Protecting, Maintaining and Improving the Health of All Minnesotans

State Rapid Response Investigative Public Report

Office of Health Facility Complaints

Maltreatment Report #: HL34946001M
Compliance #: HL34946002C

Date Concluded: April 22, 2022

Name, Address, and County of Licensee Investigated:
Bridgewater at Owatonna
125 Park Street East
Owatonna, MN 55060
Steele County

Facility Type: Assisted Living Facility (ALF)

Evaluator's Name: Shannan Stoltz, RN
Special Investigator

Finding: Substantiated, facility responsibility

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

Allegation(s): The licensee failed to ensure services on the service plan were documented, implemented, and met the resident's needs.

Investigative Findings and Conclusion:
Neglect was substantiated. The facility was responsible for the maltreatment. The resident had a coccyx wound which increased in size and severity over the course of approximately two weeks, and during the same time frame, the resident developed a moderate-to-severe case of COVID-19. The facility failed to implement new interventions to address the growing wound or the resident's illness. Documentation indicated the resident was offered, and often would not accept, toileting assistance; however, facility staff members did not reapproach and did not encourage the resident to use the restroom or change incontinent products. Due to the rapid wound development, the resident was hospitalized for two weeks, then sent to a transitional care unit (TCU) for four weeks.

The investigation included interviews with facility staff members, including administrative staff, nursing staff, and unlicensed staff. The investigation also included interviews with the resident's family members. The investigation included an onsite visit for observations, review of medical records, and review of facility policies and procedures.

The resident's diagnoses included incontinence and an open coccyx wound. The resident's signed service plan indicated she received physical assistance with toileting every day in the morning hours, at noon, in the evening hours, and at bedtime. Instructions indicated, "Assist elder [resident] to change incontinent products and to cleanse peri area as needed. ALA [care aide] to physically assist Elder to use toilet, and/or change adult undergarments and provide pericare as needed. May require transfer assistance. Community to provide assistance to ensure and maintain independence where possible, dignity, and hygiene."

The resident's progress notes in early 2022 indicated her pressure ulcer was a closed red spot the size of a dime. Approximately one week later, the wound was documented as "much larger" and about the size of a quarter. The resident saw an emergency room provider around this time, who wrote an order indicating "Avoid prolong [sic] weight on affected area. Should keep wound clean and dry."

Over the course of the following week, the resident's progress notes indicated that the area became an open, weeping wound. Six days after the provider order, the wound was documented as an open area with drainage, and four days after that, as approximately the size of golf ball in both depth and width, with yellow, stringy drainage from the opening.

The resident's Service Checkoff List indicated facility staff did not provide the resident with toileting assistance several times during the timeframe the coccyx wound developed. The lack of toileting assistance meant the resident's incontinent product was not changed for long periods of time. These omissions occurred both before and after the resident's emergency room visit and the prescriber order regarding keeping the wound clean and dry.

Documentation from the resident's subsequent Transitional Care Unit (TCU) stay indicated the resident was hospitalized for approximately two weeks for treatment of right gluteal abscess, where she underwent surgical debridement two times and required intravenous antibiotics. The documentation indicated the resident then spent four weeks at the TCU for ongoing nursing cares and physical rehabilitation.

During interviews with the facility's registered nurses, they stated they had not been trained in the computer program used to document resident care and were consequently unaware that the resident's toileting assistance was not being documented as completed. Both nurses stated they do not know why they did not document additional interventions for the resident's care, but that they were both in constant contact with the resident's primary care provider, a wound care agency, and the resident's family.

During interviews with several direct care staff members, they stated the resident was independent with toileting and incontinent product changes and would often decline their assistance.

During an interview, the resident stated she does not need a lot of help. The resident also stated, however, that she did not remember a lot about the timeframe the wound developed, as she was quite ill with COVID.

