

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 04/11/2024
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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>40938</p> <p>Based on observation, interview and document review, the facility failed to assess residents for the ability to self administer nebulizer treatments after nurse set up for 1 of 1 residents (R270) observed self administrating a nebulizer treatment.</p> <p>Findings include:</p> <p>R270's admission Minimum Data Set (MDS) date 4/9/24, indicated R270 was cognitively intact. R270's self-administration of medication evaluation dated 4/8/24, indicated R270 did not self-administer medications which included nebulizer medications after nurse set up.</p> <p>R270's order summary report dated 4/11/24, directed staff to administer albuterol sulfate (medication to open airways, and treat air flow blockage) nebulization solution 2.5 milligrams(mg)/3 milliliters (ML) 1 vial via nebulizer four times daily. However R270's orders failed to include a provider order to self-administer albuterol sulfate.</p> <p>When interviewed 4/8/24 at 1:55 p.m. R270 stated staff did not observe him while Albuterol nebulizer was administered.</p> <p>On 4/11/24, at 9:35 a.m. observed R270 sitting in chair in room self-administering nebulizer, resident stated nurse put the medication in the reservoir of the mask and left. Door was closed with no staff in room.</p> <p>When interviewed on 4/11/24, at 10:29 a.m. licensed practical nurse (LPN)-A stated residents could self-administer medications if they had an order and were assessed. LPN-A checked R270's chart, was not able to locate an assessment with ok to self-administer medications, LPN-A was not able to locate order in medical record to self-administer nebulizer.</p> <p>When interviewed on 4/11/24, at 11:11 a.m. director of nursing (DON) stated there should be an assessment for self-administer form completed by the nurse with the ok to self-administer added to the medication order. DON was not able to locate an assessment or provider order that identified R270 was able to safely self-administer nebulizer medications.</p> <p>Self-administration of medications policy was requested, however was not provided.</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
---	-------	-----------

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 04/11/2024
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 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46943</p> <p>Based on interview and document review, the facility failed to ensure advanced directives were accurately documented on the resident's electronic health record (EHR) banner, physician orders and Physician's Orders for Life Saving Treatment (POLST) which affected 2 of 32 residents (R24 and R79) reviewed for advance directives.</p> <p>This resulted in an immediate jeopardy (IJ) for R24 who would have been denied cardiopulmonary resuscitation (CPR) contrary to their wishes, in the absence of a pulse or respirations and for R79 who would have received CPR contrary to their wishes in the absence of a pulse or respirations. The administrator was notified of the IJ on [DATE] at 2:33 p.m. The IJ was removed on [DATE] at 8:00 p.m., when the facility implemented their removal plan, but non-compliance remained at the lower scope and severity level of D, isolated with no actual harm but potential to cause more than minimal harm.</p> <p>Findings include:</p> <p>R24's quarterly Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment with diagnoses of dementia and stroke.</p> <p>R24's EHR banner reviewed on [DATE] at 7:20 p.m., identified R24 was full code. R24's Order Summary report dated [DATE], indicated full code status.</p> <p>R24's most current Physician's Orders For Life Sustaining Treatment (POLST) located in the scanned EHR, signed by R24's family member (FM)-A and medical doctor (MD)-A on [DATE] identified R24's wishes were do not resuscitate (DNR).</p> <p>R79's quarterly MDS dated [DATE], identified severe cognitive impairment and a diagnosis of Alzheimer's Disease.</p> <p>R79's EHR banner reviewed on [DATE] at 7:38 p.m., identified R79 was DNR.</p> <p>R79's most current POLST located in the scanned EHR, signed by R79's family member (FM)-B and certified nurse practitioner (CNP)-A on [DATE] identified R79's wishes were DNR. R79's Order Summary report dated [DATE], indicated DNR status.</p> <p>R79's POLST located in hard chart dated [DATE], indicated full code status.</p> <p>On [DATE] at 8:22 a.m., FM-B stated R79's wishes were to be DNR and should not have cardiopulmonary resuscitation (CPR).</p> <p>On [DATE] at 7:14 p.m., licensed practical nurse (LPN)-A stated he would check the hard chart for the POLST and/or code status on the banner in EHR, whichever was fastest or closest and would instruct staff on how they could assist. In this case, if the banner in EHR was closer, R24 would have received CPR and R79 would not have received CPR. If the hard chart was closer, R24 would not have received CPR and R79 would have received CPR.</p> <p>(continued on next page)</p>		

