Electronically delivered
May 11, 2021

Administrator
Samaritan Bethany Home On Eighth
24 - 8th Street Northwest
Rochester, MN 55901

RE: CCN: 245530
Cycle Start Date: April 20, 2021

Dear Administrator:

On April 20, 2021, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

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

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

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

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

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

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

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

DEPARTMENT CONTACT

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

Jennifer Kolsrud Brown, RN, Unit Supervisor
Rochester District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Office: (507) 206-2727 Mobile: (507) 461-9125

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

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

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

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

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

If substantial compliance with the regulations is not verified by July 20, 2021 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by October 20, 2021 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

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

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

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html

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

Feel free to contact me if you have questions.

Sincerely,

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245530	A. BUILDING _____ B. WING _____	C 04/20/2021

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SAMARITAN BETHANY HOME ON EIGHTH	**24 - 8TH STREET NORTHWEST ROCHESTER, MN 55901**

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F 000	INITIAL COMMENTS On 4/19/2021 and 4/20/2021, a standard abbreviated survey was conducted at your facility. Your facility was found to be NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were found to be SUBSTANTIATED: H55300065C (MN71916) and H55300067C (MN56161) with a deficiencies cited at F557, F584, and F684 H55300066C (MN68831) no corresponding deficiency was cited The following complaints were found to be UNSUBSTANTIATED: H55300068C (MN67587) The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate substantial compliance with the regulations has been attained.	F 000		
F 550 SS=D	Resident Rights/Exercise of Rights CFR(s): 483.10(a)(1)(2)(b)(1)(2) §483.10(a) Resident Rights.	F 550		6/4/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 05/21/2021

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F 550	Continued From page 1 The resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility, including those specified in this section. §483.10(a)(1) A facility must treat each resident with respect and dignity and care for each resident in a manner and in an environment that promotes maintenance or enhancement of his or her quality of life, recognizing each resident's individuality. The facility must protect and promote the rights of the resident. §483.10(a)(2) The facility must provide equal access to quality care regardless of diagnosis, severity of condition, or payment source. A facility must establish and maintain identical policies and practices regarding transfer, discharge, and the provision of services under the State plan for all residents regardless of payment source. §483.10(b) Exercise of Rights. The resident has the right to exercise his or her rights as a resident of the facility and as a citizen or resident of the United States. §483.10(b)(1) The facility must ensure that the resident can exercise his or her rights without interference, coercion, discrimination, or reprisal from the facility. §483.10(b)(2) The resident has the right to be free of interference, coercion, discrimination, and reprisal from the facility in exercising his or her rights and to be supported by the facility in the exercise of his or her rights as required under this subpart.	F 550		

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F 550	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure dignity for 1 of 1 resident (R1) who had an offensive room odors and stained carpet. Findings include During an observation and interview on 4/19/2021, at 8:50 a.m. R1's door was closed, upon entry to the room a very strong odor was present; the odor smelt like stale urine. R1 sat in her reclining chair on a washable bed pad (also known as a soaker pad-used to protect mattress from incontinence); there was also a soaker pad on the floor under R1's feet. The pad on the floor was partially underneath the recliner; that area of the pad had different shades of brown markings. R1 was asked why the pad was on the floor and what was underneath, R1 stated there was mold underneath, had been there since she was admitted, and the floor was leaking. R1 bent over and picked up the soaker off the floor; the odor was more prominent when the pad was lifted off the floor. The pad covered a large area that was approximately 2 feet in diameter that was dark black that was moist. The back of the pad that covered the area was yellow and brown. R1 stated she did not know when the last time her carpet was deep cleaned/shampooed, and she cleaned it herself. R1 indicated she wanted new carpet. During a subsequent interview at 1:45 p.m. R1 sat in her chair, she was informed environmental services was going to clean her carpet. R1 stated, "oh good, I hope they can take care of the carpet, the smell is really embarrassing, I can't have friends in here. My	F 550	F550 Resident Rights/Exercise of Rights Samaritan Bethany strives to ensure each resident has a right to a dignified existence, self-determination, and communication with and access to persons and services inside and outside the facility. R1's carpet was cleaned by environmental services on 4/19/21. R1's carpet was also cleaned by an outside carpet cleaning company on 4/28/21. The care team along with the family and resident agreed on the following room cleaning schedule: R1's room will be cleaned twice a week with carpet cleaning occurring on an as needed basis as well as twice a month by environmental services. R1's room odor has significantly improved. Samaritan Bethany is working with Hillers Flooring to replace R1's carpet. The Carpet Cleaning policy was reviewed and found appropriate. 5th neighborhood staff were educated on 4/23 and 4/26 regarding R1's declining of cares/services and approaches for how to approach R1 when care/services are declined. All neighborhood staff will be educated on 5/27/21 and 5/28/21 on F550 along with resident room cleaning procedures and approaches for residents who decline care/services. Neighborhood audits will be conducted by Neighborhood Coordinators and Care	

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F 550	Continued From page 3 family has told me how bad it smells, I can smell it really bad." R1 leaned down and removed the pad covering the stain and stated, "It gets so very bad I just can't stand it anymore, it's just so embarrassing. R1's face sheet included diagnoses of generalized anxiety disorder and agoraphobia (fear of certain places and situation that the person believes is difficult from such as public spaces) R1's quarterly Minimum Data Set (MDS) dated 4/7/2021, indicated R1 did not have cognitive impairment and did not have rejection of care behaviors. The MDS indicated R1 was independent ambulating in her room, personal hygiene, and toileting. The MDS identified R1 was frequently incontinent of urine and occasionally incontinent of bowel. R1's care plan included "I allow staff to clean my room and bathroom about every two weeks. I know I'm incontinent of urine, stool, and have emesis on any given day. My room has an odor to it some days. Staff will offer to assist me in cleaning myself up. I usually choose to do it myself, which in turn causes my room to smell which I understand and I choose to live in this environment." The corresponding intervention directed staff to re-approach later if needed. During an interview on 4/19/2021, at 8:57 a.m. nursing assistant (NA)-A entered the room. NA-A stated the soaker pad was on the floor for R1 urinary overflow incontinence. During an interview on 4/19/2021, at 10:04 a.m. licensed practical nurse (LPN)-A confirmed R1's	F 550	Coordinators for 3 months to ensure carpets are cleaned and rooms are free of odor. Community Leader and Assistant Clinical Mentor will monitor for compliance. Findings will be reported at Quality Assurance Committee meetings. Date of completion: 6/4/21	

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F 550	Continued From page 4	F 550		

room had an offensive odor and indicated R1's carpets were cleaned whenever they can; when R1 was not in her room such as when she went to beauty shop appointments. LPN-A stated staff cleaned the carpets last week when she was at the beauty shop. LPN-A stated staff used a product Odor Be Gone/biomatic and towels to soak up the urine on the floor. LPN-A indicated R1 did not always allow staff to clean her carpet; R1 liked to do it herself.

During an interview on 4/19/2021, at 10:16 a.m. family member (FM)-A stated she had visited R1 very recently; R1's room had a very strong urine/bowel odor, and there was a soaker pad on the floor. FM-A indicated she had historically discussed the concern with the nurse manager however, didn't think anything had been done about it.

During an interview on 4/19/2021, at 10:45 a.m. registered nurse (RN)-A stated she was the nurse manager for the unit where R1 resided. RN-A indicated staff would attempt to clean R1's room almost weekly and when R1 would allow. RN-A stated there was a daily and a weekly checklist that was completed by NA's; the checklist outlined the cleaning schedules for each room. RN-A showed the checklist to the surveyor; the checklist had days of the week with room numbers underneath the day of the week, it did not outline specific cleaning tasks. RN-A stated NA's would clean the carpet using the carpet cleaner for routine cleaning and environmental services would do the deep carpet cleaning.

During an interview on 4/19/2021, at 2:30 p.m.

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F 550	Continued From page 5 environmental service partner (ESP)-A stated she had not been in R1's room for a long time. ESP-A indicated NA's on the unit were supposed to shampoo the carpet as needed because each unit had their own carpet cleaner. ESP-A entered R1's room, ESP-A confirmed the presence of the foul odor. ESP-A indicated once the carpets were stained she couldn't get the stains out. ESP-A observed R1's carpet and stated, "I've never seen it [stain] that black, it doesn't look like it has been cleaned in a long time." ESP-A moved R1's chair; there was the stain extended underneath R1's chair. ESP-A stated she was going to get the carpet cleaner now. ESP-A indicated that the odor/dirty carpet could be a health risk for R1, other residents, and staff. During an interview on 4/20/2021, at 1:49 p.m. director of nursing (DON) indicated she expected staff to clean the carpets however, R1 would often refuse her carpets to be cleaned. DON indicated that once stained, the stains do not lift, but would have to talk to maintenance for alternatives.	F 550		
F 584 SS=D	Safe/Clean/Comfortable/Homelike Environment CFR(s): 483.10(i)(1)-(7) §483.10(i) Safe Environment. The resident has a right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. The facility must provide- §483.10(i)(1) A safe, clean, comfortable, and homelike environment, allowing the resident to use his or her personal belongings to the extent possible.	F 584		6/4/21