During interviews with several of the resident's family members, they stated facility staff did not assist the resident to the bathroom enough, took "no" for an answer when the resident would decline assistance, did not reapproach the resident, and did not encourage the resident to use the restroom and change her incontinent product. Family members stated the resident's primary care provider refused to see the resident during the time frame of the incident due to her COVID diagnosis but stated facility staff should have done more to prevent the quick development of the resident's wound.

In conclusion, neglect was substantiated.

Substantiated: Minnesota Statutes, section 626.5572, Subdivision 19.
"Substantiated" means a preponderance of evidence shows that an act that meets the definition of maltreatment occurred.

Neglect: Minnesota Statutes, section 626.5572, subdivision 17
"Neglect" means:
(a) The failure or omission by a caregiver to supply a vulnerable adult with care or services, including but not limited to, food, clothing, shelter, health care, or supervision which is:
(1) reasonable and necessary to obtain or maintain the vulnerable adult's physical or mental health or safety, considering the physical and mental capacity or dysfunction of the vulnerable adult; and
(2) which is not the result of an accident or therapeutic conduct.
(b) The absence or likelihood of absence of care or services, including but not limited to, food, clothing, shelter, health care, or supervision necessary to maintain the physical and mental health of the vulnerable adult which a reasonable person would deem essential to obtain or maintain the vulnerable adult's health, safety, or comfort considering the physical or mental capacity or dysfunction of the vulnerable adult.

Vulnerable Adult interviewed: Yes.
Family/Responsible Party interviewed: Yes.
Alleged Perpetrator interviewed: Yes.

Action taken by facility:
Updated resident service plan, created new interventions, increased resident toileting schedule, and additional training for staff.

Action taken by the Minnesota Department of Health:
The facility was found to be in noncompliance. To view a copy of the Statement of Deficiencies and/or correction orders, please visit:
https://www.health.state.mn.us/facilities/regulation/directory/provcompselect.html

Or call 651-201-4890 to be provided a copy via mail or email. If you are viewing this report on the MDH website, please see the attached Statement of Deficiencies.

cc:
The Office of Ombudsman for Long Term Care
The Office of Ombudsman for Mental Health and Developmental Disabilities
Owatonna Police Department
Owatonna City Attorney
Steele County Attorney