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 04/11/2024
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 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On [DATE] at 7:18 p.m., RN-B stated she would check the hard chart for the POLST and/or code status on the banner in the EHR, whichever was fastest or closest. In this case, if the banner in EHR was closer, R24 would have received CPR and R79 would not have received CPR. If the hard chart was closer, R24 would not have received CPR and R79 would have received CPR.</p> <p>On [DATE] at 7:37 p.m., RN-E stated she would first look at the banner in the EHR for the code status, but it was also located in the hard chart. According to the banner in EHR, R24 would have received CPR and R79 would not have received CPR.</p> <p>On [DATE] at 7:40 p.m., RN-F stated she would look at the banner in the computer for resident's code status. According to the banner in EHR, R24 would have received CPR and R79 would not have received CPR.</p> <p>On [DATE] at 8:40 a.m., RN-G stated she would look at the POLST in the hard chart. RN-G stated code status is generally located in the banner in the EHR but in the hard chart it is up front and if it didn't match, they would follow the POLST as that is the signed order. According to the POLST in R24's chart, R24 would not have received CPR. According to the POLST in R79's chart, R79 would have received CPR.</p> <p>On [DATE] at 8:42 a.m., RN-H stated he would look at the front of the hard chart as that is what is signed. RN-H stated we try to have it on the banner too, but it seems like the banner isn't always right. RN-H stated when a resident goes to the hospital, the hospital will change it to whatever they had at their last admission, so then our order gets changed but they are not correct. According to the POLST in R24's chart, R24 would not have received CPR. According to the POLST in R79's chart, R79 would have received CPR.</p> <p>On [DATE] at 8:48 a.m., RN-C stated she would look at the hard chart for resident's code status on the signed POLST. According to the POLST in R24's chart, R24 would not have received CPR. According to the POLST in R79's chart, R79 would have received CPR.</p> <p>On [DATE] at 8:55 a.m., clinical manager (CM)-B stated she would look either on the banner in the EHR or in the front of the hard chart for a copy of the POLST. CM-B stated if orders are different, then they should always follow the paper POLST as that is what is signed by the provider. CM-B stated if code status changed, the old POLST would be removed from the hard chart and sent to medical records with the new POLST placed in hard chart.</p> <p>On [DATE] at 9:00 a.m., RN-D she would look in the hard chart for resident's code status on signed POLST by the provider. According to the POLST in R24's chart, R24 would not have received CPR. According to the POLST in R79's chart, R79 would have received CPR.</p> <p>On [DATE] at 9:03 a.m., LPN-B stated she would look at the banner in the EHR and have it verified with the POLST in the hard chart.</p> <p>(continued on next page)</p>		

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 04/11/2024
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 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On [DATE] at 8:50 a.m., registered nurse (RN)-A stated we would check the hard chart or the banner in EHR, whichever one is closest. RN-A verified that R24's EHR indicated Full Code and R79's EHR indicated DNR. RN-A then went to hard chart and verified that the POLST identified R24 was DNR and was dated [DATE] and R79 was full code and was dated [DATE]. RN-A verified the discrepancy and attempted to located what the actual order should be for both residents. RN-A stated she would have followed the signed POLST that was located in the hard chart. According to the POLST in R24's chart, R24 would not have received CPR. According to the POLST in R79's chart, R79 would have received CPR.</p> <p>On [DATE] at 9:14 a.m., CM-A stated upon admission or readmission from the hospital we would determine what the code status order is and would confirm with the resident and/or representative what their wishes are. CM-A stated her expectation would be for staff to refer to the hard chart for the signed POLST form. If code status changed, a new POLST is completed and placed in hard chart with the old POLST being removed.</p> <p>On [DATE] at 9:40 a.m., medical records (MR)-A stated upon admission or readmission if there is a discrepancy she would highlight it on an internal clarification of admission orders checklist and will give to the floor nurse to clarify with resident, representative and provider. MR-A stated she would leave the code status order blank in EHR, until clarified by nursing.</p> <p>On [DATE] at 9:54 a.m., director of nursing (DON) stated his expectations would be to look at the hard chart at the actual signed POLST for code status. If code status orders do not match, there would be a high risk of initiating the wrong life-saving treatments. The DON stated that referring the hard chart for code status is the fastest. According to the POLST in R24's chart, R24 would not have received CPR. According to the POLST in R79's chart, R79 would have received CPR.</p> <p>On [DATE] at 8:48 a.m., the facility medical director (MD)-G stated best practice was to have a resident's code status in one location of the residents' EHR and acknowledged the potential for mistakes to be made in an emergency situation. The MD-G stated if a resident did have conflicting code status orders, his is expectation was for nursing staff to clarify wishes with the resident or resident representative and obtain new orders from the resident providers if necessary.</p> <p>The facility policy Cardiopulmonary Resuscitation (CPR) dated [DATE], identified at the time of admission the resident and/or resident representative will be asked about the resident preference for CPR or do not resuscitate (DNR). The resident and/or resident representatives' response will be compared to physician orders issued at the time of admission. Where necessary, orders will be obtained to be consistent with the resident's wishes.</p> <p>The facility policy Advanced Directives POLST dated [DATE], identified all staff members and medical team will refer to the POLST form indicating the patient/resident's wished prior to initiation or discontinuation of any treatment and all treatments must be in keeping with the resident's wishes.</p> <p>The IJ was removed on [DATE] at 8:00 p.m., when the facility developed and implemented a systematic removal plan which was verified by interview and document review. On [DATE] at 6:35 p.m., the facility completed an audit of all residents' code status, reviewed the policy regarding code status and updated the policy, which outlined where the staff would locate the code status. On [DATE] at 8:00 p.m., oncoming licensed staff were educated regarding the updated POLST procedure and where to find a residents' code status. and continued for staff prior to their next shift.</p> <p>(continued on next page)</p>		

