified the incident was not reported internally until the next day. RNCM-E stated a investigation should be done and a report made to the Minnesota Adult Abuse Reporting Center (MAARC) with in 24 hours of becoming aware of the incident. RNCM-E stated she waited to report to MAARC until after cooperate office reviewed the information from the incident to determine if the incident was reportable.  The facility policy and procedure titled "Vulnerable Adult Maltreatment Policy" dated July 17, 2021, indicated the purpose was to establish guidelines for internal and external reporting of potential maltreatment of vulnerable adults. Section 3. titled "Immediate Steps - Witnessed Incident or Allegation of Maltreatment" indicated staff would intervene and ensure safety of the vulnerable adult and immediately notify the RN or Licensed Assisted Living Director (LALD). The policy indicated if neither were onsite staff were to notify the on call RN. If the alleged perpetrator was a staff person, they would be directed to leave the building immediately and not return to work until further notice. Section 4. titled "Reporting Maltreatment" indicated any staff person who witnesses or suspects maltreatment of a vulnerable adult will report the incident immediately. If the incident appears to be suspected abuse, neglect, or financial exploitation the RN or LALD would immediately make a report to the common entry point. The policy defined	03000	not reported by staff January 31, 2022. It to check R1's care required two staff a mechanical lift and RNCM-E stated if a staff were expected immediately, and vereported internally ustated a investigation report made to the Reporting Center (Note that incident to determine the incident of will titled "Immediate Stallegation of Maltre intervene and ensurable and immediate further on call RN. If the staff person, they we building immediately further notice. Section Maltreatment" indicated in the indicated in	finvolved until Monday, RNCM-E stated ULP-A failed plan which directed R1 ssistance and the EZ stand ULP-A transferred R1 alone ny sort of incident occurred to report the incident erified the incident was not until the next day. RNCM-E on should be done and a Minnesota Adult Abuse MAARC) with in 24 hours of the incident. RNCM-E stated to MAARC until after viewed the information from rmine if the incident was and procedure titled "Vulnerable Policy" dated July 17, 2021, se was to establish guidelines ernal reporting of potential nerable adults. Section 3. Leps - Witnessed Incident or atment" indicated staff would be ely notify the RN or Licensed ector (LALD). The policy were onsite staff were to notify the alleged perpetrator was a rould be directed to leave the y and not return to work until on 4. titled "Reporting ated any staff person who cts maltreatment of a report the incident noident appears to be reglect, or financial exploitation uld immediately make a report					

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· '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		30638	B. WING		04/0	) 5/2022
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
ECHMEN	NORTH BRANCH		RD STREET			
ECOME	NORTH BRANCH	NORTH B	RANCH, MN	55056		
(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 APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
03000	Continued From pa	ge 43	03000			
	receiving initial known The procedure indicated an incider appropriate notification procedure indicated would complete an incider appropriate notification procedure indicated would complete an incider appropriate notification procedure indicated would complete an incider appropriate notification would complete an incider appropriate notification would complete an indicated all staff we potential or suspect vulnerable adult and mandated reporters internal reporting printernal reporting pr	ater than 24 hours after wledge the incident occurred. Cated if it was unclear weather red an investigation will begin dicated if with in 24 hours it ather maltreatment occurred a de to MAARC. Section 5. titled on" indicated staff would not report and make tions under section 3. The I the RN, LALD, or designee internal investigation fort of potential or suspected on 6. titled "Education" are educated on reporting the maltreatment of a definition to report as a definition included rocess and the choice to report R CORRECTION: Seven (7)				
03030 SS=D	1	Internal reporting of	03030			
	ongoing written pro- applicable licensing of suspected maltre facility has an interr mandated reporter requirements of this internally. However, responsible for com- reporting requirements (b) A facility with an	Ill establish and enforce an cedure in compliance with rules to ensure that all cases eatment are reported. If a nal reporting procedure, a may meet the reporting section by reporting the facility remains aplying with the immediate ents of this section.  Internal report by a mandated				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		30638	B. WING		04/0	5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ECUMEN	NORTH BRANCH		RD STREET RANCH, MN	55056		
(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 SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
03030	written notice statin reported the incider The written notice in working days and in confidentiality of the response to the maif the mandated repaction taken by the the incident to the organization taken by the the incident to the organization mandated reporter (d) A facility may not from reporting exterprohibited from retareporter who report entry point in good facility must inform protection from retaregainst the mandate externally.  This MN Requirement and done of one resident maltreatment and done of one resident mechanical lift when neglected to follow incorrectly transferr fell from the lift and not internally report was not reported to three days after the This practice results violation that did not safety but had the president's health or resident's health or resident's health or the safety but had the president's health or the safety but had the safety but	he mandated reporter a g whether the facility has at to the common entry point. In the provided within two in a manner that protects the ereporter. (c) The written indated reporter shall note that forter is not satisfied with the facility on whether to report common entry point, then the may report externally. It prohibit a mandated reporter really, and a facility is aliating against a mandated is an incident to the common faith. The written notice by the the mandated reporter of this aliatory measures by the facility ed reporter for reporting the is not met as evidenced and record review, the facility by report potential to a thorough investigation for an auntrained unlicensed staff R1's plan of care and the R1 alone. As a result, R1 was injured. The incident was ed until the following day, and the common entry point until				