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
0 000	Initial Comments Initial comments ******ATTENTION****** ASSISTED LIVING PROVIDER LICENSING CORRECTION ORDER In accordance with Minnesota Statutes, section 144G.08 to 144G.95, these correction orders are issued pursuant to a complaint investigation. Determination of whether a violation is corrected requires compliance with all requirements provided at the statute number indicated below. When a Minnesota Statute contains several items, failure to comply with any of the items will be considered lack of compliance. INITIAL COMMENTS: HL34946001M//HL34946002C On March 29, 2022, the Minnesota Department of Health conducted a complaint investigation at the above provider, and the following correction orders are issued. At the time of the complaint investigation, there were 27 residents receiving services under the provider's Assisted Living license. The following correction orders are issued for HL34946001M//HL34946002C, tag identification 1640, 1940 and 2360.	0 000	Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota State Statutes for Assisted Living Facilities. The assigned tag number appears in the far-left column entitled "ID Prefix Tag." The state Statute number and the corresponding text of the state Statute out of compliance is listed in the "Summary Statement of Deficiencies" column. This column also includes the findings which are in violation of the state requirement after the statement, "This Minnesota requirement is not met as evidenced by." Following the evaluators' findings is 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. THE LETTER IN THE LEFT COLUMN IS USED FOR TRACKING PURPOSES AND REFLECTS THE SCOPE AND LEVEL ISSUED PURSUANT TO 144G.31 SUBDIVISION 1-3.	
01640 SS=G	144G.70 Subd. 4 (a-e) Service plan, implementation and revisions to	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01640	Continued From page 1 (a) No later than 14 calendar days after the date that services are first provided, an assisted living facility shall finalize a current written service plan. (b) The service plan and any revisions must include a signature or other authentication by the facility and by the resident documenting agreement on the services to be provided. The service plan must be revised, if needed, based on resident reassessment under subdivision 2. The facility must provide information to the resident about changes to the facility's fee for services and how to contact the Office of Ombudsman for Long-Term Care. (c) The facility must implement and provide all services required by the current service plan. (d) The service plan and the revised service plan must be entered into the resident record, including notice of a change in a resident's fees when applicable. (e) Staff providing services must be informed of the current written service plan. This MN Requirement is not met as evidenced by: Based on document review and interviews, the licensee failed to ensure the toileting services on the resident service plan were implemented and service plan updated as required for one of one resident (R1) reviewed. While R1 had a coccyx wound which increased in size and severity, the licensee failed to implement the existing service for changing R1's incontinence product, did not update R1's service plan with new interventions to address increased toileting needs, and failed to develop interventions to address the wound. As a result, R1's pressure ulcer on her coccyx, which started as a small red closed area the size of a	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01640	Continued From page 2 dime, grew to an open, weeping (infected) ulcer the size and depth of a golf ball. This resulted in R1's hospitalization for two weeks, two surgeries, and then a four week stay in a transitional care unit. This practice resulted in a level three violation (a violation that harmed a resident's health or safety, not including serious injury, impairment, or death, or a violation that has the potential to lead to serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). Findings Include: R1's medical record was reviewed. R1's diagnoses included incontinence and an open coccyx wound. R1's Face Sheet indicated her admission date to the facility was July 26, 2021. R1's service plan, signed July 27, 2021, indicated she received physical assistance with toileting every day at AM (morning hours), Noon, PM (evening hours), and HS (bedtime). Instructions indicated, "Assist elder to change incontinent products and to cleanse peri area as needed. ALA [care aide] to physically assist Elder to use toilet, and/or change adult undergarments and provide pericare as needed. May require transfer assistance. Community to provide assistance to ensure and maintain independence where possible, dignity, and hygiene." R1's Physician's Order dated January 14, 2022, at 2:02 p.m., indicated, "Avoid prolong [sic] weight on affected area. Should keep wound clean and dry." The January 14, 2022, physician's order was	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01640	Continued From page 3 written by an emergency room provider from an area hospital, after his visit with R1. R1's Service Checkoff List dated January 1 to 24, 2022, indicated facility staff did not provide R1 with toileting assistance at the following scheduled times: - AM: January 2, 2022 - Noon: January 3, 5, 6, 8, 9, 10, 11, 12, and 13, 2022 - PM: January 2, 3, 6, 7, 9, 13, and 17, 2022 - HS: January 4, 6, 8, 9, 12, 17, 18, and 22, 2022. R1's progress notes dated January 1 to 24, 2022, showed the deterioration of R1's coccyx pressure ulcer with the following noted by facility staff: -R1's progress note dated January 10, 2022, at 10:41 a.m., read "round reddened spot about the size of a dime. Under the skin it was a hardened area about the size of a 50-cent piece." - R1's progress note dated January 13, 2022, at 12:30 p.m. indicated the sore was "about the size of a quarter. The area under the skin was the size of her full buttock at this time. Much larger than previous. No open skin at time of assessment." - R1's progress note dated January 20, 2022, at 4:50 p.m., read "there is an opening about the size of a quarter to 50-cent piece with