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F 584	Continued From page 6 (i) This includes ensuring that the resident can receive care and services safely and that the physical layout of the facility maximizes resident independence and does not pose a safety risk. (ii) The facility shall exercise reasonable care for the protection of the resident's property from loss or theft. §483.10(i)(2) Housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior; §483.10(i)(3) Clean bed and bath linens that are in good condition; §483.10(i)(4) Private closet space in each resident room, as specified in §483.90 (e)(2)(iv); §483.10(i)(5) Adequate and comfortable lighting levels in all areas; §483.10(i)(6) Comfortable and safe temperature levels. Facilities initially certified after October 1, 1990 must maintain a temperature range of 71 to 81°F; and §483.10(i)(7) For the maintenance of comfortable sound levels. This REQUIREMENT is not met as evidenced by: Based on observation, interviews, and document review the facility failed to ensure resident room was free from offensive odors for 1 of 3 residents (R1) Findings include During an observation and interview on	F 584	F584 Safe/Clean/Comfortable/Homelike Environment Samaritan Bethany strives to ensure each resident has right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living	

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F 584	Continued From page 7 4/19/2021, at 8:50 a.m. R1's door was closed, upon entry to the room a very strong odor was present; the odor was like stale urine. R1 sat in her reclining chair, there was also a pad on the floor under R1's feet. The pad on the floor was partially underneath the recliner; that area of the pad had different shades of brown. R1 was asked why the pad was on the floor and what was underneath, R1 stated there was mold underneath and the floor was leaking. R1 bent over and picked up the soaker off the floor; the odor was more prominent when the pad was lifted off the floor. The pad covered a large area that was approximately 2 feet in diameter that was dark black that was moist. The back of the pad that covered the area was yellow and brown. R1 stated she did not know when the last time her carpet was deep cleaned/shampooed, and she cleaned it herself. R1 indicated she wanted new carpet. During an interview on 4/19/2021, at 8:57 a.m. nursing assistant (NA)-A entered the room. NA-A stated the pad was on the floor for R1 urinary overflow incontinence. NA-A stated R1 toileted herself and indicated she did not want staff to clean her carpets. During an interview on 4/19/2021, at 10:04 a.m. licensed practical nurse (LPN)-A confirmed R1's room had an offensive odor and indicated R1's carpets were cleaned whenever they can; when R1 was not in her room such as when she went to beauty shop appointments. During an interview on 4/19/2021, at 10:16 a.m. family member (FM)-A stated she had visited R1 very recently; R1's had offensive odors, and	F 584	safely. R1's carpet was cleaned by environmental services on 4/19/21. R1's carpet was also cleaned by an outside carpet cleaning company on 4/28/21. The care team along with the family and resident agreed on the following room cleaning schedule: R1's room will be cleaned twice a week with carpet cleaning occurring on an as needed basis as well as twice a month by environmental services. R1's room odor has significantly improved. Samaritan Bethany is working with Hillers Flooring to replace R1's carpet. The Carpet Cleaning policy was reviewed and found appropriate. 5th neighborhood staff were educated on 4/23 and 4/26 regarding R1's declining of cares/services and approaches for how to approach R1 when care/services are declined. All neighborhood staff will be educated on 5/27/21 and 5/28/21 on F584 along with resident room cleaning procedures and approaches for residents who decline care/services. Neighborhood audits will be conducted by Neighborhood Coordinators and Care Coordinators for 3 months to ensure carpets are cleaned and rooms are free of odor. Community Leader and Assistant Clinical Mentor will monitor for compliance. Findings will be reported at Quality Assurance Committee meetings. Date of completion: 6/4/21	

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F 584	Continued From page 8	F 584		

there was a soaker pad on the floor. FM-A indicated she had historically discussed the concern with the nurse manager however, didn't think anything had been done about it.

During an interview on 4/19/2021, at 10:45 a.m. registered nurse (RN)-A stated she was the nurse manager for the unit where R1 resided. RN-A indicated staff would attempt to clean R1's room almost weekly and when R1 would allow. RN-A stated there was a daily and a weekly checklist that was completed by NA's; the checklist outlined the cleaning schedules for each room. RN-A stated NA's would clean the carpet using the carpet cleaner for routine cleaning and environmental services would do the deep carpet cleaning.

During an interview on 4/19/2021, at 2:30 p.m. environmental service partner (ESP)-A stated she had not been in R1's room for a long time. ESP-A indicated NA's on the unit were supposed to shampoo the carpet as needed because each unit had their own carpet cleaner. ESP-A entered R1's room, ESP-A confirmed the presence of the foul odor. ESP-A indicated once the carpets were stained she couldn't get the stains out. ESP-A observed R1's carpet and stated, "I've never seen it [stain] that black, it doesn't look like it has been cleaned in a long time." ESP-A moved R1's chair; there was the stain extended underneath R1's chair. ESP-A stated she was going to get the carpet cleaner now. ESP-A indicated that the odor/dirty carpet could be a health risk for R1, other residents, and staff.
During an observation on 4/20/2021, at 8:15 a.m. R1 had been moved temporarily out of her room to an adjoining room so that the carpet could dry

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after cleaned. R1's room door was opened, the odor was now noticeable in the hallway outside of R1's room; inside R1's room the odor was unchanged from 4/19, industrial fans pointed at the area of carpet that continued to be a dark black.

During an interview on 4/20/2021, at 8:35 a.m. neighborhood coordinator (NC)-A indicated she was responsible for reviewing and auditing checklist for completion along with the unit nurse manager. NC-A stated NA's were supposed to shampoo carpets as needed and deep cleaned once per month. When asked, Based on the checklist when was the last time the carpets were shampooed, NC-A stated she could not tell when the last time the carpet was cleaned/shampooed/deep cleaned. NC-A indicated that just the other day she was informed environmental services was not responsible for the carpet cleaning and only stock the supplies for the carpet cleaning.

During an interview on 4/20/2021, at 1:49 p.m. director of nursing (DON) indicated she expected staff to clean the carpets however, R1 would often refuse her carpets to be cleaned. DON indicated that once stained, the stains do not lift, but would have to talk to maintenance for alternatives.

Facility policy Carpet Cleaning dated 11/2020, included: Samaritan Bethany makes every effort to ensure carpet in the neighborhoods is cleaned and maintained.
1. Household carpet cleaners are available on each neighborhood for neighborhood staff use. Use to clean soils, spills, odorous areas. Fill out a

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F 584	Continued From page 10 work order if the area needs further cleaning by environmental services.	F 584		
F 684 SS=D	Quality of Care CFR(s): 483.25 § 483.25 Quality of care Quality of care is a fundamental principle that applies to all treatment and care provided to facility residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to identify, comprehensively assess, monitor, and manage behaviors of self-neglect and/or rejection of care behaviors for 1 of 1 residents (R1) who had worsening non-pressure related wounds and resided in a room with odors as a result of unmanaged incontinence. Findings include R1's quarterly Minimum Data Set (MDS) assessment dated 4/7/2021, indicated R1 did not have cognitive impairment and did not have rejection of care behaviors. The MDS indicated R1 was independent ambulating in her room, personal hygiene, and toileting. The MDS identified R1 was frequently incontinent of urine and occasionally incontinent of bowel. The MDS also indicated R1 had 3 venous or arterial ulcers and required nutritional intervention, nonsurgical dressings and application of	F 684	F684 Quality of Care Quality of care is a fundamental principle that applies to all treatment and care provided to residents. Based on the comprehensive assessment of a resident, the facility must ensure that residents receive treatment and care in accordance with professional standards of practice, the comprehensive person-centered care plan, and the residents' choices. Several areas of self-neglect for R1 were reviewed and the following items implemented based on R1's preferences: R1's care plan for Mood/Behavior was updated on 4/23/21 and the overall care plan was updated on 5/21/21. R1's shower was changed to Tuesday mornings per R1's request on 5/4/21. On 5/18/21 a skin assessment was completed. On 5/21/21 a bladder assessment was initiated. On 5/20 /21 the weight order changed from daily to	6/4/21

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F 684	Continued From page 11 ointments/medications other than to feet. R1's face sheet included diagnoses of agoraphobia (extreme or irrational fear of entering open or crowded places, of leaving one's own home, or of being in places from which escape is difficult), anxiety disorder, opioid dependence, venous insufficiency, non-pressure chronic ulcer of lower leg left leg, diabetes type II, and morbid obesity. During an interview on 4/19/2021, at 10:16 a.m. family member (FM)-1 stated prior to admission to the long term care facility she had been in a assisted living where she was not managing her incontinence, wound care, and medications which caused health problems. FM-1 stated R1 required long term care to manage harmful self-neglect behaviors. FM-1 stated R1 was not making good decisions for her own well-being and didn't have the capacity to. FM-1 indicated R1 had a strong personality, and was difficult to redirect. FM-1 stated she has informed the facility R1 could not be given a choice to complete daily cares because she would not do it, staff needed to be direct with her and say "It's time to do your dressing change" not "Is it ok to do your dressing change?", stated staff also have to be persistent. FM-1 indicated the facility had not discussed new interventions with her in order to manage R1's refusals. FM-1 stated she had visited R1 very recently; R1's room had a very strong urine/bowel odor, and there was a soaker pad on the floor. FM-1 indicated she had historically discussed the concern with the nurse manager however, didn't think anything had been done about it.	F 684	3x/week per NP. An order was received on 5/20 to conduct ST for a MOCA. On 5/14/21 the LacHydrin treatment was changed from evenings to days. Treatments to R1's lower extremity wound was changed from evenings to days on 4/23/21. R1's skin check was changed from evenings to days on 5/4/21. R1's leg wraps and elevation of lower extremity order was changed to PRN on 5/20/21. NP dictation was received on 5/19/21 outlining R1's choices of care including choice to reject or decline care as well as reviewing the risks of those choices. NP is scheduled to visit R1 on 5/21/21 to review overall goals of care including bladder incontinence and orders. Any order changes as a result will be implemented. All neighborhood staff will be educated on 5/27/21 and 5/28/21 on F684 including comprehensive assessments and approaches for residents that display a pattern of self-neglect and/or rejection of care. Care Coordinators will be provided education on 6/3/21 on the process of comprehensively assessing residents that display a pattern of self-neglect and/or rejection of care. Neighborhood audits will be conducted Care Coordinators and Assistant Clinical Mentor for 3 months to ensure comprehensive assessments are completed for those residents that display a pattern of self-neglect and/or rejection of care. Clinical Mentor and Assistant Clinical	