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	AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		COMPLETED	
		30638	B. WING			) 5/2022
ECUMEN NORTH BRANCH			DRESS, CITY, S RD STREET RANCH, MN	STATE, ZIP CODE 55056		
(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 SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
03030	limited number of rea limited number of situation has occurr Findings Include:  R1 was admitted to with diagnoses including hypertension, right without behavioral costeoarthritis.  R1's service agreement and require the service agreement receiving hospice sincall the hospice numbers.  R1's service plan ending hypertension indicated the resident assistance from two mechanical lift for a sindicated R1 require physically assist the the Registered Numbers (RNCM)-E identified who had been work at the time of the indicated ULP-A was also a limited the resident assistance from two mechanical lift for a sindicated R1 requires physically assist the limited the Registered Numbers (RNCM)-E identified who had been work at the time of the indicated ULP-A was also also assistance from two mechanical lift for a sindicated R1 requires physically assist the limited been work at the time of the indicated ULP-A was also assistance from two mechanical lift for a sindicated R1 requires physically assist the limited been work at the time of the indicated ULP-A was also assistance from two mechanical lift for a sindicated ULP-A was also assistance from two mechanical lift for a sindicated ULP-A was also assistance from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift for a sindicated R1 requires from two mechanical lift	olated scope (when one or a esidents are affected or one or staff are involved or the red only occasionally).  the facility on May 18, 2021, uding coronary artery disease, femur fracture, dementia	03030	DEFICIENCY)		
	transferred the reside indicated the reside to the lift and fell. The strange of the transferred the reside to the lift and fell.	EZ stand mechanical lift and dent alone. The investigation at was not properly connected he resident was hanging from and kneeling on the platform				

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` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		30638	B. WING		I	C <b>05/2022</b>
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
ECUMEI	N NORTH BRANCH		RD STREET BRANCH, MN	55056		
(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) COMPLETE DATE
03030	The investigation in on January 30, 202 facility until the follo 2022, during a nursindicated the reside concerns until the ewhen a skin tear paby an unlicensed sthospice was not not following day on Fecompleted with not A incident report co 5, 2022, at 5:22 p.m. entered the facility in January 30, 2022, at the time at 7:00 p.m. ULP-A had transfer EZ stand mechanical and the resident drothe lift by one arm a platform with her leindicated the resider right calf, and had resident calf.	ideways under the wheelchair. Idicated the incident occurred 2, was not reported to the owing morning January 31, sing huddle. The investigation ent did not have pain or evening of January 31, 2022, ain and swelling was reported aff. The investigation indicated tified of the incident the bruary 1, 2022, and X-ray was fracture or dislocation noted.  Impleted by RNCM-E on April In. after the investigator indicated the fall occurred on and incorrectly documented in. The incident report indicated red R1 independently with the sal lift when a strap slipped off opped. R1 was hanging onto and her knees were on the gs to the side. The report ent received a skin tear on her right foot pain.  Ition titled "Assisted Living New by Skill Checklist" indicated reviewed on January 21, and document indicated ULP-A and as competent to perform ration of the EZ stand March 30, 2022, two months				

