

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 09/12/2024
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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Reasonably accommodate the needs and preferences of each resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43083</p> <p>Based on observation, interview, and document review, the facility failed to ensure the call light was accessible for 1 of 4 residents (R4) reviewed for accommodation of needs.</p> <p>Findings include:</p> <p>R4's quarterly Minimal Data Set (MDS) dated [DATE], had diagnoses of anxiety, depression, and was cognitively intact. R4 was noted to have lower extremity impairment on both sides.</p> <p>R4's care plan dated 8/10/23, indicated R4 had a mobility deficit due to adult failure to thrive, was non-ambulatory, and was dependent on staff for wheelchair mobility.</p> <p>On 9/11/24 at 4:11 p.m., upon entering R4's room, R4 stated I don't have my call light. R4 was observed sitting in her standard wheelchair next to her bed, facing the window and her back was to the door. R4's call light was observed on the bottom right-hand corner of her bed next to the wall. R4's bedside table was to the right of her in between her and the bed. R4 stated she was unable to self-propel in her wheelchair and depended on staff to assist with mobility. R4 stated this happens all the time, I would have to wait until staff comes into the room again.</p> <p>On 9/11/24 at 4:21 p.m., nursing assistant (NA)-A knocked and entered R4's room and R4 requested to be assisted out into the commons area by the nurses' station. NA-A confirmed R4 did not have access to her call light and was unable to reach it. NA-A stated she was unsure why the call light was out of reach and which staff assisted R4.</p> <p>On 9/12/24 at 9:33 a.m., licensed practical nurse (LPN)-A stated R4 required total assistance from staff with mobility in her wheelchair. Further, LPN-A stated R4 was alert and able to make needs known by using her call light.</p> <p>On 9/12/24 at 12:12 p.m., NA-B stated R4 was completely dependent on staff for all activities of daily livings and was unable to self-propel herself in her wheelchair. Further, NA-B stated R4 would utilize her call light if she needed anything.</p> <p>On 9/12/24 at 1:46 p.m., registered nurse (RN)-A stated R4 was dependent on staff for mobility and would utilize her call light for any needs. RN-A stated if R4 did not have her call light, R4 would ask her roommate to call for assistance.</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 0558</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/12/24 at 2:19 p.m., director of nursing stated staff were expected to ensure each resident had access to their call light before exiting the room.</p> <p>Review of facility policy titled Call Light Policy dated 09/23, staff were directed to position the call light conveniently for the resident to use and tell the resident where the call light was.</p>		