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F 684	Continued From page 12 R1's urinary incontinence Care Area Assessment (CAA) dated 7/13/2020, identified R1 had an actual problem with urinary incontinence. The CAA indicated contributing modifiable factors as psychological/psychiatric problems, pain, and restricted mobility. The CAA included, "Resident is able to ask for assistance as needed but her MDS note 7/7/2020 she chooses to initiate transfers and ambulation in her room without alerting staff. Staff assist with incontinence care as needed." R1's pressure ulcer/injury CAA dated 7/13/2020, included "Resident has 3 chronic venous ulcers bilaterally that have daily treatments and are assessed periodically by RN [registered nurse]. Resident is at risk for further skin breakdown and the development of pressure ulcers related to impaired mobility and incontinence, obesity, other diagnosis" Physician orders included: -Lasix 40 milligrams (mg) one time a day for bilateral lower extremity edema (start date 1/25/2021) -lac-hydrin 12% lotion apply daily to calloused/thickened skin on toes every evening shift (start date 7/18/2020) -Bilateral knee-high stretch compression wraps until stockingettes arrive twice per day (start date 9/24/2020) -To bilateral venous ulcers cleanse daily with normal saline, pat dry, apply calcium alginate dressing cut to wound bed size, spray around the wound with barrier spray to dry, cover with non-adherent gauze and secure with kerlix daily and as needed for soiling (start date 5/2/2020) -Left foot ulcer: size unknown. Depth approximately less than 0.2 cm. Cleansed daily with normal saline, pat dry, apply iodosorb, cover	F 684	Mentor will monitor for compliance. Findings will be reported at Quality Assurance Committee meetings. Date of completion: 6/4/21	

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with non-adherent gauze, and secure with kerlix one time a day (start date 9/11/2020)

R1's March and April medication/treatment administration records were reviewed in combination with nursing progress notes; the records identified multiple refusals/rejection of physician ordered treatments without consistent or sufficient documentation of attempted interventions. The records also lacked evidence R1 was consistently provided with education of risks versus benefits and lacked evidence the physician was notified of the rejection/refusals of care. In addition, R1's record lacked evidence of analysis of R1's rejection/refusal behaviors in order to determine if R1's behavior was worsening/increasing in frequency or improving/decreasing in frequency and what if any impact the rejection/refusal behaviors had on meeting R1's care plan goals for safety, dignity, urinary incontinence and wound management.

March MAR identified the following:
-Daily weights; 3/5/2021 was left blank and indicated R1 refused to be weighed 28 times (weighed only twice)
-Lac-Hydrin; R1 refused/rejected the medication 11 times

March TAR identified the following:
-Left foot ulcer treatment: 3/10 and 3/11/2021 boxes were left blank, R1 refused/rejected treatment 12 times.
-Lower extremity venous treatment orders: 3/10 and 3/11/2021 boxes were left blank, R1 refused/rejected treatment 11 times.
-Knee high stretch compression wraps: R1 refused/rejected treatment 25 times out of 31

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F 684	Continued From page 14 opportunities. April TAR identified the following: -knee-high stretch compression wraps; R1 4/9/21 was left blank and refused/rejected all other days which totaled 18 days. -low extremity venous ulcers: R1 refused/rejected 9 out of 20 opportunities -Left foot ulcer treatment; R1 refused/rejected 8 out of 20 opportunities April MAR identified the following: -Lac-hyrdin; R1 refused/rejected 5 out of 20 opportunities -Daily weights; R1 refused/rejected 18 times, was weighed twice, 4/9/2021 was left blank. R1's MDS's dated 7/8/20202, 10/7/2020, and 1/5/2021 did not identify R1 rejected refused care and despite documentation in R1's record of multiple rejection/refusals the MDS dated 4/7/2021, rejection/refusals behaviors was not identified and or assessed. R1's MDS progress note dated 4/5/2021, included "resident has BLE [bilateral lower extremity] edema but declines compression wraps when offered" and "Resident is independent with toileting but has episodes of bowel and bladder incontinence but will not accept help from caregivers for peri care." and "Resident chooses to initiate self-transfers and ambulation in her room without alerting staff and understands the risks." and Resident often refuses wound care and does not allow staff to give her a shower stating that she gives herself a daily sponge bath and does not need us to look at her skin."	F 684		

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F 684	Continued From page 15 R1's record included on risk assessment. R1's Shared Risk Agreement first signed by R1 and representative on 4/30/2019 and reviewed on 1/19/2021, indicated R1 understood the risks and benefits of refusing one staff assist with all transfer. The assessment indicated R1 understood the potential negative outcomes of this choice that included falls fracture, cuts, dislocation of bones, up to death. R1's care plan dated 7/12/2021, included "[R1] exercise my right to make decisions. I have sometimes chosen to not accept cares that staff offer. I have declined a shower or bath at times. R1's goal was not to experience adverse consequences related to her decisions. Corresponding interventions included: -continue to offer cares and bath/showers (start date 7/12/2019) -Do not judge me [R1] for my decision (start date 7/12/2019) -Explain the need to be clean and the consequences to skin integrity and self due to not bathing (start date 7/12/2019) -I allow staff to clean my room and bathroom about every two weeks. I know I'm incontinent of urine, stool, and have emesis on any given day. My room has an odor to it some days. Staff will offer to assist me in cleaning myself up. I usually choose to do it myself, which in turn causes my room to smell which I understand and I choose to live in this environment (start date 1/15/2020) -Re-approach later if needed (start date 7/12/2019) Bathing R1'S Bath/Skin notes identified R1 refused	F 684		

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weekly bathing in March and April. The record lacked evidence R1 was provided education and lacked attempts made to attempt new interventions.
-Bath/Skin note dated 3/2/2021, included "resident was offered her regular shower this evening shift and refused. A skin assessment was not completed, however, BLE [bilateral lower extremity} treatments were completed."
-Bath/Skin note dated 3/9/2021, included "Resident refused shower evening of 3/9/2021 as well as skin check" The note also indicated R1 refused dressing changes to her leg wounds.
-Bath/skin note dated 3/22/2021, included "Writer went to see if resident would allow writer to assess skin head and toes. Resident chose at this time "no" Will continue to try on bath days and any other day if resident allows."
-Bath/skin note dated 3/28/2021, did not identify if shower/bath was given, however R1 refused dressing changes.
-Bath/skin note dated 4/6/2021, included "Resident refused bath/shower. She also refused skin checks and wound dressing change. She stated she is sick to her stomach and does not want to be disturbed."

Wound Care
R1's skin care plan dated 1/22/2021, indicated R1 had wounds to both calves and top of feet, R1's goal was to have no complications to the wounds. Corresponding interventions included: keep skin clean and dry, use lotion on dry skin, monitor and report abnormalities or failure to heal to physician.

R1's wound notes were reviewed from 3/19/2021 to 4/15/2021; the record identified weekly wound

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assessments, and that R1 had rejected/refused treatments. The notes did not identify interventions aside from R1 was provided education and risk versus benefits; the record did not include/identify root cause of refusals and/or evidence of new revisions to the care plan were attempted and/or offered. The notes identified an additional wound to the left lower extremity from 3/19 to 4/15 and indicated the wounds to the right leg wound had deteriorated between those dates.

R1's Wound/Pressure Injury Note dated 3/19/2021, included; Left top wound measured 8.7 cm area, 5.2 cm length, 2.0 cm width, left bottom wound measured 1.9 cm area, 2.2 cm length, and 1.1 cm width. Right lower outer leg measured 4.2 cm area, 4.1 cm length, 1.4 cm width, right inner wound measured 0.3 cm area, 0.9 cm length, 0.5 cm width. All wounds had an odor with a tan drainage except inner right wound is pink/red in color. The note indicated that after the wounds were cleaned there was more odor. The note also included, "Surrounding skin is very lumpy today. Little lump nodules all over lower leg with no drainage from them."

