

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617</p> <p>Based on interview and document review, the facility failed to provide a Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN; CMS-10055) upon the termination of Medicare A coverage for 1 of 3 residents (R74) reviewed who remained in the nursing home after Medicare A coverage ended.</p> <p>Findings include:</p> <p>R74's Prospective Payment System (PPS) Part A Discharge (End of Stay) Minimum Data Set (MDS) dated [DATE], indicated he was discharged from Medicare Part A services on 7/23/24 and had intact cognition with diagnoses of Alzheimer's disease (a type of dementia that affects memory, thinking, and behavior) and depression.</p> <p>Under Point Click Care's (PCC) census header, Medicare Part A was identified as R74's primary payer on 6/3/24. Private pay was identified as R74's primary payer on 7/24/24.</p> <p>A Notice of Medicare Non-Coverage (NOMNC) form indicated, a final day of skilled nursing services will be provided on 7/23/24 due to decrease of tube feeding. On 7/26/24, this client's family member(FM)/power of attorney (POA) was informed of this decision. Client unable to sign due to cognitive impairment. Family wants client remain in this facility for LTC at this time, while pursuing Part B or MA coverage for additional therapy services. The form lacked signature or date by resident or his representative. There was a handwritten note below the signature line that read, Multiple attempts made for pt's FM/POA to sign NOMNC (7/23/24, 7/22/24, 7/23/24, and 7/24/24). POA demo's lack of understanding of this document and frequently moves onto other unrelated subjects during conversation. POA has been informed of the right to appeal but has not provided a decision at this time. The form was signed and dated by the occupational therapist (OT) and therapy program manager on 7/24/24.</p> <p>R74's electronic health record (EHR) lacked documentation of discussion with R74 and/or representative about NOMNC or covered services prior to 8/7/24.</p> <p>A progress note dated 8/7/24, indicated social services spoke to R74's family member and the awareness of the cost per day of services. The progress note documented that R74's family member cannot afford that.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 8/7/24 at 1:39 p.m., the OT reviewed verified being responsible for providing NOMNCs and Skilled Nursing Facility Advance Beneficiary Notice of Non-coverage forms (SNF ABNs). The OT reviewed therapy records for R74 and verified R74's Medicare Part A skilled coverage ended on 7/23/24 and the final day skilled services were given was on 7/23/24. The OT recalled having an initial conversation about R74's non-coverage on 7/19/24. The OT stated there were multiple conversations with R74's POA about the NOMNC but the POA declined to sign the form. The OT was unable to locate documentation of such conversations and stated, I don't see any supporting documentation aside from what I have on the NOMNC. Additionally, the OT stated no SNF-ABN was provided to R74 or his representative because the regional director of the consultant therapy company reported NOMNCs were for skilled stays and ABNs were for therapy services and not room and board. The OT stated it was a rare occasion in which they would provide both forms. The OT verbalized they did not believe a SNF ABN form needed to be given to R74 after he discharged from Medicare Part A services.</p> <p>A facility policy titled Medicare Reimbursement Resource Manual Beneficiary Liability Notices dated 2021, indicated it was the policy of the organization to follow Medicare SNF Part A rules and regulations for advance beneficiary non-coverage notices by issuing the correct form in a timely manner. Under the procedure header, the policy guided staff to issue a non-coverage notice in advance of the anticipated last covered day when a resident was nearing discharge, would no longer meet clinical coverage criteria, or had exhausted the MA authorized length of stay. Furthermore, the policy guided staff to provide the SNF ABN (Advance Beneficiary) (CMS 100055) before providing care or services that do not meet Medicare coverage criteria. The policy provided an example of a resident being covered by Medicare Part A but staying in the facility for custodial care. The policy provided a hyperlink for SNF ABN instructions. The policy indicated the NOMNC should be delivered at least two days prior to the last covered day and ensure that the beneficiary or legal representative signs and dates the NOMNC or telephone a beneficiary's legal representative to advise them when services would no longer be covered. The policy indicated if staff telephoned the beneficiary's legal representative, staff should confirm the telephone contact by sending a written notice in the mail on the same date, and if direct contact could not be made, a notice should be sent via registered mail and a dated copy of the notice should be placed in the medical record.