

Protecting, Maintaining and Improving the Health of All Minnesotans

Office of Health Facility Complaints Investigative Public Report

Maltreatment Report #: H5485028M Date Concluded: July 27, 2021

Compliance #: H5485287C

Name, Address, and County of Licensee Investigated:

Johnson Memorial Hospital and Home 1282 Walnut Street Dawson, MN 56232 Lac qui parle County

Facility Type: Nursing Home Investigator's Name: Yolanda Dawson, RN

Special Investigator

Finding: Substantiated, individual 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: The alleged perpetrators (AP), AP #1 and AP #2 sexually and emotionally abused the resident when they sat on her lap and kissed her on the lips, danced inappropriately in front of her, taunted her with a toy ball gun, and appeared to take photos or video of her.

Investigative Findings and Conclusion:

Emotional abuse was substantiated. The alleged perpetrators were responsible for the maltreatment. Security footage showed the AP's engaging in inappropriate behavior in front of the resident, which included sitting on her lap and kissing her on the lips, dancing inappropriately in front of her, taunting her with a toy ball gun, and appearing to take photos or video of her.

The investigation included interviews with facility staff including administrative staff, nursing staff, and unlicensed staff. Training records indicated adequate training procedures. Staff and resident records were reviewed. The investigation included a review of policies and procedures

related to abuse prevention and standards of behavior. Security footage was reviewed by facility management.

The resident resided on the memory care unit with a diagnosis of dementia without behavioral disturbances. The resident received services from the home care provider that included medication management, toileting assistance, dressing and hygiene assistance, and behavior monitoring. A Brief Interview for Mental Status (BIMS) indicated moderate impairment.

Review of resident's vulnerable adult assessment indicated the resident was often confused, would lose things, and wandered. She sometimes communicated well and sometimes was easily taken advantage of.

Review of an internal investigation document indicated security camera footage on the evening of the event, showed the resident was sitting on a couch in a small sitting area. AP #1 and AP #2 were twerking in front of the resident. AP #2 slapped AP #1 on the butt, and AP #1 lifted the back of her shirt to the resident. Both AP #1 and AP #2 had their phones out and appeared to be taking photos or video. AP #1 sat on the resident's lap and kissed her on the lips, while AP #2 took a picture or video. The video also showed both AP's shooting foam balls at the resident. One ball made contact with the resident's head, bounced off and hit the window. The resident's expressions cannot be seen because the position of the camera did not allow a view of her face.

During an interview, a family member stated she spoke to the resident a few days after the event, and she did not want to talk about what happened. The family member stated the resident said she did not want to leave her room because people were looking at her. When the resident was asked to clarify what she meant, she dropped the subject.

During an interview, AP #1 stated that on that evening, she and AP #2 were joking and messing around with the resident. AP #1 stated she did not think the resident liked AP #2 because she told her to get away from her, but then would later say "it's okay honey you can come back." AP #1 stated she and AP #2 were sticking their tongue out at the resident and she would do it back and laugh. AP #1 stated AP #2 found a bucket of toys with a toy gun and started shooting foam balls at the resident. AP #1 stated she and AP #2 were walking funny in front of the resident, but it was not twerking. AP #1 stated she asked the resident if she wanted a kiss, and as she backed away and moved her head the resident kissed her. AP #1 stated she did not remember if AP #2 slapped her butt. AP #1 stated she agreed that what she did to the resident was inappropriate. AP #1 also agreed she did not treat the resident with dignity and respect.

During an interview, AP #2 stated she and AP #1 were messing around and doing things they should not have been doing. AP #2 stated they were trying to get the resident to go to bed and AP #1 kissed the resident. AP #2 stated she had her phone out, but she did not take a picture or video of the resident. AP #2 stated it was inappropriate when they were walking funny in front of the resident, but it was not twerking. AP #2 stated she and AP #1 were shooting balls at the resident, but they did not make contact.

In conclusion, emotional abuse was substantiated. AP #1 and AP #2 treated the resident in a manner which a reasonable person would find derogatory, humiliating, or harassing.

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.

Abuse: Minnesota Statutes section 626.5572, subdivision 2

"Abuse" means: ...

- (b) Conduct which is not an accident or therapeutic conduct as defined in this section, which produces or could reasonably be expected to produce physical pain or injury or emotional distress including, but not limited to, the following:
- (1) hitting, slapping, kicking, pinching, biting, or corporal punishment of a vulnerable adult;
- (2) use of repeated or malicious oral, written, or gestured language toward a vulnerable adult or the treatment of a vulnerable adult which would be considered by a reasonable person to be disparaging, derogatory, humiliating, harassing, or threatening;

Vulnerable Adult interviewed: No, cognitive decline.

Family/Responsible Party interviewed: Yes.

Alleged Perpetrators interviewed: Yes.

Action taken by facility:

An internal investigation was conducted. Both alleged perpetrators are no longer employed by the facility.

Action taken by the Minnesota Department of Health:

The facility was issued a correction order regarding the vulnerable adult's right to be free from maltreatment.

The responsible party will be notified of their right to appeal the maltreatment finding. If the maltreatment is substantiated against an identified employee, this report will be submitted to the nurse aide registry for possible inclusion of the finding on the abuse registry and/or to the Minnesota Department of Human Services for possible disqualification in accordance with the provisions of the background study requirements under Minnesota 245C.

cc: The Office of Ombudsman for Long-Term Care

Dawson County Attorney
Dawson Police Department

PRINTED: 08/30/2021 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTII A. BUILDIN	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED
		245485	B. WING		05/10/2021
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1290 LOCUST STREET DAWSON, MN 56232	•
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLETION
F 000	INITIAL COMMEN	TS	F 00	0	
	Abbreviated survey Your facility was for with the requirements for L	5/10/21, a standard was conducted at your facility. und to be NOT in compliance nts of 42 CFR 483, Subpart B, ong Term Care Facilities.			
	SUBSTANTIATED	plaints were found to be H5485027C (MN72522), with to the H600, F609, and F943.			
	(IJ) at F600 when to environment free of who experienced a sexual abuse by st	d in an Immediate Jeopardy he facility failed to ensure an f abuse for 1 of 1 resident (R2) in incident of physical and aff. The IJ began on 5/4/21 was removed on 5/10/21.			
		constituted substandard an extended survey was /21.			
		of correction (POC) will serve of compliance upon the otance.			
	signature is not recompage of the CMS-2	nrolled in ePOC, your quired at the bottom of the first 567 form. Your electronic POC will be used as oliance.			
	onsite revisit of you	acceptable electronic POC, an ir facility may be conducted to longliance with the en attained.			
	Free from Abuse a CFR(s): 483.12(a)(•	F 60	0	6/14/21
	DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE	(X6) DATE 06/07/2021