R1's Wound/Pressure Note dated 4/15/2021, included; Left out lower top wound bed measured 8.0 cm area, 4.7 cm length, 2.2 cm width with 20% granulation and 80% slough in wound bed. Bottom wound on left outer lower leg measured 1.6 cm area, 2.3 cm length, 0.9 cm width, with 90% slough and 10% granulation. The right outer leg measured 6.0 cm area, 4.7 cm length, 1.5 cm width, 50% granulation and 50% slough. Both lower legs still red and scaly foot to knees. No pitting edema noted except both lower legs feels hard when touch. Staff encourage resident to

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F 684	Continued From page 18 take part in wrapping lower legs to help heal them. "I have done all that before and it does not help. I been to wound clinic and they cannot find what to do for me." Staff and CNP has encouraged resident to take part in healing lower legs by following orders. Staff will continue to educate, encourage resident to take part in healing her own legs along with present treatments. Nutrition R1's nutrition note dated 4/9/2021, indicated the physician decline to prescribe a multi--vitamin related to ongoing and intermittent gastrointestinal discomfort. The note also included, "Resident continues to self-select food per preference and according to [gastrointestinal symptoms of nausea/vomiting] being present or not. She has marginal intake of fruits and vegetables and also declines nutritional support. Nutrition services following." Incontinence R1's activities of daily living care plan dated 1/16/2021, indicated R1 required one staff to assist with toileting except at times she chose to initiate self- transfers. The care plan indicated also identified R1 required one staff assist with a two wheeled walker and would self-transfer. R1's identified R1 had bladder incontinence related to impaired mobility and received a diuretic medication. R1's goal was to remain free from skin breakdown due to incontinence. Corresponding intervention included: nursing assistance alert nurse when lower leg dressings are wet or soiled so they can be replaced (start date 1/22/2021), R1 was one assistant with incontinence care, R1 had incontinent episodes	F 684		

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daily that she cleaned herself and called for help when she needed lots of help with incontinent episodes. The care plan also instructed staff to assist with toileting at 6:30 a.m. and 10:00 p.m. to decrease episodes of incontinence.

R1's record lacked evidence of bladder assessment to determine if R1's had increases in incontinent episodes as a result of refusing/rejecting staff assistance to the bathroom.

Room cleaning/offensive odor and carpet staining.
Progress note dated 4/1/2021, included "During night shift, resident was cleaning her room by herself. She was vacuuming and moving boxes around in her room. Staff offered to help her, but she said she could do it herself. NAR [nursing assistant] helped in moving the boxes for her. Resident insisted on doing the cleaning although she wasn't stable on her own. Staff kept checking on her until she went back in her chair.

Progress note dated 4/14/2021, included "It was reported that resident had put herself on the floor to kneel toward recliner and was scabbing [sic] the seat of the chair herself. Resident has had incontinent episode. Resident choose not have staff assist with the cleaning. Resident is alert and able to voice her daily needs. Resident is one assist with ADL's [activities of daily living.] Staff try to educate as needed and resident will voice, staff to leave her room. Resident has been seen by staff vacuuming her own room at times. "Will continue to have staff go into resident room and offer staff assist often. Then encourage resident to allow staff assistance with cleaning.

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F 684	Continued From page 20 R1's physician notes did not address all areas of rejection/refusals of care including assistance for toileting/ambulation and keeping a clean environment that supported dignity and infection control. The physician notes also did not address on going behavioral management of refusal/rejections and/or professional psychiatry involvement or referrals. R1's physician progress notes dated 4/9/2021, indicated R1 was callus formation to both ankle regions and had an order for lac-hydrin lotion. The overview section of the progress note included; Edema Stasis bilateral (chronic) with recurrent cellulitis in context of edema. Intermittently compliant with compression (multiple compression strategies have been uncomfortable for her. Hyper venous chronic ulcers bilateral; daily dressing- she will sometimes refuse (per report more on weekends/with unfamiliar staff. Cognitive disorder-Primary (Chronic) "6/2020 MOCA 14/30, missed all short-term recall, declined participation in drawing o'clock. Not clear at this time if this represents mild cognitive impairment or dementia. Functionally, she was already impaired prior to cognitive disorder to coming to light (long-term skilled nursing facility resident due to physical limitations), so it is somewhat difficult to ascertain if she is functionally impaired on cognitive basis. Iterative [sic] re-evaluation will be important. -Fluctuations in cognition also likely complicated by chronic opioid use. During an observation and interview on 4/19/2021, at 8:50 a.m. R1's door was closed, upon entry to the room a very strong odor was	F 684		

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F 684	Continued From page 21	F 684		

present; the odor was consistent with stale urine. R1 sat in her reclining chair on a washable bed pad (also known as a soaker pad-used to protect mattress from incontinence); there was also a soaker pad on the floor under R1's feet. The pad on the floor was partially underneath the recliner; that area of the pad had different shades of brown markings. R1 was asked why the pad was on the floor and what was underneath, R1 stated there was mold underneath, had been there since she was admitted, and the floor was leaking. R1 bent over and picked up the soaker off the floor; the odor was more prominent when the pad was lifted off the floor. The pad covered a large area that was approximately 2 feet in diameter that was dark black that was moist. The back of the pad that covered the area was yellow and brown. R1 stated she did not know when the last time her carpet was deep cleaned/shampooed, and she cleaned it herself. R1 indicated she wanted new carpet. R1 stated she didn't have concerns with her care however, did not like the changes to the staff schedule and didn't like new people providing her cares. During a subsequent interview at 1:45 p.m. R1 sat in her chair, she was informed environmental services was going to clean her carpet. R1 stated, "oh good, I hope they can take of the carpet, the smell is really embarrassing, I can't have friends in here. My family has told me how bad it smells, I can smell it really bad." R1 leaned down and removed the pad covering the stain and stated, "It gets so very bad I just can't stand it anymore, it's just so embarrassing.

During an interview on 4/19/2021, at 8:57 a.m. nursing assistant (NA)-A entered the room. NA-A stated the soaker pad was on the floor for R1

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	245530	A. BUILDING _____ B. WING _____	C 04/20/2021

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urinary overflow incontinence. NA-A stated R1 "was completely delusional", and didn't know why R1 would say that there was mildew on the floor, "she has to come up with another motive for the odor." NA-A stated R1 was independent with toileting without prompting. NA-A indicated R1's skin was checked on shower days by the nurse, however R1 refused showers. NA-A stated R1 liked to do things independently and when she would refuse cares she would "conversate" with her.

During an interview on 4/19/2021, at 9:01 a.m. licensed practical nurse (LPN)-A stated R1 refused showers that were scheduled in the evening. LPN-A reviewed R1's record and indicated that it did not look like R1's lower extremities dressings were changed on 4/18/2021.

During an interview on 4/19/2021, at 10:04 a.m. LPN-A indicated R1 sometimes refused dressing changes, refused showers, refused staff assistance, refused to allow staff to clean her room, and refused to go to clinic appointments; she would have a family member call and cancel them. LPN-A stated when R1 was first admitted to the facility she used to take shower/bath; LPN-A did not know when R1 started refusing showers or why. LPN-A indicated staff re-approach when she refuses care and provide education. LPN-A confirmed R1's room had an offensive odor and indicated R1's carpets were cleaned whenever they can; when R1 was not in her room such as when she went to beauty shop appointments. LPN-A stated staff cleaned the carpets last week when she was at the beauty shop. LPN-A stated staff used a product Odor Be

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F 684	Continued From page 23 Gone/biometric and towels to soak up the urine on the floor. LPN-A indicated R1 did not always allow staff to clean her carpet; R1 liked to do it herself. During an interview on 4/19/2021, at 10:45 a.m. registered nurse (RN)-A stated she was the nurse manager for the unit where R1 resided. RN-A stated staff go into assist R1 when she allows us to. RN-A stated when it's time for a treatment, the staff would nicely present options of completing the task now or later. RN-A stated the staff would re-approach if she would refuse. RN-A stated R1 refused dressing changes that were scheduled to be completed in the evening; stated she didn't think changing the wound treatment had been attempted. RN-A stated R1's wounds were getting worse. RN-A stated the social worker and NP were involved, did not think psych services was involved. RN-A indicated an unawareness if R1's rejection/refusals were assessed and analyzed. RN-A indicated staff would attempt to clean R1's room almost weekly and when R1 would allow. RN-A stated there was a daily and a weekly checklist that was completed by NA's; the checklist outlined the cleaning schedules for each room. RN-A showed the checklist to the surveyor; the checklist had days of the week with room numbers underneath the day of the week, it did not outline specific cleaning tasks. RN-A stated NA's would clean the carpet using the carpet cleaner for routine cleaning and environmental services would do the deep carpet cleaning. During an interview on 4/19/2021, at 2:30 p.m. environmental service partner (ESP)-A stated she had not been in R1's room for a long time.	F 684		

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ESP-A indicated NA's on the unit were supposed to shampoo the carpet as needed because each unit had their own carpet cleaner. ESP-A entered R1's room, ESP-A confirmed the presence of the foul odor. ESP-A indicated once the carpets were stained she couldn't get the stains out. ESP-A observed R1's carpet and stated, "I've never seen it [stain] that black, it doesn't look like it has been cleaned in a long time." ESP-A moved R1's chair; there was the stain extended underneath R1's chair. ESP-A stated she was going to get the carpet cleaner now. ESP-A indicated that the odor/dirty carpet could be a health risk for R1, other residents, and staff.

During an interview on 4/20/2021, at 8:46 a.m. MDS coordinator reviewed the MDS's and confirmed rejection/refusal behaviors were not identified on the MDS. MDS coordinator stated, she was informed that if the rejection/refusal was a resident choice then it did not have to be identified on the assessment. MDS coordinator also indicated staff did not document enough information for the behavior to be identified on the MDS.