drainage." - R1's progress note dated January 24, 2022, at 11:19 a.m., read "area on right buttock is open, approximately the size of a golf ball-both depth and width. Yellow, mucous-stringy drainage coming from opening." R1's Transitional Care Unit (TCU) documentation dated March 7, 2022, at 8:34 p.m., indicated, "[R1] is an 88-year-old woman hospitalized at Rochester St. Mary's from January 25-February 7 [2022] for treatment of right gluteal abscess. She was seen by general surgery and underwent	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01640	Continued From page 4 surgical debridement x2 [two times] and IV [intravenous] antibiotics. There were no intra or postoperative complications. She was discharged to [TCU name] for ongoing nursing cares and physical rehabilitation" for another four weeks (February 8, 2022, to March 8, 2022). During an interview on April 6, 2022, at 1:00 p.m., Registered Nurse (RN)-B stated she was not trained on the computer program staff utilized to document care/services provided to residents. RN-B stated she did not know how to look up the daily service record to see if R1 received care and services, but instead would ask staff if they had performed services, to which they replied they had. RN-B stated staff did not tell her R1 was frequently refusing toilet assistance. RN-B stated she was aware R1's pressure ulcer increased in size and severity over the course of approximately three weeks in January 2022. RN-B stated she did not create a treatment plan for the coccyx wound, nor did she add interventions to R1's Care Plan or Service Agreement. RN-B stated unlicensed staff were performing extra checks on R1, but did not document the extra checks. RN-B stated she advised staff to check on and change R1 every one to two hours, but did not document this anywhere, nor was there any staff documentation to show the checks were completed. During an interview on April 6, 2022, at 2:00 p.m., RN-C stated she was not familiar with Eldermark (computer program staff use to document care/services). RN-C stated she had never worked with Eldermark, nor had she received enough training on Eldermark to look up whether staff performed or documented resident cares. RN-C stated she was aware R1's pressure ulcer increased in size and severity over the course of	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01640	Continued From page 5 approximately three weeks in January 2022. RN-C stated she did not create a treatment plan for the coccyx wound, nor did she add interventions to R1's Care Plan or Service Agreement. RN-C stated she gave verbal instructions to staff to check on and change R1 every one to two hours, but did not document this anywhere and assumed staff completed the checks. RN-C stated she did not know if staff completed the checks and acknowledged that if the checks were not in the computer system, there was no way to verify they were completed. During an interview on April 7, 2022, at 8:30 a.m., family member (FM)-N stated when R1's coccyx pressure ulcer developed and worsened in January 2022, the facility staff were not toileting R1 as much as they should have been. FM-N stated she personally witnessed this over the course of several hours-long visits with R1. FM-N stated facility staff did not shower R1 as much as they said they did, which negatively affected R1's pressure ulcer. FM-N stated due to the seriousness of R1's pressure ulcer, R1 was hospitalized from January 25, 2022, to February 7, 2022, and required two surgeries. FM-N stated R1 was then sent to a TCU from February 8, 2022, to March 8, 2022, for wound rehabilitation. R1 returned to the facility on March 8, 2022. The licensee-provided policy, Supervision of Licensed and Unlicensed Personnel, dated August 1, 2021, read, "Both licensed and unlicensed staff will be supervised by designated supervisors to ensure that the staff is performing their job duties competently, consistently and according to standards that may apply" and "An RN will supervisor staff who perform delegated nursing, treatment or therapy services."	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01640	Continued From page 6 The licensee-provided policy, Delegation of Nursing Tasks, dated August 1, 2021, read, "The RN will complete an assessment of the resident and determine need for nursing services" and "The RN will develop a service plan for providing the services according to the resident's needs and preferences" and "Steps prior to Delegating Administration of Treatments and Therapy ...the RN ...must develop and maintain a current individualized treatment or therapy management record for each client ...develop written specific instructions for each client and document those instructions in the clients record ...". The licensee-provided policy, Implementation of Medication Prescriptions and Treatment and Therapy Orders, dated August 1, 2021, read, "The RN ...will update any Elder [resident] records and service plan as necessary to reflect a new order or prescription. If a new order or prescription will require that unlicensed staff follow a new procedure, the RN ...will develop written instructions ...the RN ...is responsible for assuring that the prescriptions and orders have been implemented appropriately through Elder monitoring, supervision of staff and review of Elder records". The RN is also responsible for "adding the order ...to the Elder record in the appropriate place and updating the service plan, care plan ...or other documents as necessary to reflect any changes in prescriptions or orders". "The RN ...must include in the Elder's record written instructions for staff to follow when implementing the new order ...". The licensee-provided policy, Contents of Service Plans, dated August 1, 2021, indicated, "All assisted living residents have an up-to-date service plan identifying services to be provided based on the assessment by the RN ..."	01640		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01640	Continued From page 7 TIME PERIOD FOR CORRECTION: Seven (7) days	01640		