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	1	(3) DATE COMPI	
		245485	B. WING _		05/1	0/2021
	PROVIDER OR SUPPLIER	& HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 1290 LOCUST STREET DAWSON, MN 56232	00/1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	_	(X5) COMPLETION DATE
F 600	Continued From pa	age 1	F 60	00		
	Exploitation The resident has the neglect, misappropriate and exploitation as includes but is not corporal punishme any physical or chetreat the resident's §483.12(a) The factorial section (a) \$483.12(a) (1) Not physical abuse, convoluntary seclusion This REQUIREME by: Based on interview review, the facility for the experienced as sexual abuse by standard of nursing (DON) with the facility lobby inappropriate sexual kissed R2, and too during the incident of nursing (DON) with the facility (DON) with the	use verbal, mental, sexual, or rporal punishment, or on; NT is not met as evidenced v, document review, and video failed to ensure an of abuse for 1 of 1 resident (R2) on incident of physical and		How corrective action will be accomplished for those residents fou have been affected by the deficient practice: Observation of maltreatment by NA-A NA-B toward R2 was observed on vic (from the evening of 5/3/21) on 5/4/2 between 8am and 8:30am by the Maintenance Supervisor (MS). The National Maintenance Supervisor (MS) and NA action ensure the safety of R2 was suspens	A and deo 1 MS tor to sion	
	at 3:35 p.m. Findings include:			pending investigation of NA-A and NA on the afternoon of 5/4/21. Following investigation, NA-A and NA-B were terminated on 5/5/21.		
	the State Agency (supervisor (MS) re	21 at 4:29 p.m., report filed to SA) identified the maintenence viewed the 5/3/21 video lity surveillance camera. The		How the facility will identify other resident having the potential to be affected by same deficient practice:		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION	(X3) DATE S COMPLE	
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 600	Video footage identification 7:30 p.m., R2 was lounge next to the example of the was dancing in a second property involving thrusting in squatting stance (to pulled up her shirt of the NA slapped the One of the NAs satkissed R2 on the lip of R2 with their more ported to have the ball made contact wand hit the window pending further involved and hit the window pending further involved and NA-B end behavior with R2 new behavior with R2 new between 7:00 p.m. the MS met with the (HRD). The MS ides surveillance camera and NA-B twerking while recording the phones. NA-B kissed took photos and both behavior with R2 new between 7:00 p.m. the MS met with the (HRD). The MS ides surveillance camera and NA-B twerking while recording the phones. NA-B kissed took photos and both behavior was download a.m., the administration incident. At 3:00 p.m.	d at the Prairie Lane entrance. tified between 7:00 p.m. and sitting on the couch in the entrance with two NAs. 1 NA exually provocative manner hip movements and a low, werking) in front of R2 and exposing her lower back. The ne twerking NA on the bottom. On R2's lap and also had be. Both NAs also took photos bile devices, and were rown foam balls at R2. One with R2's head, bounced off Both NAs were suspended	F 6	500	Interviews of residents and family members of those residents who ca speak for themselves were conductorare center RN and Social Worker. Residents and families were asked maltreatment or substandard care it taken place. Residents and family members interviewed denied any maltreatment of substandard care. Interviews were conducted on 5/7/25/8/21. What measures will be put into place systemic changes made, to ensure the deficient practice will not recur: Although the JMHS Care Center Although the JMHS Care Center Although the appropriate elements internal Checklist for Vulnerable Ad Report & Investigation was updated read [any] abuse or serious bodily in MUST be reported IMMEDIATELY later than 2 hours and now provided definition Abuse = verbal, physical, sexual, emotional. This updated for replaced the previous form in the Vulnerable Adult Binders at each of Care Center nurse stations. In at the social worker updated the Notice Reporting Reasonable Suspicion of Crime postings in the JMHS Breaking and in each of the Care Center nurse stations. On 5/7/21, DON/LNHA held a management meeting and provided education on JMHS Care Center Alternatives.	if any has 1 and 2 e, or that 3 use it out no sthe ddition, se a room, se a	