During an interview on 4/20/2021, at 12:43 p.m. licensed social worker (LSW)-A indicated nursing would complete behavior assessments, develop and implement care plan interventions. LSW-A indicated it would be the nursing side of things what the repercussions were as a result of R1's decisions or refusals. LSW-A stated staff use re-approach to manage R1's behaviors of rejection/refusal. LSW-A indicated staff would first use indirect approach and then be more direct after R1 refused. LSW-B stated the facility recognized the rights for residents to make their

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F 684	Continued From page 25 own decisions. During an interview on 4/20/2021, at 1:49 p.m. director of nursing (DON) and administrator indicated R1 had the right to refuse treatment/care and looked at R1's rejection/refusals as a choice and not a behavior. DON indicated she expected staff to clean the carpets however, R1 would often refuse her carpets to be cleaned. DON indicated that once stained, the stains do not lift, but would have to talk to maintenance for alternatives. During an interview on 4/20/2021, at 3:00 p.m. nurse practitioner stated she was not aware that R1 was rejecting assistance for toileting and cleaning her room. Facility policy Behavior and Mood Symptom Tracking dated 12/2020 included, To identify the presence of mood and behavioral symptoms for management in order for the resident to attain or maintain the highest practical physical, mental, and psychosocial well-being. This includes prevention and treatment of mental disorders. -Behavior and mood symptom tracking is recorded in the electronic health record. Nurses chart behaviors in the progress notes as they occur. -The information gathered is used to assess resident behavioral health needs and is addressed in the MDS, CAA, and the care plan upon move in, quarterly, and with significant change. -This information is communicated with the resident's provider during recertification visits and as needed. -An interdisciplinary approach including resident,	F 684		

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F 684	Continued From page 26 their family or representative is used to address the behavioral, mood, and psychosocial needs of the resident.	F 684		

DEPARTMENT OF HEALTH

Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 11, 2021

Administrator
Samaritan Bethany Home On Eighth
24 - 8th Street Northwest
Rochester, MN 55901

Re: State Nursing Home Licensing Orders
Event ID: CM4L11

Dear Administrator:

The above facility was surveyed on April 19, 2021 through April 20, 2021 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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

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

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

Jennifer Kolsrud Brown, RN, Unit Supervisor
Rochester District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
18 Wood Lake Drive Southeast
Rochester, Minnesota 55904-5506
Email: jennifer.kolsrud@state.mn.us
Office: (507) 206-2727 Mobile: (507) 461-9125

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

Please note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Melissa Poepping, Health Program Representative Senior
Program Assurance | Licensing and Certification
Minnesota Department of Health
P.O. Box 64970
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4117
Email: melissa.poepping@state.mn.us

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2 000	Initial Comments *****ATTENTION****** NH LICENSING CORRECTION ORDER In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health. Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected. You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance. INITIAL COMMENTS: On 4/19/2021 and 4/20/2021, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found NOT in compliance with the MN State Licensure. Please indicate in your electronic plan of correction you have reviewed these orders, and identify the date when they will	2 000		

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2 000	Continued From page 1 be completed. The following complaints were found to be SUBSTANTIATED: H55300065C (MN71916) and H55300067C (MN56161) with licensing orders at 0830, 1695, and 1805. H55300066C (MN68831) no licensing orders were issued The following complaints were found to be UNSUBSTANTIATED: H55300068C (MN67587) Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes. The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyor ' s findings are the Suggested Method of Correction and Time Period for Correction. You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm. The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to	2 000		

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2 000	Continued From page 2 you electronically. Although no plan of correction is necessary for State Statutes/Rules, please enter the word "CORRECTED" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.	2 000		
2 830	MN Rule 4658.0520 Subp. 1 Adequate and Proper Nursing Care; General Subpart 1. Care in general. A resident must receive nursing care and treatment, personal and custodial care, and supervision based on individual needs and preferences as identified in the comprehensive resident assessment and plan of care as described in parts 4658.0400 and 4658.0405. A nursing home resident must be out of bed as much as possible unless there is a written order from the attending physician that the resident must remain in bed or the resident prefers to remain in bed. This MN Requirement is not met as evidenced by: Based on observation, interview, and document	2 830	Corrected	6/4/21

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2 830	Continued From page 3 review the facility failed to identify, comprehensively assess, monitor, and manage behaviors of self-neglect and/or rejection of care behaviors for 1 of 1 residents (R1) who had worsening non-pressure related wounds and resided in a room with odors as a result of unmanaged incontinence. Findings include R1's quarterly Minimum Data Set (MDS) assessment dated 4/7/2021, indicated R1 did not have cognitive impairment and did not have rejection of care behaviors. The MDS indicated R1 was independent ambulating in her room, personal hygiene, and toileting. The MDS identified R1 was frequently incontinent of urine and occasionally incontinent of bowel. The MDS also indicated R1 had 3 venous or arterial ulcers and required nutritional intervention, nonsurgical dressings and application of ointments/medications other than to feet. R1's face sheet included diagnoses of agoraphobia (extreme or irrational fear of entering open or crowded places, of leaving one's own home, or of being in places from which escape is difficult), anxiety disorder, opioid dependence, venous insufficiency, non-pressure chronic ulcer of lower leg left leg, diabetes type II, and morbid obesity. During an interview on 4/19/2021, at 10:16 a.m. family member (FM)-1 stated prior to admission to the long term care facility she had been in a assisted living where she was not managing her incontinence, wound care, and medications which caused health problems. FM-1 stated R1 required long term care to manage harmful	2 830		

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2 830	Continued From page 4 self-neglect behaviors. FM-1 stated R1 was not making good decisions for her own well-being and didn't have the capacity to. FM-1 indicated R1 had a strong personality, and was difficult to redirect. FM-1 stated she has informed the facility R1 could not be given a choice to complete daily cares because she would not do it, staff needed to be direct with her and say "It's time to do your dressing change" not "Is it ok to do your dressing change?", stated staff also have to be persistent. FM-1 indicated the facility had not discussed new interventions with her in order to manage R1's refusals. FM-1 stated she had visited R1 very recently; R1's room had a very strong urine/bowel odor, and there was a soaker pad on the floor. FM-1 indicated she had historically discussed the concern with the nurse manager however, didn't think anything had been done about it. R1's urinary incontinence Care Area Assessment (CAA) dated 7/13/2020, identified R1 had an actual problem with urinary incontinence. The CAA indicated contributing modifiable factors as psychological/psychiatric problems, pain, and restricted mobility. The CAA included, "Resident is able to ask for assistance as needed but her MDS note 7/7/2020 she chooses to initiate transfers and ambulation in her room without alerting staff. Staff assist with incontinence care as needed." R1's pressure ulcer/injury CAA dated 7/13/2020, included "Resident has 3 chronic venous ulcers bilaterally that have daily treatments and are assessed periodically by RN [registered nurse]. Resident is at risk for further skin breakdown and the development of pressure ulcers related to impaired mobility and incontinence, obesity, other diagnosis"	2 830		

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2 830	Continued From page 5 Physician orders included: -Lasix 40 milligrams (mg) one time a day for bilateral lower extremity edema (start date 1/25/2021) -lac-hydrin 12% lotion apply daily to calloused/thickened skin on toes every evening shift (start date 7/18/2020) -Bilateral knee-high stretch compression wraps until stockingettes arrive twice per day (start date 9/24/2020) -To bilateral venous ulcers cleanse daily with normal saline, pat dry, apply calcium alginate dressing cut to wound bed size, spray around the wound with barrier spray to dry, cover with non-adherent gauze and secure with kerlix daily and as needed for soiling (start date 5/2/2020) -Left foot ulcer: size unknown. Depth approximately less than 0.2 cm. Cleansed daily with normal saline, pat dry, apply iodosorb, cover with non-adherent gauze, and secure with kerlix one time a day (start date 9/11/2020) R1's March and April medication/treatment administration records were reviewed in combination with nursing progress notes; the records identified multiple refusals/rejection of physician ordered treatments without consistent or sufficient documentation of attempted interventions. The records also lacked evidence R1 was consistently provided with education of risks versus benefits and lacked evidence the physician was notified of the rejection/refusals of care. In addition, R1's record lacked evidence of analysis of R1's rejection/refusal behaviors in order to determine if R1's behavior was worsening/increasing in frequency or improving/decreasing in frequency and what if any impact the rejection/refusal behaviors had on meeting R1's care plan goals for safety, dignity,	2 830		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAMARITAN BETHANY HOME ON EIGHTH	24 - 8TH STREET NORTHWEST ROCHESTER, MN 55901

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830	Continued From page 6 urinary incontinence and wound management. March MAR identified the following: -Daily weights; 3/5/2021 was left blank and indicated R1 refused to be weighed 28 times (weighed only twice) -Lac-Hydrin; R1 refused/rejected the medication 11 times March TAR identified the following: -Left foot ulcer treatment: 3/10 and 3/11/2021 boxes were left blank, R1 refused/rejected treatment 12 times. -Lower extremity venous treatment orders: 3/10 and 3/11/2021 boxes were left blank, R1 refused/rejected treatment 11 times. -Knee high stretch compression wraps: R1 refused/rejected treatment 25 times out of 31 opportunities. April TAR identified the following: -knee-high stretch compression wraps; R1 4/9/21 was left blank and refused/rejected all other days which totaled 18 days. -low extremity venous ulcers: R1 refused/rejected 9 out of 20 opportunities -Left foot ulcer treatment; R1 refused/rejected 8 out of 20 opportunities April MAR identified the following: -Lac-hyrdin; R1 refused/rejected 5 out of 20 opportunities -Daily weights; R1 refused/rejected 18 times, was weighed twice, 4/9/2021 was left blank. R1's MDS's dated 7/8/20202, 10/7/2020, and 1/5/2021 did not identify R1 rejected refused care and despite documentation in R1's record of multiple rejection/refusals the MDS dated	2 830		