01940 SS=D	144G.72 Subd. 3 Individualized treatment or therapy managemen For each resident receiving management of ordered or prescribed treatments or therapy services, the assisted living facility must prepare and include in the service plan a written statement of the treatment or therapy services that will be provided to the resident. The facility must also develop and maintain a current individualized treatment and therapy management record for each resident which must contain at least the following: (1) a statement of the type of services that will be provided; (2) documentation of specific resident instructions relating to the treatments or therapy administration; (3) identification of treatment or therapy tasks that will be delegated to unlicensed personnel; (4) procedures for notifying a registered nurse or appropriate licensed health professional when a problem arises with treatments or therapy services; and (5) any resident-specific requirements relating to documentation of treatment and therapy received, verification that all treatment and therapy was administered as prescribed, and monitoring of treatment or therapy to prevent possible complications or adverse reactions. The treatment or therapy management record must be current and updated when there are any changes.	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01940	Continued From page 8 This MN Requirement is not met as evidenced by: Based on interviews and record review, the licensee failed to ensure a registered nurse (RN) developed a treatment management plan for wound care for one of one resident (R1) reviewed. R1 developed a coccyx pressure ulcer, which worsened over the course of three weeks in January 2022, and no new interventions were documented. This practice resulted in a level two violation (a violation that did not harm a resident's health or safety but had the potential to have harmed a resident's health or safety, but was not likely to cause serious injury, impairment, or death), and was issued at an isolated scope (when one or a limited number of residents are affected or one or a limited number of staff are involved, or the situation has occurred only occasionally). The findings include: R1's medical record was reviewed. R1's diagnoses included incontinence and an open coccyx wound. R1's Face Sheet indicated her admission date to the facility was July 26, 2021. R1's service plan, signed July 27, 2021, indicated she received physical assistance with toileting every day at AM (morning hours), Noon, PM (evening hours), and HS (bedtime). Instructions indicated, "Assist elder to change incontinent products and to cleanse peri area as needed. ALA [care aide] to physically assist Elder to use toilet, and/or change adult undergarments and provide pericare as needed. May require transfer assistance. Community to provide assistance to ensure and maintain independence where possible, dignity, and hygiene."	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01940	Continued From page 9 R1's Physician's Order dated January 14, 2022, at 2:02 p.m., indicated, "Avoid prolong [sic] weight on affected area. Should keep wound clean and dry." R1's physician's order was written by an emergency room provider from an area hospital, after his visit with R1. R1's Service Checkoff List, dated January 1 to 24, 2022, indicated facility staff did not provide R1 with toileting assistance at the following scheduled times: - AM: January 2, 2022 - Noon: January 3, 5, 6, 8, 9, 10, 11, 12, and 13, 2022 - PM: January 2, 3, 6, 7, 9, 13, and 17, 2022 - HS: January 4, 6, 8, 9, 12, 17, 18, and 22, 2022 R1's progress notes dated January 1 to 24, 2022, showed the deterioration of R1's coccyx pressure ulcer with the following noted by facility staff: - R1's progress note dated January 10, 2022, at 10:41 a.m., read "round reddened spot about the size of a dime. Under the skin it was a hardened area about the size of a 50-cent piece." - R1's progress note dated January 13, 2022, at 12:30 p.m., indicated the sore was "about the size of a quarter. The area under the skin was the size of her full buttock at this time. Much larger than previous. No open skin at time of assessment." - R1's progress note dated January 20, 2022, at 4:50 p.m., read "there is an opening about the size of a quarter to 50-cent piece with drainage." - R1's progress note dated January 24, 2022, at 11:19 a.m., read "area on right buttock is open, approximately the size of a golf ball-both depth and width. Yellow, mucous-stringy drainage coming from opening." R1's treatment plan for the coccyx pressure ulcer	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
01940	Continued From page 10 was requested, but not provided. R1's interventions for the coccyx pressure ulcer were requested, but not provided. R1's care plan and service agreement, which indicated RN and staff were aware and addressing R1's coccyx pressure ulcer were requested, but not provided. During an interview on April 6, 2022, at 1:00 p.m., RN-B stated she was aware of R1's pressure ulcer increasing in size and severity over the course of approximately three weeks in January 2022. RN-B stated she did not create a treatment plan for the coccyx wound, nor did she add interventions to R1's Care Plan or Service Agreement. RN-B stated unlicensed staff were performing extra checks on R1, but did not document the extra checks. RN-B stated she advised staff to check on and change R1 every 1 to 2 hours, but did not document this anywhere, nor is there any staff documentation to show the 1 to 2 hour checks were completed. During an interview on April 6, 2022, at 2:00 p.m., RN-C stated she was aware of R1's pressure ulcer increasing in size and severity over the course of approximately three weeks in January 2022. RN-C stated she did not create a treatment plan for the coccyx wound, nor did she add interventions to R1's Care Plan or Service Agreement. RN-C stated she gave verbal instructions to staff to check on and change R1 every 1 to 2 hours, but did not document this anywhere, and assumed staff were completing the checks. RN-C stated she did not know if staff had completed the checks, and acknowledged that if the checks were not in the computer system, there was no way to verify they were completed. The licensee-provided policy, Delegation of	01940		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	**125 PARK STREET EAST OWATONNA, MN 55060**