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>48065</p> <p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>Based on interview and document review, the facility failed to respond to and resolve a report of missing clothing for 1 of 1 residents (R182) reviewed for grievances.</p> <p>Findings include:</p> <p>R182's quarterly minimum assessment data (MDS) indicated, R182 had severe cognitive impairment, no behaviors, hallucinations, or delusions. R182 had limited range of motion in one side of her body, was dependent with grooming, toileting, dressing, and transfers. R182 was unable to ambulate, needed help to set up her meals, and was able to propel her wheelchair.</p> <p>R182's Clinical Diagnosis record printed 8/7/24, indicated diagnosis of hemiplegia and hemiparesis (paralysis and weakness of one side of the body) following cerebral infarction (stroke) affecting left non-dominant side (area of damaged tissue on the brain), lymphedema (swelling due to build-up of lymph fluid in the body), vascular dementia (problems with reasoning, planning, judgement, memory, and other thought processes caused by brain damage from impaired blood flow to the brain), essential hypertension (an abnormally high blood pressure that's not the result of a medical condition), neuralgia (pain caused by damaged or irritated nerves), chronic pulmonary embolism (condition caused by a blood clot blocking the pulmonary artery, reduces blood flow and increases pressure in the lungs), chronic pain syndrome, and major depressive disorder.</p> <p>R182's progress note dated 11/21/23 at 2:32 p.m., by a licensed practical nurse (LPN)-C indicated the resident is complaining of her missing dresses.</p> <p>Facility's grievance log for 2023 lacked documentation of a grievance filed on behalf of R182 regarding the missing clothing.</p> <p>During interview on 8/7/24 at 1:46 p.m., social worker (SW) stated when a resident reports a missing item, staff look in the residents' room and call the laundry. SW stated, sometimes they will call me or the administrator. The family will file a grievance form. SW stated we usually find the clothes and if we can't find the items, we call the family and let them know. SW stated, the administrator is in charge and directs the director of nursing (DON) and SW if any further action is necessary.</p> <p>During interview on 8/7/24 at 1:24 p.m., administrator stated, typically missing items are brought up to the nurse's attention. The nurses search the resident's room and call the laundry. This information would be discussed during the daily IDT meeting [Monday-Friday]. Depending on the item it will be assigned to the appropriate department and be followed up. During the weekend, concerns are brought up to the nurse in charge, and depending on the seriousness of the concern they will contact the DON or the administrator. Administrator was not aware a progress note was made indicating R182 reported missing dresses. Administrator stated grievance forms sometimes are part of the process to report missing personal items. Administrator stated grievance forms were available to staff, residents, and families.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The facility's policy titled Filing Grievances/Complaints dated 12/14/21, indicated Any resident, family member, or appointed resident representative may file a grievance or complaint concerning care, treatment, behavior of residents, staff members, theft of property, or any other concerns regarding his or her stay at the facility.</p> <p>The facility's policy titled Staff Responsibility Grievances/Complaints dated 10/28/21, indicated staff members are encouraged to guide residents about where and how to file a grievance and/or complaint when the resident believes his/her rights have been violated. Additionally, policy indicated: Any allege abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, must be reported to the administrator immediately, but no later than 2 hours after the allegation is made if the events that cause the allegations involve abuse or result in serious bodily injury, or no later than 24 hours if the events that cause the allegations do not involve abuse and do not result in serious bodily injury.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49339</p> <p>Based on interview and document review, the facility failed to ensure allegations of potential abuse were reported in a timely manner to the state agency (SA) for 1 of 1 residents (R21) whose allegations were reviewed.</p> <p>Findings include:</p> <p>R21's quarterly Minimum Data Set (MDS) dated [DATE], identified R21 had severely impaired cognition with no hallucinations or delusions, and was dependent on staff for all activities of daily living (ADLs) including bed mobility and transfers.