

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245024	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/06/2025
NAME OF PROVIDER OR SUPPLIER  Interfaith Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  811 Third Street Carlton, MN 55718	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49877</p> <p>Based on interview and document review, the facility failed to assess smoking safety for 1 of 1 resident (R38) reviewed for smoking.</p> <p>Findings include:</p> <p>R38's quarterly Minimum Data Set (MDS) dated [DATE], identified R38 was admitted to the facility on [DATE] and was cognitively intact. R38's diagnoses include depression, chronic pain, difficulty walking, and syncope and collapse (fainting due to a brief loss of consciousness).</p> <p>R38's history and physical report dated 10/3/24, identified R38 was a current everyday smoker of cigarettes.</p> <p>R38's care plan printed on 2/6/25, identified R38 was at risk for falls due to generalized muscle weakness, difficulty walking, pulmonary disease, and medication side effects. Care plan lacked any indication of R38's current smoking status and/or safe smoking interventions.</p> <p>R38's medical record lacked any smoking assessments completed prior to 2/4/25.</p> <p>R38's progress note dated 10/8/24, identified the facility smoking policy was reviewed and further discussed upon admission.</p> <p>R38's progress note dated 10/16/24, identified R38 wanted to go outside and smoke.</p> <p>R38's progress note dated 10/24/24, identified R38's visitor asked why R38 cannot go outside and smoke. Nurse informed R38 and visitor smoking was not allowed on property and this information was reviewed on admission.</p> <p>R38's progress note dated 12/4/24, identified staff witnessed R38 smoking in the facility parking lot twice. R38 confirmed had smoked after returning from outing with friends. Smoking issue and resident safety discussed.</p> <p>During interview on 2/5/25 at 10:21 a.m., nursing assistant (NA)-A identified R38 was a current smoker and the facility was non-smoking. Any resident who wishes to smoke must go off facility property to smoke.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 2/5/25 at 12:33 p.m., registered nurse (RN)-D identified the facility as non-smoking and the smoking policy was reviewed upon admission. Residents cannot smoke on property but can leave the property with friends or family to smoke. RN-D confirmed R38 was a current smoker and explained there was one occasion were R38 was witness smoking across the street after returning from an outing with friends/family. R38 was not assessed for smoking upon admission or after this incident occurred. Due to the lack of assessment, it was uncertain if R38 was safe to smoke.</p> <p>During interview on 2/6/25 at 2:09 p.m., director of nursing (DON) identified all residents were informed of the facilities non-smoking policy prior to and again at the time of admission. When a resident was admitted as or later identified as a smoker, the non-smoking policy was reviewed and the resident was offered nicotine replacement therapy. Resident smoking has not been an issue until recently and the facility has not been completing smoking assessment on residents who are identified as a smoker. Effective immediate the facility will create a policy to address resident smoking safety and will complete smoking assessments on all residents who are identified as a smoker. Smoking assessments were important because the resident could be injured while smoking. Even when they are off our property, they are still our resident, and we need to make sure they are safe and can smoke safely.</p> <p>A policy Resident Care Polices section Smoke-Free Policy revised 10/29/19, identified no resident will be allowed to smoke in the facility or on the grounds. All residents will be notified of the smoke-free policy.</p>