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EFICIENCY			_	JLD BE	(X5) COMPLETION DATE
Both NAs vestigation of 5/5/21, 3 th NA-A and ot perform residents No addition addit	were placed on suspension of the incident. Between a staff and 4 residents who and NA-B on the day the ere interviewed. Staff NA-B had performance ming cares and following care interviewed had no onal interviews from staff or fucted. The investigation by whether education of all all actions were taken by the other abuse. I, facility surveillance camera etween 7:00 p.m. and 7:20 sitting on a couch in the entrance of the Prairie Lane of a white sweatshirt and staff crubs. NA-A was seated in ext to the couch, while using a swas seated next to R2 on couch. NA-A rose from the lat on the arm of the couch of her right hand towards and turned her back side	F6	Prevention Plan, including timel reporting abuse defining the impreporting to the Administrator are the 2-hour reporting requirement identification of abuse, and the possible of residents related to JMHS Carabuse Prevention Plan. All man attended, signing in for the education session, and this sign-in sheet was to the federal surveyors. The management team is made uperfollowing: Care Center DON, Carabon, Dietary Mgr, Therapy Mgr, CFO, Activities Mgr, Hospi Quality Mgr, Lab Mgr/Infection Carabon, Preventionist, Marketing Mgr, Mgr, Revenue Cycle Mgr, Human Resources Mgr, Admin Assistant Environmental Services/Maintendigr, and the IT Mgr. The CEO/Administrator reported Vulnerable Adult abuse to the Moreover Director, who is also the Primar Physician of R2, and reviewed to taken with filing the VA on 5/4,	nediate d DON, ts, rotection re Center agers ation vas given of the re Clinic tal DON, control aterials in t, nance d the edical v Care ne steps	
inted the intended to the dissed hed boisted to the color ock based in the color ock based	mobile device towards NA-B nued to be seated on the wards NA-B, NA-B leaned ner on the lips.Both NA-A and erously. NA-B rocked buch, clapped her hands and ack and forth and laugh. At threw her head back while g her mobile device. NA-B wards NA-A. Both looked at		NA-A and NA-B, R2 skin che as clear, interviewing R2 on 5/4 R2 staughter on 5/4, and the with the Local Police Department Also discussed next steps with Director Updated Vulnerable Ad Prohibition Plan, 1430 Policy for Center portion. Section 6. Reporting/Response section for Center now reads to report imm	ck on 5/4 notifying nterview it on 5/6. Vedical ult Abuse the Care the Care ediately to	
EXT — FEVENCE ON CONTRACT STRUCK A STATE OF STRUCK	FICIENCY OR LS From page 3 of NAs estigation of S/5/21, 3 of NA-A was a second of the	From page 3 Both NAs were placed on suspension estigation of the incident. Between 5/5/21, 3 staff and 4 residents who nA-A and NA-B on the day the curred were interviewed. Staff A-A and NA-B had performance of performing cares and following care residents interviewed had no do additional interviews from staff or ere conducted. The investigation of identify whether education of all additional actions were taken by the event further abuse. The 5/3/21, facility surveillance camera intified between 7:00 p.m. and 7:20 as seen sitting on a couch in the couch to the entrance of the Prairie Lane is wearing a white sweatshirt and staffing blue scrubs. NA-A was seated in ledge next to the couch, while using a ce. NA-B was seated next to R2 on the of the couch. NA-A rose from the ge and sat on the arm of the couch R2 batted her right hand towards a stood and turned her back side. NA-A was standing to the left side of onted the mobile device towards NA-B. B continued to be seated on the urned towards NA-B, NA-B leaned kissed her on the lips. Both NA-A and ed boisterously. NA-B rocked on the couch, clapped her hands and or rock back and forth and laugh. At me, NA-A threw her head back while d viewing her mobile device. NA-B walked towards NA-A. Both looked at bile device and continued to laugh.	From page 3 Soth NAs were placed on suspension estigation of the incident. Between 5/5/21, 3 staff and 4 residents who a NA-A and NA-B on the day the curred were interviewed. Staff A-A and NA-B had performance of performing cares and following care residents interviewed had no loo additional interviewed had no loo additional interviewed from staff or ere conducted. The investigation of identify whether education of all additional actions were taken by the event further abuse. The 5/3/21, facility surveillance camera intified between 7:00 p.m. and 7:20 as seen sitting on a couch in the second to the entrance of the Prairie Lane is wearing a white sweatshirt and staffing blue scrubs. NA-A was seated in ledge next to the couch, while using a ce. NA-B was seated next to R2 on the of the couch. NA-A rose from the ge and sat on the arm of the couch R2 batted her right hand towards a stood and turned her back side. NA-A was standing to the left side of onted the mobile device towards NA-B, NA-B leaned kissed her on the lips. Both NA-A and ed boisterously. NA-B rocked on the couch, clapped her hands and to rock back and forth and laugh. At the ne, NA-A threw her head back while do viewing her mobile device. NA-B walked towards NA-A. Both looked at	FEICIENCY MUST BE PRECEDED BY FULL TAG FORY OR LSC IDENTIFYING INFORMATION) From page 3 Both NAs were placed on suspension estigation of the incident. Between 5/5/21, 3 staff and 4 residents who is NA-A and NA-B on the day the surred were interviewed. Staff A-A and NA-B had performance of performing cares and following care residents interviewed had no lo additional interviews from staff or ere conducted. The investigation of identify whether education of all additional actions were taken by the event further abuse. The systam of the couch in the it to the entrance of the Prairie Lane is wearing a white sweatshirt and staff ing blue scrubs. NA-A was seated in ledge next to the couch, while using a ce. NA-B was seated next to R2 on e of the couch. NA-A rose from the greand sat on the arm of the couch R2 batted her right hand towards is stood and turned her back side. NA-A was standing to the left side of ited the mobile device towards NA-B. B. Continued to be seated on the urned towards NA-B, NA-B rocked on the couch, clapped her hands and of rock back and forth and laugh. At me, NA-A threw her head back while diviewing her mobile device. NA-B walked towards NA-B. Soth looked at oile device and continued to laugh.	EFICIENCY MUST BE PRECEDED BY FULL DORY OR LSC IDENTIFYING INFORMATION) From page 3 30th NAs were placed on suspension estigation of the incident. Between 5/5/21, 3 staff and 4 residents who have used interviewed. Staff A-A and NA-B had performance of performing cares and following care residents interviewed had no lo additional actions were taken by the event further abuse. The 5/3/21, facility surveillance camera antified between 7:00 p.m. and 7:20 as seen sitting on a couch in the swearing a white sweatshirt and staff ing blue scrubs. NA-A was seated in ledge next to the couch, while using a ce. NA-B was seated next to R2 on e of the couch. NA-A rose from the ge and sat on the arm of the couch ge and sat on the arm of the couch wile using a ce. NA-B was seated on the unread towards NA-B, NA-B leaned kissed her on the lips. Both NA-A and ed boisterously. NA-B rocked on the couch, clapped her hands and or rock back and forth and laugh. At me, NA-A threw her head back while dividend by the left side of orock back and forth and laugh. At me, NA-A threw her head back while dividend by the left side of orock back and forth and laugh. At me, NA-A threw her head back while dividend by a color of the cours of the couch. NA-B and ed boisterously. NA-B rocked on the couch, clapped her hands and orock back and forth and laugh. At me, NA-A threw her head back while dividend by the course of the course of the couch. NA-B and ed boisterously. NA-B rocked on the couch of the c