</p> <p>R21's care plan, printed 8/7/24, identified R21 transferred with a Hoyer (mechanical lift) and assist of 2 staff. In addition, R21 was unable to adequately verbalize her needs, Speech is nonsensical, disorganized and unintelligible when she speaks. Furthermore, the care plan identified, my safety is at risk and there is potential for abuse due to: Cognitive Impairment, Dementia, or poor decision making.</p> <p>R21's progress note dated 8/1/24, identified the following entry: Residents son flagged writer to come to his mom's room He said there's a bruise here, has anyone reported it, it's probably from the Hoyer but I wanted you to see it. He showed me a very faint discoloration on L chest below her breast. Will monitor. R21's progress notes from 8/1/24 to 8/7/24 reviewed and lacked evidence of any other progress notes monitoring bruise mentioned.</p> <p>A Skin and Wound Evaluation, dated 8/5/24, identified a bruise on left chest. Exact date of bruise was noted as 8/1/24 and area was measured as followed:</p> <p>Area: 35.0 cm (centimeters)²[squared]</p> <p>Length: 9.3 cm</p> <p>Width: 5.9 cm:</p> <p>A section on the bottom of the assessment indicated, son reported faded bruise on left chest. Will continue to monitor. Notifications completed: a radio-button answered: resident/responsible party notified.</p> <p>During an interview on 8/06/24 at 3:07 p.m., family member (FM)-A stated he reported the bruise on R21's chest to the nurse on 8/1/24. FM-A stated they are concerned that staff aren't gentle and if I don't advocate for her, she will be neglected. FM-A stated the bruise on R21's chest was reported to FM-A from the hospice nurse on 7/31/24 and stated that no staff from the facility reported the bruise to FM-A. FM-A stated, I get really worried as staff isn't equipped to handle this population, they aren't trained, they bring in agency staff who don't know anyone and don't care, they just flop them around and not gentle.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R21's medical record was reviewed and lacked any evidence the allegation of potential abuse or neglect had been reported to the State Agency (SA).</p> <p>During interview on 8/07/24 at 11:18 a.m., registered nurse (RN)-C indicated that a bruise with unknown origin would be entered into the risk management section of the electronic medical record (EMR). RN-C verified R21's bruise was not entered into the risk management section of the (EMR). RN-C verified the provider should be notified of all injuries of unknown origin and that had not occurred with R21's bruise. RN-C verified R21's bruise was not being monitored in the skin/wound tab section and verified that is the other area that it may be monitored. RN-C verified the EMR lacked evidence of monitoring R21's bruise.</p> <p>During interview on 8/07/2024 at 1:38 p.m., assistant director of nursing (ADON) verified that she along with other leadership are responsible for filing reports to the state. ADON verified that she did not assess R21's bruise and did not know if it was a reportable event.</p> <p>During an interview on 8/07/2024 at 2:11 p.m., director of nursing (DON) verified she was aware of the R21's bruise on 8/5/24 after the wound care nurse took a picture of it. DON verified the bruise was not reported to the SA despite it being of unknown origin the location of the bruise being under the resident's breast. DON verified she has not assessed the bruise and the bruise was not assessed by the wound care nurse until 5 days after the entry of the progress note on 8/1/24. DON verified that a bruise could lighten and shrink in size significantly in that time frame. DON stated, the bruise might have been caused by the Hoyer. DON verified, after review, that R21's bruise should have been reported to SA and investigated to determine the cause.</p> <p>A policy titled Abuse, Neglect, Exploitation or Misappropriation -Reporting and Investigating, dated 3/22/23, was provided. Document indicated, All reports of resident abuse (including injuries of unkonwn origin), neglect, exploitation, or theft/misappropriation of resident property are reported to local, state and federal agencies (as required by current regulations) and thoroughly investigated by facility management.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925</p> <p>Based on observation, interview, and record review the facility failed to ensure routine personal care (i.e., incontinent cares, nail care) were provided for 2 of 3 residents (R6, R31) reviewed for dependent activities of daily living (ADL's).