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2 830	Continued From page 7 4/7/2021, rejection/refusals behaviors was not identified and or assessed. R1's MDS progress note dated 4/5/2021, included "resident has BLE [bilateral lower extremity] edema but declines compression wraps when offered" and "Resident is independent with toileting but has episodes of bowel and bladder incontinence but will not accept help from caregivers for peri care." and "Resident chooses to initiate self-transfers and ambulation in her room without alerting staff and understands the risks." and Resident often refuses wound care and does not allow staff to give her a shower stating that she gives herself a daily sponge bath and does not need us to look at her skin." R1's record included on risk assessment. R1's Shared Risk Agreement first signed by R1 and representative on 4/30/2019 and reviewed on 1/19/2021, indicated R1 understood the risks and benefits of refusing one staff assist with all transfer. The assessment indicated R1 understood the potential negative outcomes of this choice that included falls fracture, cuts, dislocation of bones, up to death. R1's care plan dated 7/12/2021, included "[R1] exercise my right to make decisions. I have sometimes chosen to not accept cares that staff offer. I have declined a shower or bath at times. R1's goal was not to experience adverse consequences related to her decisions. Corresponding interventions included: -continue to offer cares and bath/showers (start date 7/12/2019) -Do not judge me [R1] for my decision (start date 7/12/2019)	2 830		

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2 830	Continued From page 8 -Explain the need to be clean and the consequences to skin integrity and self due to not bathing (start date 7/12/2019) -I allow staff to clean my room and bathroom about every two weeks. I know I'm incontinent of urine, stool, and have emesis on any given day. My room has an odor to it some days. Staff will offer to assist me in cleaning myself up. I usually choose to do it myself, which in turn causes my room to smell which I understand and I choose to live in this environment (start date 1/15/2020) -Re-approach later if needed (start date 7/12/2019) Bathing R1'S Bath/Skin notes identified R1 refused weekly bathing in March and April. The record lacked evidence R1 was provided education and lacked attempts made to attempt new interventions. -Bath/Skin note dated 3/2/2021, included "resident was offered her regular shower this evening shift and refused. A skin assessment was not completed, however, BLE [bilateral lower extremity} treatments were completed." -Bath/Skin note dated 3/9/2021, included "Resident refused shower evening of 3/9/2021 as well as skin check" The note also indicated R1 refused dressing changes to her leg wounds. -Bath/skin note dated 3/22/2021, included "Writer went to see if resident would allow writer to assess skin head and toes. Resident chose at this time "no" Will continue to try on bath days and any other day if resident allows." -Bath/skin note dated 3/28/2021, did not identify if shower/bath was given, however R1 refused dressing changes. -Bath/skin note dated 4/6/2021, included "Resident refused bath/shower. She also refused	2 830		

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2 830	Continued From page 9 skin checks and wound dressing change. She stated she is sick to her stomach and does not want to be disturbed." Wound Care R1's skin care plan dated 1/22/2021, indicated R1 had wounds to both calves and top of feet, R1's goal was to have no complications to the wounds. Corresponding interventions included: keep skin clean and dry, use lotion on dry skin, monitor and report abnormalities or failure to heal to physician. R1's wound notes were reviewed from 3/19/2021 to 4/15/2021; the record identified weekly wound assessments, and that R1 had rejected/refused treatments. The notes did not identify interventions aside from R1 was provided education and risk versus benefits; the record did not include/identify root cause of refusals and/or evidence of new revisions to the care plan were attempted and/or offered. The notes identified an additional wound to the left lower extremity from 3/19 to 4/15 and indicated the wounds to the right leg wound had deteriorated between those dates. R1's Wound/Pressure Injury Note dated 3/19/2021, included; Left top wound measured 8.7 cm area, 5.2 cm length, 2.0 cm width, left bottom wound measured 1.9 cm area, 2.2 cm length, and 1.1 cm width. Right lower outer leg measured 4.2 cm area, 4.1 cm length, 1.4 cm width, right inner wound measured 0.3 cm area, 0.9 cm length, 0.5 cm width. All wounds had an odor with a tan drainage except inner right wound is pink/red in color. The note indicated that after the wounds were cleaned there was more odor. The note also included, "Surrounding skin is very lumpy today. Little lump nodules all over lower	2 830		

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2 830	Continued From page 10 leg with no drainage from them." R1's Wound/Pressure Note dated 4/15/2021, included; Left out lower top wound bed measured 8.0 cm area, 4.7 cm length, 2.2 cm width with 20% granulation and 80% slough in wound bed. Bottom wound on left outer lower leg measured 1.6 cm area, 2.3 cm length, 0.9 cm width, with 90% slough and 10% granulation. The right outer leg measured 6.0 cm area, 4.7 cm length, 1.5 cm width, 50% granulation and 50% slough. Both lower legs still red and scaly foot to knees. No pitting edema noted except both lower legs feels hard when touch. Staff encourage resident to take part in wrapping lower legs to help heal them. "I have done all that before and it does not help. I been to wound clinic and they cannot find what to do for me." Staff and CNP has encouraged resident to take part in healing lower legs by following orders. Staff will continue to educate, encourage resident to take part in healing her own legs along with present treatments. Nutrition R1's nutrition note dated 4/9/2021, indicated the physician decline to prescribe a multi--vitamin related to ongoing and intermittent gastrointestinal discomfort. The note also included, "Resident continues to self-select food per preference and according to [gastrointestinal symptoms of nausea/vomiting] being present or not. She has marginal intake of fruits and vegetables and also declines nutritional support. Nutrition services following." Incontinence R1's activities of daily living care plan dated 1/16/2021, indicated R1 required one staff to	2 830		

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2 830	Continued From page 11 assist with toileting except at times she chose to initiate self- transfers. The care plan indicated also identified R1 required one staff assist with a two wheeled walker and would self-transfer. R1's identified R1 had bladder incontinence related to impaired mobility and received a diuretic medication. R1's goal was to remain free from skin breakdown due to incontinence. Corresponding intervention included: nursing assistance alert nurse when lower leg dressings are wet or soiled so they can be replaced (start date 1/22/2021), R1 was one assistant with incontinence care, R1 had incontinent episodes daily that she cleaned herself and called for help when she needed lots of help with incontinent episodes. The care plan also instructed staff to assist with toileting at 6:30 a.m. and 10:00 p.m. to decrease episodes of incontinence. R1's record lacked evidence of bladder assessment to determine if R1's had increases in incontinent episodes as a result of refusing/rejecting staff assistance to the bathroom. Room cleaning/offensive odor and carpet staining. Progress note dated 4/1/2021, included "During night shift, resident was cleaning her room by herself. She was vacuuming and moving boxes around in her room. Staff offered to help her, but she said she could do it herself. NAR [nursing assistant] helped in moving the boxes for her. Resident insisted on doing the cleaning although she wasn't stable on her own. Staff kept checking on her until she went back in her chair. Progress note dated 4/14/2021, included "It was reported that resident had put herself on the floor	2 830		

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2 830	Continued From page 12 to kneel toward recliner and was scabbing [sic] the seat of the chair herself. Resident has had incontinent episode. Resident choose not have staff assist with the cleaning. Resident is alert and able to voice her daily needs. Resident is one assist with ADL's [activities of daily living.] Staff try to educate as needed and resident will voice, staff to leave her room. Resident has been seen by staff vacuuming her own room at times. "Will continue to have staff go into resident room and offer staff assist often. Then encourage resident to allow staff assistance with cleaning. R1's physician notes did not address all areas of rejection/refusals of care including assistance for toileting/ambulation and keeping a clean environment that supported dignity and infection control. The physician notes also did not address on going behavioral management of refusal/rejections and/or professional psychiatry involvement or referrals. R1's physician progress notes dated 4/9/2021, indicated R1 was callus formation to both ankle regions and had an order for lac-hydrin lotion. The overview section of the progress note included; Edema Stasis bilateral (chronic) with recurrent cellulitis in context of edema. Intermittently compliant with compression (multiple compression strategies have been uncomfortable for her. Hyper venous chronic ulcers bilateral; daily dressing- she will sometimes refuse (per report more on weekends/with unfamiliar staff. Cognitive disorder-Primary (Chronic) "6/2020 MOCA 14/30, missed all short-term recall, declined participation in drawing o'clock. Not clear at this time if this represents mild cognitive impairment or dementia. Functionally, she was already impaired	2 830		