(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
01940	Continued From page 11 Nursing Tasks, dated August 1, 2021, read, "The RN will complete an assessment of the resident and determine need for nursing services" and "The RN will develop a service plan for providing the services according to the resident's needs and preferences." The licensee-provided policy, Implementation of Medication Prescriptions and Treatment and Therapy Orders, dated August 1, 2021, read, "The RN ...will update any Elder [resident] records and service plan as necessary to reflect a new order or prescription. If a new order or prescription will require that unlicensed staff follow a new procedure, the RN ...will develop written instructions ...the RN ...is responsible for assuring that the prescriptions and orders have been implemented appropriately through Elder monitoring, supervision of staff and review of Elder records". The RN is also responsible for "adding the order ...to the Elder record in the appropriate place and updating the service plan, care plan ...or other documents as necessary to reflect any changes in prescriptions or orders". "The RN ...must include in the Elder's record written instructions for staff to follow when implementing the new order ..." TIME PERIOD TO CORRECT: Seven (7) days.	01940		
02360	144G.91 Subd. 8 Freedom from maltreatment Residents have the right to be free from physical, sexual, and emotional abuse; neglect; financial exploitation; and all forms of maltreatment covered under the Vulnerable Adults Act. This MN Requirement is not met as evidenced	02360		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	34946	A. BUILDING: _____ B. WING _____	C 03/29/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIDGEWATER AT OWATONNA	125 PARK STREET EAST OWATONNA, MN 55060

(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
02360	Continued From page 12 by: Based on interviews and document review, the facility failed to ensure one of one resident reviewed (R1) was free from maltreatment. R1 was neglected. Findings include: On April 22, 2022, the Minnesota Department of Health (MDH) issued a determination that neglect occurred, and that the facility was responsible for the maltreatment, in connection with incidents which occurred at the facility. The MDH concluded there was a preponderance of evidence that maltreatment occurred.	02360	No Plan of Correction (PoC) required. Please refer to the public maltreatment report (report sent separately) for details of this tag.	