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 04/11/2024
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 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>48013</p>

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 04/11/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46943</p> <p>Based on observation, interview and record review, the facility failed to implement and maintain recommended restorative programming for 1 of 1 residents (R71) who were reviewed for treatment and services to prevent further decrease in range of motion (ROM).</p> <p>Findings include:</p> <p>R71's Minimum Data Set (MDS) dated [DATE], identified moderately impaired cognition with a diagnoses of hemiplegia (paralysis of one side of the body) following cerebral infarction (stroke) affecting left non-dominant side and contracture (a shortening and hardening of muscles and rigidity in joints) of the left hand. R71's cognition was moderately impaired.</p> <p>R71's occupational therapy (OT) discharge summary dated 11/16/22, identified a prognosis to maintain current level of function as excellent with consistent staff support and the recommendation of a range of motion program to decrease risk of increased tightness.</p> <p>R71's Change in Functional Status/Nursing Rehabilitation Program form dated 11/11/22, identified the therapy recommendation to nursing to complete passive range of motion (PROM) exercises (the movement of a joint through the range of motion with assist) to the left upper extremity (LUE), up to 10 repetitions (reps) and up to seven days a week.</p> <p>R71's care plan dated 3/7/22, identified limited physical mobility related to hemiplegia affecting left non-dominant side and instructed staff to complete PROM per occupational therapy (OT).</p> <p>R71's order dated 11/6/23, identified per OT: left resting hand splint, nurse to perform PROM to LUE, 10 reps prior to donning left resting hand splint, leave the left hand splint on for up to an hour and after removing observe for any signs of redness as needed for weak hand.</p> <p>R71's January, February, March and April 2024 treatment administration record (TAR) identified OT's order dated 11/6/23 had been entered as per requested need (prn) with no scheduled frequency instruction for nursing staff and lacked documented evidence of completion or resident refusals to complete.</p> <p>R71's OT discharge summary dated 2/28/24, identified R71 requested the left hand splint be discontinued and recommended nursing continued with daily PROM to LUE to decrease risk of increased tightness.</p> <p>During observation and interview on 4/8/24 at 1:43 p.m., R71 was sitting in his room in his wheelchair with his left hand resting fist closed on his lap. R71 couldn't remember if staff were supposed to assist with PROM. R71 stated he could not recall the last time staff offered to assist him with PROM.</p> <p>(continued on next page)</p>