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2 830	Continued From page 13 prior to cognitive disorder to coming to light (long-term skilled nursing facility resident due to physical limitations), so it is somewhat difficult to ascertain if she is functionally impaired on cognitive basis. Iterative [sic] re-evaluation will be important. -Fluctuations in cognition also likely complicated by chronic opioid use. During an observation and interview on 4/19/2021, at 8:50 a.m. R1's door was closed, upon entry to the room a very strong odor was present; the odor was consistent with stale urine. R1 sat in her reclining chair on a washable bed pad (also known as a soaker pad-used to protect mattress from incontinence); there was also a soaker pad on the floor under R1's feet. The pad on the floor was partially underneath the recliner; that area of the pad had different shades of brown markings. R1 was asked why the pad was on the floor and what was underneath, R1 stated there was mold underneath, had been there since she was admitted, and the floor was leaking. R1 bent over and picked up the soaker off the floor; the odor was more prominent when the pad was lifted off the floor. The pad covered a large area that was approximately 2 feet in diameter that was dark black that was moist. The back of the pad that covered the area was yellow and brown. R1 stated she did not know when the last time her carpet was deep cleaned/shampooed, and she cleaned it herself. R1 indicated she wanted new carpet. R1 stated she didn't have concerns with her care however, did not like the changes to the staff schedule and didn't like new people providing her cares. During a subsequent interview at 1:45 p.m. R1 sat in her chair, she was informed environmental services was going to clean her carpet. R1 stated, "oh good, I hope they can take of the carpet, the	2 830		

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2 830	Continued From page 14 smell is really embarrassing, I can't have friends in here. My family has told me how bad it smells, I can smell it really bad." R1 leaned down and removed the pad covering the stain and stated, "It gets so very bad I just can't stand it anymore, it's just so embarrassing. During an interview on 4/19/2021, at 8:57 a.m. nursing assistant (NA)-A entered the room. NA-A stated the soaker pad was on the floor for R1 urinary overflow incontinence. NA-A stated R1 "was completely delusional", and didn't know why R1 would say that there was mildew on the floor, "she has to come up with another motive for the odor." NA-A stated R1 was independent with toileting without prompting. NA-A indicated R1's skin was checked on shower days by the nurse, however R1 refused showers. NA-A stated R1 liked to do things independently and when she would refuse cares she would "conversate" with her. During an interview on 4/19/2021, at 9:01 a.m. licensed practical nurse (LPN)-A stated R1 refused showers that were scheduled in the evening. LPN-A reviewed R1's record and indicated that it did not look like R1's lower extremities dressings were changed on 4/18/2021. During an interview on 4/19/2021, at 10:04 a.m. LPN-A indicated R1 sometimes refused dressing changes, refused showers, refused staff assistance, refused to allow staff to clean her room, and refused to go to clinic appointments; she would have a family member call and cancel them. LPN-A stated when R1 was first admitted to the facility she used to take shower/bath; LPN-A did not know when R1 started refusing	2 830		

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2 830	Continued From page 15 showers or why. LPN-A indicated staff re-approach when she refuses care and provide education. LPN-A confirmed R1's room had an offensive odor and indicated R1's carpets were cleaned whenever they can; when R1 was not in her room such as when she went to beauty shop appointments. LPN-A stated staff cleaned the carpets last week when she was at the beauty shop. LPN-A stated staff used a product Odor Be Gone/biometric and towels to soak up the urine on the floor. LPN-A indicated R1 did not always allow staff to clean her carpet; R1 liked to do it herself. During an interview on 4/19/2021, at 10:45 a.m. registered nurse (RN)-A stated she was the nurse manager for the unit where R1 resided. RN-A stated staff go into assist R1 when she allows us to. RN-A stated when it's time for a treatment, the staff would nicely present options of completing the task now or later. RN-A stated the staff would re-approach if she would refuse. RN-A stated R1 refused dressing changes that were scheduled to be completed in the evening; stated she didn't think changing the wound treatment had been attempted. RN-A stated R1's wounds were getting worse. RN-A stated the social worker and NP were involved, did not think psych services was involved. RN-A indicated an unawareness if R1's rejection/refusals were assessed and analyzed. RN-A indicated staff would attempt to clean R1's room almost weekly and when R1 would allow. RN-A stated there was a daily and a weekly checklist that was completed by NA's; the checklist outlined the cleaning schedules for each room. RN-A showed the checklist to the surveyor; the checklist had days of the week with room numbers underneath the day of the week, it did not outline specific	2 830		

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2 830	Continued From page 16 cleaning tasks. RN-A stated NA's would clean the carpet using the carpet cleaner for routine cleaning and environmental services would do the deep carpet cleaning. During an interview on 4/19/2021, at 2:30 p.m. environmental service partner (ESP)-A stated she had not been in R1's room for a long time. ESP-A indicated NA's on the unit were supposed to shampoo the carpet as needed because each unit had their own carpet cleaner. ESP-A entered R1's room, ESP-A confirmed the presence of the foul odor. ESP-A indicated once the carpets were stained she couldn't get the stains out. ESP-A observed R1's carpet and stated, "I've never seen it [stain] that black, it doesn't look like it has been cleaned in a long time." ESP-A moved R1's chair; there was the stain extended underneath R1's chair. ESP-A stated she was going to get the carpet cleaner now. ESP-A indicated that the odor/dirty carpet could be a health risk for R1, other residents, and staff. During an interview on 4/20/2021, at 8:46 a.m. MDS coordinator reviewed the MDS's and confirmed rejection/refusal behaviors were not identified on the MDS. MDS coordinator stated, she was informed that if the rejection/refusal was a resident choice then it did not have to be identified on the assessment. MDS coordinator also indicated staff did not document enough information for the behavior to be identified on the MDS. During an interview on 4/20/2021, at 12:43 p.m. licensed social worker (LSW)-A indicated nursing would complete behavior assessments, develop and implement care plan interventions. LSW-A indicated it would be the nursing side of things	2 830		

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2 830	Continued From page 17 what the repercussions were as a result of R1's decisions or refusals. LSW-A stated staff use re-approach to manage R1's behaviors of rejection/refusal. LSW-A indicated staff would first use indirect approach and then be more direct after R1 refused. LSW-B stated the facility recognized the rights for residents to make their own decisions. During an interview on 4/20/2021, at 1:49 p.m. director of nursing (DON) and administrator indicated R1 had the right to refuse treatment/care and looked at R1's rejection/refusals as a choice and not a behavior. DON indicated she expected staff to clean the carpets however, R1 would often refuse her carpets to be cleaned. DON indicated that once stained, the stains do not lift, but would have to talk to maintenance for alternatives. During an interview on 4/20/2021, at 3:00 p.m. nurse practitioner stated she was not aware that R1 was rejecting assistance for toileting and cleaning her room. Facility policy Behavior and Mood Symptom Tracking dated 12/2020 included, To identify the presence of mood and behavioral symptoms for management in order for the resident to attain or maintain the highest practical physical, mental, and psychosocial well-being. This includes prevention and treatment of mental disorders. -Behavior and mood symptom tracking is recorded in the electronic health record. Nurses chart behaviors in the progress notes as they occur. -The information gathered is used to assess resident behavioral health needs and is addressed in the MDS, CAA, and the care plan	2 830		

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2 830	Continued From page 18 upon move in, quarterly, and with significant change. -This information is communicated with the resident's provider during recertification visits and as needed. -An interdisciplinary approach including resident, their family or representative is used to address the behavioral, mood, and psychosocial needs of the resident. SUGGESTED METHOD OF CORRECTION: The director of nursing/designee could review policies and procedure for behavioral management for self-neglect/rejection/refusals of care. The DON/designee could then re-educate staff on rejection/refusals of care and behavioral management of. The DON/designee could then develop an auditing system as part of the facility's quality assurance activities to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 830		
21695	MN Rule 4658.1415 Subp. 4 Plant Housekeeping, Operation, & Maintenance Subp. 4. Housekeeping. A nursing home must provide housekeeping and maintenance services necessary to maintain a clean, orderly, and comfortable interior, including walls, floors, ceilings, registers, fixtures, equipment, lighting, and furnishings. This MN Requirement is not met as evidenced by:	21695		6/4/21

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	00427	A. BUILDING: _____ B. WING _____	C 04/20/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SAMARITAN BETHANY HOME ON EIGHTH	24 - 8TH STREET NORTHWEST ROCHESTER, MN 55901

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21695	Continued From page 19 Based on observation, interviews, and document review the facility failed to ensure resident room was free from offensive odors for 1 of 3 residents (R1) Findings include During an observation and interview on 4/19/2021, at 8:50 a.m. R1's door was closed, upon entry to the room a very strong odor was present; the odor was like stale urine. R1 sat in her reclining chair, there was also a pad on the floor under R1's feet. The pad on the floor was partially underneath the recliner; that area of the pad had different shades of brown. R1 was asked why the pad was on the floor and what was underneath, R1 stated there was mold underneath and the floor was leaking. R1 bent over and picked up the soaker off the floor; the odor was more prominent when the pad was lifted off the floor. The pad covered a large area that was approximately 2 feet in diameter that was dark black that was moist. The back of the pad that covered the area was yellow and brown. R1 stated she did not know when the last time her carpet was deep cleaned/shampooed, and she cleaned it herself. R1 indicated she wanted new carpet. During an interview on 4/19/2021, at 8:57 a.m. nursing assistant (NA)-A entered the room. NA-A stated the pad was on the floor for R1 urinary overflow incontinence. NA-A stated R1 toileted herself and indicated she did not want staff to clean her carpets. During an interview on 4/19/2021, at 10:04 a.m. licensed practical nurse (LPN)-A confirmed R1's room had an offensive odor and indicated R1's	21695	Corrected	