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		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		30638	B. WING			) 5/2022
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	_	
ECUME	N NORTH BRANCH		RD STREET RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
03030	ULP-A's personnel had not completed using a mechanical residents at the time. On April 27, 2022, a ULP-A's skill check 21, 2022, but ULP-A onsite training, and to work on her own not know the exact her training and wa indicated it was price. RNCM-E stated she document when UL completed.  On April 15, 2022, a should have called and indicated she of the next day during 24 hours after the interpretation. On April 5, 2022, at nurse (LPN)-C state on January 31, LPN-C stated ULP-R1 alone and the lift properly. LPN-C stated the incident to state during a night had complaints of properly as swollen and pathospice nurse was February 1, 2022, the acute fracture identification. On April 5, 2022, at acute fracture identification.	quested, none was provided. training records indicated she training and competency for standing lift to transfer e of the incident.  at 3:16 p.m. RNCM-E stated list was reviewed on January A had not completed her was not verified as competent. RNCM-E indicated she did date ULP-A had completed s verified as competent but or to March 30, 2022. e was new and had not P-A's competency was  at 1:38 p.m. ULP-G stated she the on call nurse, but did not, lid not report the incident till morning stand up but within neident.  10:05 a.m. licensed practical ed the incident was reported to 2022, during morning huddle. G reported ULP-A transferred it sling was not hooked up ated no call was made to o the on call nurse. LPN-C at shift on January 31, 2021 R1 pain and staff noted her ankle sinful. LPN-C stated stated the not notified of the incident until then a X-ray was done with no				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		l \ ′	(X3) DATE SURVEY COMPLETED	
			7. BOILDING.			С
		30638	B. WING			05/2022
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE	·	
ECHMEN	NORTH BRANCH	5379 3831	RD STREET			
ECOMEN	NOR I II BRANCII	NORTH B	RANCH, MN	55056		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETE DATE
03030	Continued From pa	ae 48	03030			
	morning rounds when help with a resident stated when he enter was around R1 and the lift arm. R1 was her knees were on the ground curled u MT-F stated R1 was and crying. MT-F strincident to anyone.  On April 5, 2022, at staff completed and the incident, however completed by the strincident was provided expected to report to the strincident was provided and the incident was provided and the inc	en one of the ULP's asked for who fell in the lift. MT-F ered R1's room the lift sling only one loop was hooked to hanging the one hooked side, the platform, and feet were on nder and right next to the bed. I syelling "Help me, help me" ated he did not report the aff incident report at the time of er no incident report aff involved at the time of the ed. RNCM-E stated staff were the incident to nursing staff. I-E verified staff did not report				
	Adult Maltreatment indicated the purpose for internal and external and external treatment of vultitled "Immediate State Allegation of Maltreintervene and ensuradult and immediate Assisted Living Direction indicated if neither with the on call RN. If the staff person, they we building immediately further notice. Section Maltreatment" indicated witnesses or suspection vulnerable adult will immediately. If the internal indicated in the staff person is suspection.	Policy" dated July 17, 2021, se was to establish guidelines ernal reporting of potential nerable adults. Section 3. seps - Witnessed Incident or atment" indicated staff would re safety of the vulnerable ely notify the RN or Licensed ector (LALD). The policy were onsite staff were to notify alleged perpetrator was a fould be directed to leave the y and not return to work until on 4. titled "Reporting ated any staff person who cts maltreatment of a report the incident notident appears to be reglect, or financial exploitation				

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<b>,</b> , ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		· ′	(X3) DATE SURVEY COMPLETED	
		30638	B. WING		04/0	5/2022	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE			
ECUME	N NORTH BRANCH		RD STREET RANCH, MN	55056			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	COMPLETE DATE	
03030	Continued From pa	ge 49	03030				
	the RN or LALD wo to the common entrimmediately as no I receiving initial known altreatment occur immediately, and in was still unclear we report would be ma "Internal Investigation complete an incider appropriate notifical procedure indicated would complete an pertaining to the remaitreatment. Section indicated all staff we potential or suspect vulnerable adult and mandated reporters internal reporting prodirectly to MAARC.	ould immediately make a report by point. The policy defined ater than 24 hours after wledge the incident occurred. cated if it was unclear weather red an investigation will begin dicated if with in 24 hours it eather maltreatment occurred a de to MAARC. Section 5. titled on" indicated staff would					

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