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 04/11/2024
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation and interview on 4/9/24 at 3:06 p.m., R71 was sitting in his room with his hand resting closed fist on his lap. R71 stated the nursing staff assisted with skin care but did not offer to assist with PROM to the LUE.</p> <p>When interviewed on 4/10/24 at 2:57 p.m., clinical manager (CM)-A stated PROM programs would be given to nursing after completion of treatment by the therapy department, the program would then be entered into the orders and trigger for the nursing staff to document completion. CM-A confirmed R71's therapy recommendation had been entered into the orders as prn and lacked documentation of completion or refusals on the TARs.</p> <p>When interviewed on 4/10/24 at 3:07 p.m., licensed practical nurse (LPN)-D stated R71's order for PROM was prn so he should ask for assistance with it. LPN-A stated she could not recall the last time staff offered to assist him with PROM but if they had he would most likely refuse it. LPN-A confirmed R71's electronic health record (EHR) lacked documentation of refusals.</p> <p>When interviewed on 4/10/24 at 3:15 p.m., registered nurse (RN)- J stated R71 should be offered PROM but sometimes refuses. RN-J stated refusals of care should be documented in the EHR. RN-J confirmed R71's EHR lacked documentation of refusals.</p> <p>When interviewed on 4/11/24 at 10:04 a.m., the occupational therapist (OT)-A and Rehab Director confirmed R71's PROM was recommended and ordered back in November of 2022 and had not changed after his most recent episode of therapy in February of 2024. The rehab director stated restorative programs including PROM were always recommended and ordered at a specific frequency and would never be recommended or ordered as prn. The rehab director stated the importance of regular PROM for R71 was to prevent increased contracture. OT-A confirmed R71's degree of contractures had not changed from first measurement on 11/10/22 to most recent measurement on 2/21/24.</p> <p>When interviewed on 4/11/24 at 11:39 a.m., the director of nursing (DON) stated therapy restorative program recommendations were documented on a Functional Change form and given to the nursing clinical managers who are in charge of updating resident care plans and entering the recommendation into the EHR to populate as a task that required staff documentation of completion or refusals. The DON could not confirm R71's PROM was being completed or attempted and refused as it was not documented in R71's TAR. The DON stated the importance of R71's PROM was to prevent increased contracture.</p> <p>The facility policy Therapy Rehabilitation Referrals dated 9/1/16, identified therapy staff would routinely screen all long term care residents a minimum of one time each quarter, between MDS assessment periods to determine if the resident might benefit from therapy interventions, and results of all screens would be reviewed with the nurse unit manager and physician where warranted.</p>		

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 04/11/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe, appropriate dialysis care/services for a resident who requires such services.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48013</p> <p>Based on observation, interview, and document review, the facility failed to ensure post-dialysis assessment and monitoring was completed for 1 of 1 residents (R40) reviewed for dialysis.</p> <p>Findings include:</p> <p>R48's admission Minimum Data Set (MDS) dated [DATE], identified R48 had intact cognition and required partial/limited assistance with all activities of daily living (ADLs). R48's diagnoses included atrial fibrillation, coronary artery disease, orthostatic hypotension, end stage renal disease, arthritis, CVA/TIA (stroke) and malnutrition. R48 received dialysis treatment that was done outside of the facility.</p> <p>R48's care plan dated 2/20/24, indicated R48 required hemodialysis related to end-stage renal disease and had a shunt in their left arm for vascular access. R48's care plan lacked pre- and post-dialysis instructions for monitoring of access site for shunt bruit and thrill (when the nurses listens and feels the dialysis access site to ensure blood flow).</p> <p>R48's Medication Administration Record (MAR) for 4/1/23 - 4/11/24 lacked evidence of monitoring of shunt for bruit and thrill.</p> <p>R48's medical record lacked documentation of monitoring of shunt for bruit and thrill.</p> <p>During observation and interview on 4/8/24 at 2:48 p.m., R48 stated he went to dialysis three days per week on Tuesdays, Thursdays, and Saturdays and that nursing does not auscultate (listen to) or palpate shunt (feel) regularly.</p> <p>During interview on 4/10/24 at 2:58 p.m., licensed practical nurse (LPN)-E stated there is only one resident at the facility that has an order to auscultate/palpate for bruit and thrill and confirmed that R48 was not that resident. LPN-E stated it is important to monitor shunt to ensure that the fistula (dialysis access) remained open and doesn't close.</p> <p>During interview on 4/11/24 at 12:16 p.m., LPN-A stated that for dialysis residents, vitals and weights were obtained when they return from dialysis and site is visualized. LPN-A confirmed that R48 did not have an order to auscultate/palpate for bruit and thrill.</p> <p>During interview on 4/11/24 at 12:17 p.m., clinical manager (CM)-D stated R48 went to a dialysis center three days a week and that staff were aware of where residents' dialysis access sites are located. CM-D confirmed that R48 did not have an order for monitoring of shunt for bruit and thrill and that it was not documented on R48's care plan. CM-D stated it was important to monitor shunt to check for patency.</p> <p>(continued on next page)</p>

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 04/11/2024
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 0698</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 4/11/24 at 12:38 p.m., director of nursing (DON) stated their expectations for dialysis residents were for staff to complete fluid monitoring, vital sign monitoring when resident returned from dialysis and observation of the site that included skin inspection and checking for bruit and thrill. DON stated it would be important to ensure the shunt was functioning properly by monitoring the blood flow to ensure that there is no decreased blood flow through shunt.</p> <p>The Care for Residents with Hemodialysis policy dated 4/24 indicated residents with an internal shunt will have daily checks of shunt patency by auscultating/palpating for pulse, thrill, and bruit to assure adequate blood flow.</p>