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SAMARITAN BETHANY HOME ON EIGHTH	24 - 8TH STREET NORTHWEST ROCHESTER, MN 55901

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21695	Continued From page 20 carpets were cleaned whenever they can; when R1 was not in her room such as when she went to beauty shop appointments. During an interview on 4/19/2021, at 10:16 a.m. family member (FM)-A stated she had visited R1 very recently; R1's had offensive odors, and there was a soaker pad on the floor. FM-A indicated she had historically discussed the concern with the nurse manager however, didn't think anything had been done about it. During an interview on 4/19/2021, at 10:45 a.m. registered nurse (RN)-A stated she was the nurse manager for the unit where R1 resided. RN-A indicated staff would attempt to clean R1's room almost weekly and when R1 would allow. RN-A stated there was a daily and a weekly checklist that was completed by NA's; the checklist outlined the cleaning schedules for each room. RN-A stated NA's would clean the carpet using the carpet cleaner for routine cleaning and environmental services would do the deep carpet cleaning. During an interview on 4/19/2021, at 2:30 p.m. environmental service partner (ESP)-A stated she had not been in R1's room for a long time. ESP-A indicated NA's on the unit were supposed to shampoo the carpet as needed because each unit had their own carpet cleaner. ESP-A entered R1's room, ESP-A confirmed the presence of the foul odor. ESP-A indicated once the carpets were stained she couldn't get the stains out. ESP-A observed R1's carpet and stated, "I've never seen it [stain] that black, it doesn't look like it has been cleaned in a long time." ESP-A moved R1's chair; there was the stain extended underneath R1's chair. ESP-A stated she was going to get	21695		

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21695	Continued From page 21 the carpet cleaner now. ESP-A indicated that the odor/dirty carpet could be a health risk for R1, other residents, and staff. During an observation on 4/20/2021, at 8:15 a.m. R1 had been moved temporarily out of her room to an adjoining room so that the carpet could dry after cleaned. R1's room door was opened, the odor was now noticeable in the hallway outside of R1's room; inside R1's room the odor was unchanged from 4/19, industrial fans pointed at the area of carpet that continued to be a dark black. During an interview on 4/20/2021, at 8:35 a.m. neighborhood coordinator (NC)-A indicated she was responsible for reviewing and auditing checklist for completion along with the unit nurse manager. NC-A stated NA's were supposed to shampoo carpets as needed and deep cleaned once per month. When asked, Based on the checklist when was the last time the carpets were shampooed, NC-A stated she could not tell when the last time the carpet was cleaned/shampooed/deep cleaned. NC-A indicated that just the other day she was informed environmental services was not responsible for the carpet cleaning and only stock the supplies for the carpet cleaning. During an interview on 4/20/2021, at 1:49 p.m. director of nursing (DON) indicated she expected staff to clean the carpets however, R1 would often refuse her carpets to be cleaned. DON indicated that once stained, the stains do not lift, but would have to talk to maintenance for alternatives. Facility policy Carpet Cleaning dated 11/2020, included: Samaritan Bethany makes every effort	21695		

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21695	Continued From page 22 to ensure carpet in the neighborhoods is cleaned and maintained. 1. Household carpet cleaners are available on each neighborhood for neighborhood staff use. Use to clean soils, spills, odorous areas. Fill out a work order if the area needs further cleaning by environmental services. SUGGESTED METHOD OF CORRECTION: The administrator, maintenance supervisor, or designee could ensure a preventative maintenance program was developed to accurately reflect ongoing preventative maintenance scheduled or needed in the facility on a routine basis. The facility could create policies and procedures, educate staff on these changes and perform environmental rounds/audits periodically to ensure preventative maintenance is adequately completed. The facility could report those findings to the quality assurance performance improvement (QAPI) committee for further recommendations to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21695		
21805	MN St. Statute 144.651 Subd. 5 Patients & Residents of HC Fac.Bill of Rights Subd. 5. Courteous treatment. Patients and residents have the right to be treated with courtesy and respect for their individuality by employees of or persons providing service in a health care facility.	21805		6/4/21

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21805	Continued From page 23 This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure dignity for 1 of 1 resident (R1) who had an offensive room odors and stained carpet. Findings include During an observation and interview on 4/19/2021, at 8:50 a.m. R1's door was closed, upon entry to the room a very strong odor was present; the odor smelt like stale urine. R1 sat in her reclining chair on a washable bed pad (also known as a soaker pad-used to protect mattress from incontinence); there was also a soaker pad on the floor under R1's feet. The pad on the floor was partially underneath the recliner; that area of the pad had different shades of brown markings. R1 was asked why the pad was on the floor and what was underneath, R1 stated there was mold underneath, had been there since she was admitted, and the floor was leaking. R1 bent over and picked up the soaker off the floor; the odor was more prominent when the pad was lifted off the floor. The pad covered a large area that was approximately 2 feet in diameter that was dark black that was moist. The back of the pad that covered the area was yellow and brown. R1 stated she did not know when the last time her carpet was deep cleaned/shampooed, and she cleaned it herself. R1 indicated she wanted new carpet. During a subsequent interview at 1:45 p.m. R1 sat in her chair, she was informed environmental services was going to clean her carpet. R1 stated, "oh good, I hope they can take care of the carpet, the smell is really	21805	Corrected	

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21805	Continued From page 24 embarrassing, I can't have friends in here. My family has told me how bad it smells, I can smell it really bad." R1 leaned down and removed the pad covering the stain and stated, "It gets so very bad I just can't stand it anymore, it's just so embarrassing. R1's face sheet included diagnoses of generalized anxiety disorder and agoraphobia (fear of certain places and situation that the person believes is difficult from such as public spaces) R1's quarterly Minimum Data Set (MDS) dated 4/7/2021, indicated R1 did not have cognitive impairment and did not have rejection of care behaviors. The MDS indicated R1 was independent ambulating in her room, personal hygiene, and toileting. The MDS identified R1 was frequently incontinent of urine and occasionally incontinent of bowel. R1's care plan included "I allow staff to clean my room and bathroom about every two weeks. I know I'm incontinent of urine, stool, and have emesis on any given day. My room has an odor to it some days. Staff will offer to assist me in cleaning myself up. I usually choose to do it myself, which in turn causes my room to smell which I understand and I choose to live in this environment." The corresponding intervention directed staff to re-approach later if needed. During an interview on 4/19/2021, at 8:57 a.m. nursing assistant (NA)-A entered the room. NA-A stated the soaker pad was on the floor for R1 urinary overflow incontinence. During an interview on 4/19/2021, at 10:04 a.m. licensed practical nurse (LPN)-A confirmed R1's	21805		

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21805	Continued From page 25	21805		

room had an offensive odor and indicated R1's carpets were cleaned whenever they can; when R1 was not in her room such as when she went to beauty shop appointments. LPN-A stated staff cleaned the carpets last week when she was at the beauty shop. LPN-A stated staff used a product Odor Be Gone/biomatic and towels to soak up the urine on the floor. LPN-A indicated R1 did not always allow staff to clean her carpet; R1 liked to do it herself.

During an interview on 4/19/2021, at 10:16 a.m. family member (FM)-A stated she had visited R1 very recently; R1's room had a very strong urine/bowel odor, and there was a soaker pad on the floor. FM-A indicated she had historically discussed the concern with the nurse manager however, didn't think anything had been done about it.

During an interview on 4/19/2021, at 10:45 a.m. registered nurse (RN)-A stated she was the nurse manager for the unit where R1 resided. RN-A indicated staff would attempt to clean R1's room almost weekly and when R1 would allow. RN-A stated there was a daily and a weekly checklist that was completed by NA's; the checklist outlined the cleaning schedules for each room. RN-A showed the checklist to the surveyor; the checklist had days of the week with room numbers underneath the day of the week, it did not outline specific cleaning tasks. RN-A stated NA's would clean the carpet using the carpet cleaner for routine cleaning and environmental services would do the deep carpet cleaning.

During an interview on 4/19/2021, at 2:30 p.m. environmental service partner (ESP)-A stated

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21805	Continued From page 26 she had not been in R1's room for a long time. ESP-A indicated NA's on the unit were supposed to shampoo the carpet as needed because each unit had their own carpet cleaner. ESP-A entered R1's room, ESP-A confirmed the presence of the foul odor. ESP-A indicated once the carpets were stained she couldn't get the stains out. ESP-A observed R1's carpet and stated, "I've never seen it [stain] that black, it doesn't look like it has been cleaned in a long time." ESP-A moved R1's chair; there was the stain extended underneath R1's chair. ESP-A stated she was going to get the carpet cleaner now. ESP-A indicated that the odor/dirty carpet could be a health risk for R1, other residents, and staff. During an interview on 4/20/2021, at 1:49 p.m. director of nursing (DON) indicated she expected staff to clean the carpets however, R1 would often refuse her carpets to be cleaned. DON indicated that once stained, the stains do not lift, but would have to talk to maintenance for alternatives. SUGGESTED METHOD OF CORRECTION: The administrator, director of nursing (DON), or designee could develop and implement a plan of care by the interdisciplinary team to ensure residents dignity is being maintained. The facility could update policies and procedures, educate staff on these changes, and audit to ensure resident(s) dignity are maintained. The results of these audits will be reviewed by the quality assurance committee to ensure compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	21805		