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JOHNSC	N MEMORIAL HOSP	& HOME		DAWSON, MN 56232		
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORF	ECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG			COMPLETION DATE
F 600	Continued From pa	age 4	F 6	000		
	R2 remained seat	ed on the couch. NA-B walked		Abuse Prevention Plan, which	n includes	
		it of her, turned and wiggled		the JMHS Care Center Abuse		
	,	of R2. NA-B then bent forward		Plan. This will help to ensure		
	with her bottom at	R2's face level and began		employees that suspect abus	e or serious	
	twerking. NA-A from	m the couch stood next to		bodily injury of a resident will	refer to the	
		NA-A on the bottom while she		Care Center reporting/respon		
		R2. NA-A sat down on the right		limits. This updated Policy wa		
		ext to R2 and looked at her		with the Managers during the		
		B stood in front of R2 while		meeting, and the updated Po	•	
	_	ile device. The image on visible on the footage and		emailed to all Managers to ed staff.	lucate their	
		of a lady in a white sweatshirt,		Stair.		
		n and a staff person dressed in		Beginning 5/7/21, all JMHS C	are Center	
	-	ont of the person, presumed to		employees (nursing, dietary,		
		sweatshirt. NA-A put her right		human resources, maintenar	•	
	leg over R2's lap a	nd leaned into R2 with her		services, therapy, ancillary) re	eceived	
	mobile device. NA-	B lay on the left arm of the		re-education regarding Vulne	rable Adult	
		A-A's right arm reached towards		Policy. This education include	•	
		ce. R2's hand became visible		not limited to, definitions of va	7 1	
		nand to swat NA-A's hand out		of abuse, identification of abu	•	
	_	d to swat at NA-A. R2 slapped		indicators of abuse/neglect a		
		er. NA-A's torso leaned away		reporting of those indicators t	·	
		ned to face R2 when R2 at NA-A again, NA-A placed		or designee, for further investignee, for further investignees.	•	
	•	and then made two quick		which requires them to imme	•	
		face. It could not be		observed or suspected abuse	• •	
	"	made contact with R2. R2		and contacting of law enforce	•	
		several times. Both aids		abuse occurs. Educational in		
	"	ves from R2. R2 maintained a		from CMS SOM F600/F609 a		
	semi-seated position	on at the couch.		Abuse Prevention Plan.		
	Observation on 5/6	6/21 at 9:33 a.m., with R2		Care Center staff working on	5/7/21 were	
	identified R2 was s	itting in her recliner in her		required to complete education	วท	
		n, alert, and had no signs of		immediately by signing off that	•	
	injury on her face of	or hands.		received and understood the		
		<i>-</i>		the beginning of their shifts.		
		ficant Change Minimum Data		provided this education to an	•	
	,	ed her cognition was		the Charge Nurses to provide		
	moderately impaire	ed. R2 was assessed as having		education to the staff at the b	eginning of	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l `´´	TIPLE CONSTRUCTION ING	1, ,	E SURVEY PLETED
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F 600	Continued From pa	age 5	F 6	800		
		e and had wandered during the . R2 required extensive		their shift. All other Care Cenincluding contract staff, were	•	
	•	staff for bed mobility, transfers,		receive education prior to the	•	
		and personal hygiene. R2		scheduled shift. Please note		
		on for moving on and off the		Contract Staff we currently ha	•	
	unit and walking in	her room and in corridors. R2		Care Center are nurses and a	aides. DON,	
	•	in her upper and lower		or designee, provided educat	,	
		iagnoses included dementia.		employee understanding, and	•	
	R2 used routine ar	ntipsychotic medication.		signatures/dates of understar		
	R2's 5/6/21 care r	lan identified R2 had dementia		education. Applicable policies have been updated as stated		
	•	emory loss. R2 was anxious in		along with the corresponding	•	
		became upset when unable to		these policies and forms as s		
		tion. R2 had periods of				
	disorganized think	ing and delusional thoughts,		Beginning 5/7/21, all JMHS C	are Center	
	1	tance to maintain her safety.		employees (nursing, dietary,	•	
		luded delusional beliefs about		maintenance, human resource	•	
		mily, refusal of assistance with		services, therapy, ancillary) w	•	
		clothes, bathing, packing		to receive education regardin	•	
	•	nal items to go home, and ntions included to use a calm		Cell Phone Use policy. This e included that JMHS prohibits		
		h, re-approach R2 when		cameras in the workplace un		
		Il cares, follow her routine		business purposes, confining		
	, ,	e-to-one support in new		use of cell phones to employe	•	
	J · 1	sure R2 was safe and		prohibiting the use of camera	•	
	separated from an	y residents she was fearful of.		camera phones in the workpl	ace for	
				nonbusiness purposes, and a	•	
		at 3:00 p.m., with the		applicable signed consents fr		
		ed she was notified of the		whose photo is taken. Care C		
		nan resources director (HRD) a.m. The morning of 5/4/21,		working on 5/7/21 were requi complete education immediate		
		g video surveillance from a		Care Center staff received ed	•	
		22's WanderGuard function.		to their next scheduled shift.	•	
	•	d video footage of NA-A and		designee, provided education	•	
		ally and sexually inappropriate		employee understanding, and	•	
		otified the HRM of the		signatures/dates of understar	nding of	
		inistrator contacted director of		education.		
	O (,	assistant director of nursing				
	(ADON) were also	contacted. R2 was interviewed		Upon close review of our Cell	Phone Use	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	l` '	E SURVEY PLETED
