STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245028	A. Building B. Wing	03/07/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Highland Chateau Health and Rehabilitation Center	2319 West Seventh Street Saint Paul, MN 55116

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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49616 Based on observation, interview, and record review the facility failed to include residents bathing preferences and bathing in the care plan for 2 of the 3 residents (R1, R3). Findings include: R1 R1's face sheet dated 3/6/25, identified R1 had diagnoses of morbid obesity (extremely overweight) and weakness. R1's admission Minimum Data Set (MDS) dated [DATE], identified R1 had no cognitive impairment. R1 required substantial/maximum assistance for bathing activities, dependent on staff for lower body dressing, and substantial/maximum assistance for upper body dressing. R1's care plan dated 1/14/25, identified a focus of current functional performance. Interventions included total one person assist for dressing, extensive assist for bed mobility, transfers total assist of two people. R1's care plan did not identify R1's bathing preferences or level of assistance R1 required for bathing. R3 R3's face sheet dated 3/6/25, identified R3 had diagnoses that included quadriplegia (paralysis that affects all four limbs of the torso), legal blindness, non-traumatic intracerebral hemorrhage (brain bleed). R3's quarterly MDS dated [DATE], identified R3 could not make himself understood, could not communicate with others, R3 was blind, and had an inability to make cognitive decisions for self. R3's functional ability assessment was not completed. R3's care plan dated 2/5/25, identified R3 required two person physical assist for dressing, bed mobility, transfers, and toileting. R3's care plan did not identify bathing assistance or bathing preferences. (continued on next page)

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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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 3/7/25 at 9:19 a.m., nursing assistant (NA)-B stated he would look in the care plan or kardex to direct the plan of care for the residents. During an interview on 3/6/25 at 11:36 a.m., registered nurse (RN)-A stated the assistant director of nursing (ADON) and director of nursing (DON) created and updated the care plans for residents. ADON stated the care plan should include the assistance required for bathing and what the residents preference is for bathing. During an interview on 3/7/25 at 12:50 p.m., DON stated it was her expectation that bathing preferences be included in the care plan along with the level of assistance required for bathing. DON stated it was a toss-up between the social worker and nurse manager (which would be DON or ADON) who is responsible for interventions being added to the care plans. The DON expected these interventions would be included in the care plan. The facility Comprehensive Person-Centered care plan policy dated 1/20/2025, identified a comprehensive, person-centered care plan includes measurable objectives and timetables to meet the residents physical, psychosocial and functional needs would be developed and implemented for each resident. Assessments of residents are ongoing and care plans revised as information about the residents and the residents conditions change. The interdisciplinary team reviews and updates the care plan. The facility Care Planning Interdisciplinary Team policy dated 1/20/2025, identified the interdisciplinary team is responsible for the development of resident care plans. The care plans are based on the resident assessments.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49616 Based on observation, interview, and record review the facility failed to complete at a minimum, weekly baths/showers for residents for 2 of 3 residents (R1, R2) which resulted in the residents not being bathed for an extended time period. Findings include: R1 R1's face sheet dated 3/6/25, identified R1 had diagnoses of morbid obesity (extremely overweight) and weakness. R1's admission Minimum Data Set (MDS) dated [DATE], identified R1 had No cognitive impairment. Required substantial/maximum assistance for bathing activities. Dependent on staff for lower body dressing and substantial/maximum assistance for upper body dressing. R1's care plan dated 1/14/25, identified a focus of current functional performance. Interventions included total one person assist for dressing, extensive assist for bed mobility, transfers total assist of two people. R1's care plan did not identify R1's bathing preferences or how much assistance R1 required with bathing. R1's point of care charting dated 3/6/25, identified bathing was completed by a nursing assistant on 1/14/25, 1/18/25, 1/25/25, and 2/22/25. R1's point of care charting dated 3/6/25, identified bathing was not completed by a nursing assistant on: 1/10/25- resident not available. R1 had no documentation that bathing was completed by nursing assistants on: 2/1/25, 2/8/25, and 2/15/25. R2 R2's face sheet dated 3/6/25, identified diagnoses of dementia, hemiplegia (weakness in one side of the body) and hemiparesis (severe loss of strength or paralysis) affecting non-dominant left side, transient ischemic attack (short period of symptoms similar to a stroke). R2's quarterly MDS dated [DATE], identified R2 had no cognitive impairment. R2's functional ability was not completed. R2's care plan dated 8/17/24, identified R2 was dependent on staff for showering and preferred to shower twice a week on the PM shift. R2's point of care charting dated 3/6/25, identified bathing occurred on 1/3/25, 1/7/25, 1/10/25, 1/17/25, 1/21/25, 1/24/25, 1/31/25, 2/4/25, 2/7/25, 2/14/25, 2/18/25, 2/21/25, and 2/28/25. (continued on next page)

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F 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2 had no documentation that bathing occurred on 1/14/25, 1/28/25, 2/11/25, and 2/25/25. During an interview on 3/6/25 at 3:08 p.m., nursing assistant (NA)-A stated all the residents are scheduled for a shower/bath on the day and evening shifts. They are charted in point of care when the bath is given. During an interview on 3/6/25 at 11:36 a.m., registered nurse (RN)-A stated nurses have a weekly skin assessment that would be completed when the shower occurred. During an interview on 3/6/25 at 11:40 a.m., assistant director of nursing (ADON) stated NA's are to document in point of care charting when bathing occurred. The NA's are supposed to alert the nurse if the shower/bath was refused. ADON verified that R1 was missing documentation of bathing from all other weeks. During an interview on 3/7/25 at 12:50 p.m., Director of nursing (DON) stated it was the expectation that bathing occurred weekly on all residents and that refusals be documented in the chart and followed through as appropriate by licensed staff. The facilities Shower/Tub bath policy dated 2/23/24, identified documentation should be recorded in the residents activities of daily living (ADL) record and/or medical record: date and time shower/tub bath was performed, name and title of individual completing shower/tub bath, all assessment data obtained during the shower/tub bath, how the resident tolerated the shower/tub bath, if the resident refuses the reason why and the intervention taken.