

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 165178	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 09/25/2024
NAME OF PROVIDER OR SUPPLIER Aase Haugen Home		STREET ADDRESS, CITY, STATE, ZIP CODE Four Ohio Street Decorah, IA 52101	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>42134</p> <p>Based on clinical record review, facility policy review, and staff interview the facility failed to notify the family and primary care provider (PCP) of bruising for 1 of 3 residents reviewed (Resident #2). The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>A Progress Note written on 9/21/24 at 9:38 PM for Resident #2 documented a bruise on the resident's right forearm. The documentation identified a larger red/purple area and multiple smaller bruises at various stages of healing. The documentation lacked family or PCP notification.</p> <p>The clinical record lacked any documentation on 9/22/24 and 9/23/24.</p> <p>A Progress Note written on 9/24/24 at 12:26 PM documented the resident's PCP was notified.</p> <p>The incident report included a note explaining the family would be visiting this day (9/24/24) and would be informed of the skin alteration.</p> <p>During an interview on 9/24/23 at 2:45 PM, Staff D explained she would expect staff to follow the skin protocol. She further explained she would expect the family and PCP to be notified no later than the next morning.</p> <p>A facility document titled Physician and Family Notification of Resident Changes Policy, dated 6/29/23 directed staff to notify the family and attending or on call physician for any abnormal skin issues, including bruising. The policy also directed staff to contact the PCP and family the next morning for non-emergent issues.</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>42134</p> <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>Based on observation, clinical record review, facility policy review, and staff interview the facility failed to assess a bruise after identification for 1 of 3 residents reviewed (Resident #2). The facility reported a census of 61 residents.</p> <p>Findings include:</p> <p>A Progress Note written on 9/21/24 at 9:38 PM for Resident #2 documented a bruise on the resident's right forearm. The documentation identified a larger red/purple area and multiple smaller bruises at various stages of healing. The documentation lacked measurements or a picture of the bruising.</p> <p>During an observation on 9/24/23 at 1:02 PM a purple/red area was noted on right forearm of Resident #2, approximately 2 centimeters (cm) by 3 cm. Two smaller purple/red areas measuring approximately 0.5 cm by 0.5 cm each.</p> <p>During an interview on 9/24/24 at 12:28 PM, Staff A Licensed Practical Nurse (LPN) explained skin concerns would be documented in Point Click Care (PCC, Electronic Health Record) in a skin assessment or in the skin/wound tab. During the same interview Staff B confirmed skin concerns found during off hours would be documented in a skin assessment or in the skin/wound tab. Staff A and Staff B agreed there is no paper documentation for skin concerns. Staff B further explained Staff D, Registered Nurse (RN) is the wound nurse and follows up on all skin concerns and takes the pictures for measurements.</p> <p>During an interview on 9/24/23 at 2:30 PM, Staff C LPN explained she identified the purple/red area on Resident #2's arm on 9/23/24. She acknowledged she did not take measurements and did not take a picture. She acknowledged she did know she could document skin tears in the skin/wound tab of PCC but did not know how to document skin areas that were not skin tears.</p> <p>During an interview on 9/24/23 at 2:45 PM, Staff D RN, explained she would expect the person finding the skin concern to take a picture. She further explained that she does 1:1 education with nurses on how to take a picture and frequently they do the first picture together. She explained this education is not a part of on-boarding new nurses but something she does with them individually. The pictures provide length and width measurements.</p> <p>On 9/25/24 at 11:24 AM, Staff E, RN Supervisor reported the facility did not have a published policy for staff use regarding skin alterations.</p>		