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F 600	5/3/21. The administrator of 5/4/21 contacted and notice pending the investigation of 5/3/21. The fawith NA-A and NA-administrator, DON involvement in the told there was vide the conclusion of the termination notice. resignation, and notice resignation, and notice resignation. The HRM began into identify whether interactions. The inicident was isolated she felt the event whether interactions is the inicident was isolated she felt the event whether interactions is the inicident was isolated she felt the event whether interactions is the inicident was isolated she felt the event whether interactions is the inicident was isolated she felt the event whether interactions is the inicident was isolated she felt the event whether interactions is the inicident was isolated she felt the event whether interactions is the inicident was isolated she felt the event whether interactions is the initial provided regarding during the meeting. Interview on 5/6/21 identified on 5/4/21 identified on 5/	unable to recall the event from strator verified the ADON art on 5/4/21 at 4:28 p.m. The , NA-A and NA-B were fied they were suspended gation. Neither NA worked acility scheduled appointments ab. NA-B met with the N, and HRD. NA-B denied any situation, even after she was to footage of the incident. At the meeting, NA-B was given NA-A texted the facility her ever met with management. Interviewing staff and residents other residents had similar interviews concluded the ed. The adminstrator indicated was unfortunate, and was two donot followed the rules. On administrator met with staff available to meet on 5/5/21. Indicated education was not a cell phone use or abuse of the side of the camera. The video identified ting inappropriately towards R2	F6	Policy, we updated this policy to even further, if not eliminate per electronic device usage during. This updated Cell Phone Use stronger wording to prohibit the personal cell phones in any patient/resident care areas or where visitors or other guests present. Specific examples are updated policy goes on to state cell phone use is limited to bre meal periods only in non-public non-patient/residents care area specific examples. Lastly, the policy states the consequence unauthorized personal cell phosubject to disciplinary action, usincluding termination. This upon Phone Use Policy was reviewed education was provided to the Management Group, as listed 5/9 at our Management Huddle Managers signed off as having and understood the updated por The rest of the JMHS staff were and trained on this updated por Employee Communication For 5/11 and 5/12. Employees sign having received and understood updated policy. This updated perfective 5/14.	ersonal work time. Policy has use of ublic area nay be egiven. The epersonal ak time and as, with updated of ne usage is p to and ated Cell d, and above, on ereceived licy on 5/9 e educated licy at our ums on ed off as ed the	
	twerking, sitting on lips and shooting for toy from the activity the administrator with HRD interviewed sconcerns regarding	rance. The NAs were observed R2's lap, kissing her on the sam balls at R2 from a whale y department. At 11:00 a.m., as notified of the incident. The taff and residents. No g abuse were identified orted concerns NA-A and NA-B		How the facility will monitor its actions to ensure that the deficience practice is being corrected and recur: Each Care Center department ancillary services (HR, Admin,	ient will not	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′			E SURVEY PLETED
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(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 APPROPED DEFICIENCY)) BE	(X5) COMPLETION DATE
F 600	to residents. Both Nasuspension following appointment was so NA-B on 5/5/21. Or came to the facility administrator, and to NA-B denied using or videos. NA-B derigeen balls at R2, he had shot green foar the incident was on NA-B identified she photos of video from HRD provided NA-B texted the HRD her letter was mailed to and the social work to the SA. The HDB both the long-term hospital. The HRD adult training throughowever she had no polices and proceded The administrator with the long-term of the administrator with the long-term of the polices and proceded the incident in the concerns with NA-A and had performance in the concerns with NA-A resident and had resi	previously not provided cares IA-A and NA-B were placed on a gethe allegation, and an et up to meet with NA-A and in 5/5/21, at 3:30 p.m., NA-B to meet with the HR, the he DON. During the meeting, her cell phone, taking photos nied twerking and shooting lowever she identified NA-A in balls at R2. When informed the surveillance camera. In had not kept any of the in the personal phone. The is a termination notice. NA-A cancel her meeting and later resignation. A termination in NA-A on 5/6/21. The ADON er (SW) reported the incident is identified she worked for care (LTC) facility and the received annual vulnerable gh computer-based training, not been trained to the facility's ures for abuse and neglect. It is a notified of the incident at 1. She confirmed the incident at 1. She confir	F 60	Maintenance) will review the Care Abuse Prevention Plan at monthly meetings for the months of June, and August, specifically reviewing abuse and timeliness of reporting. This will also be reviewed at June, and August monthly manager meet DON, or designee, will conduct au interviewing staff and asking quest about the Care Center Abuse Preventan, specifically types of abuse (withey should report) and timeliness reporting. This audit will begin 6/7 occur once weekly for four weeks, every other week for two weeks, the monthly for two months, then quart until May 31, 2022. The date that each deficiency will be corrected. 6/14/21	July, types of abuse. July, tings. dits by tions what of /21 and then terly	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	l` '	TE SURVEY MPLETED
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F 600	identified on 5/4/2 to find out if R2's War malfunctioning. An reviewing surveillar was forwarding through the and had seen two shooting foam ball and taking photos interaction. The M 8:30 a.m., to sched his morning meeting staff. He had not not was out of the facinot notified the add would know what the worked for both the The maintenance training through continuing through continuing through continuing through continuing the porting abuse disprocedures of the reporting abuse disprocedures of the reporting abuse disprocedures. No following the incidence of abuse within 2 in the portion of abuse within 1 in the portion	1 at 9:00 a.m., with the MS 1, he received a work request	F 6	500		

