

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245012	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/14/2024
NAME OF PROVIDER OR SUPPLIER Guardian Angels Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 400 Evans Avenue Elk River, MN 55330	

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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569</p> <p>Based on interview and document review the facility failed to ensure resident protection pending an investigation into an allegation of abuse.</p> <p>Findings include:</p> <p>R1's Admission Record indicted he admitted to the facility on [DATE] and identified diagnosis that included anxiety. R1's care plan dated 3/1/24, indicated he was alert to person, place and time and identified intact cognition.</p> <p>A report to the state agency (SA) dated 3/12/24, indicated R1 alleged he was physically abused by staff on 3/9/24. The report indicated the alleged abuse caused R1 great fear and anxiety and indicated he was afraid to leave his room. A second report to the SA dated 3/12/24, indicated R1 sent an e-mail to registered nurse RN-A which stated there had been conduct issues with nursing staff and requested NA-A and RN-B not provide care for him. R1 reported to RN-A he had scratches on his forearm as a result of RN-B attempting to grab his phone out of his hand. R1 further reported NA-A had called him a fat ass and said all he did was ask for food. The report indicated R1 had light pink scratch marks on his forearm. R1 indicated he had reported the incident to RN-C on 3/9/24.</p> <p>During interview on 3/14/24 at 11:40 a.m., RN-A stated a nurse had approached him and said R1 showed her some scratches and reported a staff member had called him a fat ass. RN-A said R1 did not want RN-B or NA-A to take care of him. RN-A stated R1 did have scratch marks on his arm RN-A, further stated R1 did not have a history of making false accusations.</p> <p>Facility Shifts Scheduled Report dated 3/12/24, indicated NA-A worked both the morning and evening shifts that day.</p> <p>On 3/14/24, at 4:29 p.m. the administrator and director of nursing (DON) were interviewed. The administrator stated when an allegation of abuse was reported the facility removed the caregiver then gathered information to determine a course of action. The administrator stated neither staff had been removed from the schedule pending the investigation into the abuse allegation and said it seemed the like the story kept changing. The DON stated he had spoke to RN-A right away and she denied the allegation so they did not feel it warranted suspension. The DON stated he had placed a call to NA-A and had not realized she was working.</p> <p>(continued on next page)</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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility policy Abuse Prevention Plan dated March 2017, indicated each resident had the right to be free from abuse. The policy indicated if a staff member was alleged to be involved in the allegation of abuse the staff member would be suspended pending the outcome of the pending investigation.</p>		