	TATEMENT OF DEFICIENCIES ID PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		` ′	(X3) DATE SURVEY COMPLETED			
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F 600	was the initial reportincident to the HRD On 5/7/21, attempts NA-B via telephone unsuccessful. Review of NA-A's ethire date of 8/25/20 for the above incide to 5/3/21 were included to 5/3/21 were included to 5/3/21 for the above actions prior to 5/3/21 employee file. Interview on 5/7/21 director identified hon 5/6/21, while do had not viewed the identified the facility before 5/6/21. He we facility's abuse polical legations of abuse SA within two hours provided a timeline information, whethe educated. He identify, re allegations of abuse facility to identify, re allegations of abuse	ne situation with R2, the MS ter and had reported the	F 6	00			
		uary 2021, Cell Phone Use neras and camera phones					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	COM	E SURVEY IPLETED
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F 600	business purposes consent form must patient, or visitor we Employees who visito disciplinary activate termination. Review of the Octor Prevention Plan promental abuse and residents. A manda suspicion or observimmediately to the allegations were to reporter was unable verbally to the DON immediately, they were directly to the admit be reported to the suspected of a crimenforcement. Review of the facility C-Decision Guide identified staff were allegations of abusy violations involving	the workplace unless for signed consent on the official be on file from any employee, hose photo is taken. Dated the policy were subject on up to and including Ober 2020, Care Center Abuse ohibited phsyical, sexual, included photos or video of ated reporter was to report any wed incident of abuse DON. If the DON was absent, be reported to a designee. If the to report the allegation of the incident was to severe to report the allegation of inistrator. The incident was to severe to be reported to law ty's July 2018, Appendix for Incident Reporting policy to immediately report e and to report any alleged abuse, neglect, exploitation, cluding injuries of unknown	F 600			
	administrator and on the later than two hade if the allegated. The IJ was remove	designated SA immediately, but hours after the allegation is involved abuse.				
	document review the immediacy by r	erified by interview and ne facility took steps to remove evising policies and ucating staff about reporting				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION	COM	E SURVEY PLETED
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F 600	while in patient care Non-compliance re	to restrict use of cell phones areas and while on duty. mained at a severity of D, otential for actual harm that	F 600			
	neglect, exploitation must: §483.12(c)(1) Ensurinvolving abuse, nemistreatment, inclusions are reported immediate that cause the allegate serious bodily injury the events that cause and do not rethe administrator of officials (including the adult protective serior jurisdiction in lonaccordance with Standard representations accordance with Standard representations accordance with Standard representations accordance with Standard representations.	onse to allegations of abuse, in, or mistreatment, the facility re that all alleged violations glect, exploitation or ding injuries of unknown repriation of resident property, diately, but not later than 2 gation is made, if the events pation involve abuse or result in a contract of the allegation do not involve esult in serious bodily injury, to the facility and to other the State Survey Agency and vices where state law provides and the state law through established out the results of all a administrator or his or her intative and to other officials in ate law, including to the State				6/14/21
	incident, and if the appropriate correct	nin 5 working days of the alleged violation is verified ive action must be taken. NT is not met as evidenced				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	TIPLE CONSTRUCTION	l \ /	E SURVEY PLETED	
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F 609	Continued From pa	age 12	F 6	609		
	Based on interview facility failed to time physical and sexual	v and document review, the ely report allegations of all abuse for 1 of 1 resident (R1) r, the State Agency (SA), and		How corrective action will be accomplished for those resident have been affected by the depractice:	ents found to	
	Findings include:			Observation of maltreatment NA-B toward R2 was observed (from the evening of 5/3/21) of	ed on video	
	the State Agency (supervisor (MS) refootage on the faci camera was locate Video footage iden 7:30 p.m., R2 was lounge next to the was dancing in a sinvolving thrusting squatting stance (to pulled up her shirt other NA slapped to One of the NAs sakissed R2 on the lift of R2 with their more reported to have the made contact with the window. Both Nas and the window.	21 at 4:29 p.m., report filed to SA) identified the maintenance viewed the 5/3/21 video lity surveillance camera. The ed at the Prairie Lane entrance. It tified between 7:00 p.m. and sitting on the couch in the entrance with two NAs. 1 NA exually provocative manner hip movements and a low, werking) in front of R2 and exposing her lower back. The he twerking NA on the bottom. It on R2's lap and also had ps. Both NAs also took photos bile devices, and were rew foam balls at R2. One ball R2's head, bounced off and hit lAs were suspended pending		between 8am and 8:30am by Maintenance Supervisor (MS notified the Human Resource (HRD) at 9am. The initial VA not filed with the State Survey until 4:29pm on 5/4/21. On 5 DON/LNHA held a managem and provided education on JN Center Abuse Prevention Platimeliness of reporting abuse immediate reporting to the Acand DON and the 2-hour reporting requirements. The MS and Having the potential to be affected by the pot	the). The MS es Director report was //Agency /7/21, ent meeting //HS Care n, including defining the dministrator orting HRD attended her residents ected by the	
	Review of the 5/5/21, internal investigation Form identified the incident was discovered by the maintenance supervisor (MS) on 5/4/21 at 8:30 a.m. The MS notified the adjacent hospital's human resource director (HR) at 9:00 a.m. The HRD then notified the facility assistant director of nursing (ADON) at 10:30 a.m The facility administrator was notified at 11:00 a.m The facility made a report to the SA on 5/4/21 at 4:29 p.m., 8 hours after the incident was discovered.			Each time abuse is reported, report is filed, DON/LNHA, or will immediately determine if been made timely according Prevention Plan. DON and L notified of all VA reports; there determination of timely report assessed immediately. What measures will be put in systemic changes made, to each the deficient practice will not in the deficient practice will not in the deficient practice.	designee, report has to Abuse NHA are efore, ing can be to place, or ensure that	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	l` '	E SURVEY IPLETED
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F 609	Continued From pa	age 13	F6	309		
	administrator confincident by the HR MS received a main previous evening sometime with Wander Guard had reviewed video surevening prior and on NA-A and NA-B emphysical and sexual at 8:30 a.m., the Mat 9:00 a.m. The anincident at 11:00 animmediately reports	I at 3:00 p.m., with the firmed she was notified of the on 5/4/21 at 11:00 a.m. The intenance slip from the shift (5/3/21) to check why a malfunctioned. The MS recillance footage of the discovered 2 staff members againg in inappropriate al conduct with R2. On 5/4/21 IS contacted the HRD to meet dministrator was notified of the m She agreed she did not to the SA and local law llegations of abuse or suspicion		Although the JMHS Care Cer Prevention Plan was not revision contained the appropriate ele internal Checklist for Vulneral Report & Investigation was upread [any] abuse or serious be MUST be reported IMMEDIAT later than 2 hours and now predefinition Abuse = verbal, physically emotional. This update replaced the previous form in Vulnerable Adult Binders at each care Center nurse stations the social worker updated the Reporting Reasonable Suspic Crime postings in the JMHS Each of the Care Center nurse stations and in each of the Care Center nurse stations.	ed as it ments, our ole Adult odated to odily injury related to ovides the sical, ed form the ach of the s. In addition, Notice of cion of a Breakroom,	
	identified on 5/4/21 contacted the HRD video surveillance NA-A and NA-B activities and shooting for the administrator with the administra	1 at 9:00 a.m., with the MS 1, he received a work request		On 5/7/21, DON/LNHA held a management meeting and preducation on JMHS Care Cer Prevention Plan, including time reporting abuse defining the ireporting to the Administrator the 2-hour reporting requirem identification of abuse, and the of residents related to JMHS Abuse Prevention Plan. All mattended, signing in for the edsession, and this sign-in sheet to the federal surveyors. The management team is made usefullowing: Care Center DON, ADON, Dietary Mgr, Therapy Mgr, CFO, Activities Mgr, Hos Quality Mgr, Lab Mgr/Infection Preventionist, Marketing Mgr,	nter Abuse neliness of mmediate and DON, ents, e protection Care Center anagers lucation et was given p of the Care Center Mgr, Clinic spital DON, a Control	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	l \ /	E SURVEY IPLETED
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F 609	Continued From pa	age 14	F 6	509		
	•	nce camera footage. As he		Mgr, Revenue Cycle Mgr, Hu	man	
	_	ough footage on high speed,		Resources Mgr, Admin Assist		
	_	twerking, sitting on R2's lap,		Environmental Services/Main	•	
		s at R2, kissing R2 on the lips,		Mgr, and the IT Mgr.		
	_	and video during the				
	interaction. The M	S contacted the HR around		The CEO/Administrator repor	ted the	
	· · · · · · · · · · · · · · · · · · ·	dule a meeting with her after		Vulnerable Adult abuse to the		
	_	ng with the other maintenance		Director, who is also the Prim	•	
		otified the DON because she		Physician of R2, and reviewed	•	
		lity. The MS confirmed he had		taken with filing the VA on 5/4 immediately suspending and	•	
	not notified the facility administrator. He felt the HRD "would know what to do". The MS identified			NA-A and NA-B, R2□s skin c	•	
	he worked for both the nursing home and			as clear, interviewing R2 on 5		
	hospital. He had broad annual abuse training			R2□s daughter on 5/4, and th	,	
	•	based training, but identified he		with the Local Police Departm		
		ed specifically to abuse policies		Also discussed next steps wit	h Medical	
	and procedures of	the nursing home as it related		DirectorUpdated Vulnerable A	dult Abuse	
	to reporting abuse	directly to the facility.		Prohibition Plan, 1430 Policy	for the Care	
				Center portion. Section 6.		
		ober 2020, Care Center Abuse		Reporting/Response section		
	Prevention Plan identified a mandated reporter			Center now reads to report in	•	
	•	suspicion or observed incident		the CEO/Administrator and D	,	,
		tely to the DON. If the DON was were to be reported to a		also now refers directly to the Abuse Prevention Plan, which		
		er was unable to report the		the JMHS Care Center Abuse		
		to the DON, ADON, or the		Plan. This will help to ensure		
		ediately, they were to report the		employees that suspect abus		
		to the administrator. The		bodily injury of a resident will		
	incident was to be	reported to the SA		Care Center reporting/respon	se time	
	immediately. Repo	orts suspected of a crime were		limits. This updated Policy wa	s reviewed	
	to be reported to la	aw enforcement.		with the Manager□s during th		
		''		meeting, and the updated Po	•	
		ity's July 2018, Appendix		emailed to all Managers to ed	ucate their	
		for Incident Reporting policy		staff.		
		e to immediately report		Reginning 5/7/21 all IMALS C	are Contor	
	_	se and to report any alleged abuse, neglect, exploitation,	Beginning 5/7/21, all JMHS Care Center employees (nursing, dietary, activities,			
	_	ncluding injuries of unknown		human resources, maintenan		
	· ·	propriation of property to the		services, therapy, ancillary) re	,	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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F 609		esignated SA immediately, o hours after the allegation is	F 60	education regarding Vulnera Policy. This education inclu not limited to, definitions of of abuse, identification of al indicators of abuse/neglect reporting of those indicators or designee, for further inveyoned or suspected abuse and contacting of law enforcabuse occurs. Educational from CMS SOM F600/F609 Abuse Prevention Plan. Care Center staff working of required to complete education immediately by signing off to received and understood the the beginning of their shifts provided this education to a the Charge Nurses to provide ducation to the staff at the their shift. All other Care Ceincluding contract staff, were receive education prior to the scheduled shift. Please note Contract Staff we currently Care Center are nurses and or designee, will provide edensure employee understar require signatures/dates of of education. Applicable poforms have been updated a above, along with the correct education on these policies stated above. How the facility will monitor	ded, but in various to buse, and immediately use of any cement with an and JMI and JMI and design the that the have in the have i	was ypes lediate ON, orters report when on is HS were ion at on at	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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F 609	Continued From pa	ge 16	F 609	actions to ensure that the deficient practice is being corrected and will recur:		
				Each Care Center department will the Care Center Abuse Prevention monthly meetings for the months of July, and September, specifically reviewing types of abuse and timel reporting abuse. DON, or designed conduct audits by interviewing staff asking questions about the Care C Abuse Prevention Plan, specifically of abuse (what they should report) timeliness of reporting.	Plan at f June, iness of e, will and enter types	
				DON, or designee, will also review VA submitted to determine if report made within the appropriate time according to policy. This audit will 6/7/21 and occur once weekly for for weeks, then every other week for two weeks, then monthly for two month quarterly until May 31, 2022.	begin our wo is, then	
				The date that each deficiency will be corrected.	e	
	Abuse, Neglect, and CFR(s): 483.95(c)(d Exploitation Training 1)-(3)	F 943	6/14/21	6/14/21	
	In addition to the free	neglect, and exploitation. edom from abuse, neglect, uirements in § 483.12, provide training to their staff educates staff on-				
	§483.95(c)(1) Activi	ties that constitute abuse,				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` '			DATE SURVEY COMPLETED	
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F 943	• •	n, and misappropriation of	F 94	13		
	§483.95(c)(2) Procof abuse, neglect, misappropriation of \$483.95(c)(3) Demonstration of \$483.	resident property lentia management and vention. NT is not met as evidenced v and document review, the propriately train 2 of 2 staff (the rvisor (MS) and the human (HRD) who were employed by tal, but performed occasional v) to the facility's abuse policies allegations of abuse regarding		How corrective action will be accomplished for those residents have been affected by the deficie practice: Observation of maltreatment by NA-B toward R2 was observed or (from the evening of 5/3/21) on 5/between 8am and 8:30am by the Maintenance Supervisor (MS). Toutified the Human Resources Di (HRD) at 9am. The initial VA report filed with the State Survey Againtil 4:29pm on 5/4/21. On 5/7/2 DON/LNHA held a management of and provided education on JMHS Center Abuse Prevention Plan, in timeliness of reporting abuse definimmediate reporting to the Adminant DON and the 2-hour reporting requirements. The MS and HRD this meeting. How the facility will identify other thaving the potential to be affected same deficient practice.	IA-A and video 4/21 he MS rector ort was ency 1, meeting Care cluding the istrator grattended residents	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		I DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			SURVEY PLETED
		245485	B. WING			0 5/ 1) 1 0/2021
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
					290 LOCUST STREET		
JOHNSO	N MEMORIAL HOSP	& HOME			AWSON, MN 56232		
(VA) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(V E)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRODE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 943	Continued From pa	ige 18	F 9	43			
		R2's head, bounced off and hit lAs were suspended pending n.			All newly hired employees or contract staff of JMHS will received education the Care Center Abuse Prevention The education will include, but is not the contract of the contra	on on Plan.	
	identified the incide maintenance super	11, internal investigation Forment was discovered by the visor (MS) on 5/4/21 at 8:30 and the adjacent hospital's			limited to, timeliness of reporting abdefinitions of various types of abuse identification of abuse, indicators of abuse, and mandated reporter.	ouse, e,	
	human resource did HRD then notified to nursing (ADON) at administrator was r	rector (HR) at 9:00 a.m. The he facility assistant director of 10:30 a.m The facility notified at 11:00 a.m The ort to the SA on 5/4/21 at 4:29			What measures will be put into place systemic changes made, to ensure the deficient practice will not recur:	,	
	p.m., 8 hours after	the incident was discovered.			Although the JMHS Care Center Ab Prevention Plan was not revised as	it	
	administrator confirmation incident by the HR MS received a main previous evening strategy with the MS received a main previous evening strategy with the MS received a main previous evening by the MS received a main previous evening strategy with the MS received a	at 3:00 p.m., with the med she was notified of the on 5/4/21 at 11:00 a.m. The ntenance slip from the hift (5/3/21) to check why a malfunctioned. The MS veillance footage of the liscovered 2 staff members gaging in inappropriate			contained the appropriate elements internal Checklist for Vulnerable Ade Report & Investigation was updated read [any] abuse or serious bodily in MUST be reported IMMEDIATELY & later than 2 hours and now provides definition Abuse = verbal, physical, sexual, emotional. This updated for replaced the previous form in the	ult I to njury but no s the	
	physical and sexual at 8:30 a.m., the Management at 9:00 a.m. The actincident at 11:00 a. immediately report	I conduct with R2. On 5/4/21 S contacted the HRD to meet sministrator was notified of the m She agreed she did not to the SA and local law legations of abuse or suspicion			Vulnerable Adult Binders at each of Care Center nurse stations. In act the social worker updated the Notic Reporting Reasonable Suspicion of Crime postings in the JMHS Breaknand in each of the Care Center nurs stations.	ddition, e of f a oom,	
	identified on 5/4/21 contacted the HRD video surveillance of NA-A and NA-B act at Prairie Lane entre	at 4:00 p.m., with the HRD at 8:30 a.m., the MS regarding what he found the camera. The video identified inappropriately towards R2 ance. The NAs were observed R2's lap, kissing her on the			On 5/7/21, DON/LNHA held a management meeting and provided education on JMHS Care Center All Prevention Plan, including timelines reporting abuse defining the immed reporting to the Administrator and Dathe 2-hour reporting requirements,	ouse ss of liate	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION	, , ,	E SURVEY IPLETED	
			, A. BOILD			С	
		245485	B. WING			10/2021	
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
IOHNSO	N MEMORIAL HOSP	2 LOME		1290 LOCUST STREET			
JUHNSU	N WEWORIAL HOSP	& HOIVIE		DAWSON, MN 56232			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE	
F 943	toy from the activity the administrator will HRD identified she care (LTC) facility a received annual vulcomputer-based trabeen trained to the for reporting abuse. Interview on 5/7/21 identified on 5/4/21 to find out if R2's William malfunctioning. Are reviewing surveillar was forwarding through and had seen two shooting foam balls and taking photos interaction. The MS 8:30 a.m., to scheolis morning meeting staff. He had not not make out of the facilinot notified notified the facilinot notified notif	department. At 11:00 a.m., vas notified of the incident. The worked for both the long-term and the hospital. The HRD Inerable adult training through aining, however she had not LTC's polices and procedures and neglect. at 9:00 a.m., with the MS, he received a work request		identification of abuse, and the of residents related to JMHS C Abuse Prevention Plan. All man attended, signing in for the edu session, and this sign-in sheet to the federal surveyors. The management team is made up following: Care Center DON, C ADON, Dietary Mgr, Therapy Mgr, CFO, Activities Mgr, Hosp Quality Mgr, Lab Mgr/Infection Preventionist, Marketing Mgr, Mgr, Revenue Cycle Mgr, Hum Resources Mgr, Admin Assista Environmental Services/Mainted Mgr, and the IT Mgr. Updated Vulnerable Adult Abust Prohibition Plan, 1430 Policy for Center portion. Section 6. Reporting/Response section for Center now reads to report immathe CEO/Administrator and DO now refers directly to the Care Abuse Prevention Plan, which the JMHS Care Center Abuse I Plan. This will help to ensure a employees that suspect abuse bodily injury of a resident will recare Center reporting/responsitimits. This updated Policy was	are Center hagers cation was given of the Center Igr, Clinic ital DON, Control Materials an ht, nance er the Care hediately to N, and Center holudes Prevention I JMHS or serious fer to the etime		
	and procedures of to reporting abuse Review of the Octo	the nursing home as it related directly to the facility. ber 2020, Care Center Abuse		with the Manager s during the meeting, and the updated Police emailed to all Managers to edustaff.	5/7/2021 y was		
	was to report any so of abuse immediate absent, allegations	entified a mandated reporter suspicion or observed incident ely to the DON. If the DON was were to be reported to a er was unable to report the		Beginning 5/7/21, all JMHS Ca employees (nursing, dietary, ac human resources, maintenance services, therapy, ancillary) we	tivities, e, social		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		245485	B. WING			C
NAME OF	PROVIDER OR SUPPLIER	243403	J. Wiito	STREET ADDRESS, CITY, STATE, ZIP CODI	•	10/2021
		0.110545		1290 LOCUST STREET		
JOHNSC	ON MEMORIAL HOSP	& HOME		DAWSON, MN 56232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		OULD BE	(X5) COMPLETION DATE
F 943	charge nurse immediately to incident was to be rimmediately. Report to be reported to law Review of the facility C-Decision Guide for identified staff were allegations of abuse violations involving or mistreatment, incomistreatment, incomistreatment and decided and misappendictions.	to the DON, ADON, or the ediately, they were to report the to the administrator. The reported to the SA rts suspected of a crime were w enforcement. Ity's July 2018, Appendix for Incident Reporting policy to immediately report e and to report any alleged abuse, neglect, exploitation, cluding injuries of unknown propriation of property to the designated SA immediately, we hours after the allegation is	F 9	to receive education regarding Adult Policy. This education income was not limited to, definitions of types of abuse, identification of indicators of abuse/neglect and reporting of those indicators to or designee, for further investigned. JMHS employees are mandate which requires them to immed observed or suspected abuse and contacting of law enforcementabuse occurs. Educational information was from CMS SOM F600/F60 JMHS Abuse Prevention Plan. Care Center staff working on Strequired to complete education immediately by signing off that received and understood the entre beginning of their shifts. The provided this education to anothe Charge Nurses to provide education to the staff at the beat their shift. All other Care Center including contract staff, were receive education prior to their scheduled shift. Please note the Contract Staff we currently have Care Center are nurses and air or designee, will provide education of education. Applicable policies forms have been updated as a sabove, along with the correspondence of the staff above. How the facility will monitor its	cluded, but of various f abuse, d immediate the DON, gation, ed reporters ately report of any kind nent when rmation 9 and /7/21 were they ducation at le DON designated chis ginning of er staff, equired to next at the only le in the des. DON, ation, lig, and derstanding es and tated inding d forms as	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245485	B. WING	B. WING		C 05/10/2021	
NAME OF I	PROVIDER OR SUPPLIER	240400			REET ADDRESS, CITY, STATE, ZIP CODE	U5/	10/2021
TO TWILL OF T	NOVIDEN ON OUT LIEN				90 LOCUST STREET		
JOHNSC	N MEMORIAL HOSP	& HOME			WSON, MN 56232		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 943	Continued From pa	ge 21	F 9		actions to ensure that the deficient practice is being corrected and will recur: Each Care Center department will recure the Care Center Abuse Prevention monthly meetings for the months of July and September, specifically retypes of abuse and timeliness of reabuse. DON, or designee, will concaudits by interviewing staff and ask questions about the Care Center Al Prevention Plan, specifically types of abuse (what they should report) and timeliness of reporting. This will also reviewed at June, July, and August monthly manager meetings. DON, or designee, will also review VA submitted to determine if report made within the appropriate time according to policy. This audit will be 6/7/21 and occur once weekly for foweeks, then every other week for tweeks, then monthly for two month quarterly until May 31, 2022. The date that each deficiency will be corrected. 6/14/21	review Plan at June, viewing duct ing ouse of d so be each was oegin our vo s, then	