</p> <p>Findings include:</p> <p>R6</p> <p>R6's significant change Minimum Data Set (MDS), dated [DATE], identified R6 had moderate cognitive impairment but demonstrated no delusional thinking. Further, the MDS outlined R6 was dependent on staff for most personal hygiene needs and was not diabetic.</p> <p>On 8/5/24 at 1:47 p.m., R6 was observed seated in a recliner chair while in his room. R6 had long fingernails present on both hands, with the nail edge both having a dark-colored debris present and being several millimeters (mm) long on multiple nails. R6 was questioned on his nail care and who, if anyone, helps him with it. R6 looked at his nails and expressed aloud, My nails need to be clipped. R6 stated he used to clip them himself, however, had lost the clippers awhile back. R6 stated the staff helped him with showers on a weekly basis but nobody from the care center, to his recall, had asked him about clipping his nails in the past few weeks.</p> <p>R6's care plan, dated 7/2024, identified R6 had an ADL self-care deficit due to post-polio syndrome and impaired mentation. The care plan directed, PERSONAL HYGIENE/ORAL CARE: Requires assistance of 1. The care plan lacked any information on nail care (i.e., preferred length, clipping frequency).</p> <p>On 8/6/24 at 9:40 a.m., R6 was observed again seated in his recliner chair. R6's fingernails remained long and soiled as had been observed the day prior.</p> <p>R6's Weekly Skin Review Assessment, dated 8/3/24, identified R6 had no skin issues along with dictation, [R6] had shower. skin check completed with no new skin issue noted. The completed evaluation lacked evidence if nail care had been offered, provided or refused. Further, R6's medical record, including progress notes, lacked evidence nail care had been done, offered or refused within the last week despite R6 having long, potentially soiled nails present.</p> <p>When interviewed on 8/6/24 at 10:02 a.m., nursing assistant (NA)-F stated they had worked with R6 multiple times prior and described him as needing total help with cares and hygiene. NA-F stated R6 rarely, if ever, refused care and the NA's would be responsible to help him complete nail care with his showers. NA-F stated if nail care was refused, then the nurse should be told and they likely charted it but the NA charting didn't have spacing to record such. At 10:06 a.m., NA-F observed R6's nails while licensed practical nurse (LPN)-B was present in the room helping R6's roommate. NA-F verified R6's nails were long adding, They need to be trimmed and cleaned. NA-F stated it looked as if had been awhile since nail care was last done and verified R6 was unable to clip his own adding, He's total [care] and we have to do everything for him. NA-F stated they had never seen or heard of R6 having his own clippers before.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 8/6/24 at 10:20 a.m., LPN-B was interviewed. LPN-B was questioned on R6's fingernails adding aloud, I noticed that [just prior]. LPN-B stated the nails appeared like they'd been cut and expressed, I will cut them. LPN-B stated nail care, including cleaning and clipping, should be done on scheduled bath days adding the care center had recently switched to a new form (i.e., Weekly Skin Review) which not longer asked about nail care so it was maybe being missed by staff. LPN-B verified R6's nail length and condition adding, That is the longest I've seen them. LPN-B stated R6's nails grow fast and the length of them appeared it had been well over a week since they were last clipped. LPN-B stated R6 was not a diabetic and the NA could help him with clipping, too, if needed. Further, LPN-B stated there was no current place to record nail care being done or offered, but they verified nail care should be completed regularly as long nails could break off, create injury, or promote infection.</p> <p>When interviewed on 8/6/24 at 11:32 a.m., registered nurse (RN)-E stated the care center had recently changed with UDAs [assessments] and no longer had nail care recorded on the weekly skin review. However, RN-E stated nail care should be completed with bathing adding, That's always been the expectation. RN-E stated if nail care was refused, then the nurse should record such in the progress notes after re-approaching the resident; however, RN-E verified the medical record lacked evidence of such. RN-E stated nails should be clipped and kept clean so R6 didn't hurt himself or others with them.</p> <p>A provided Fingernails/Toenails, Care Of policy, dated 2022, identified nail care included daily cleaning and regular trimming adding, Proper nail care can aid in the prevention of skin problems around the nail bed. The policy directed nail care should be recorded in the medical record, including if offered and refused.</p> <p>49339</p> <p>R31</p> <p>R31's quarterly Minimum Data Set (MDS), dated [DATE], indicated R31 had severely impaired cognition with no hallucinations or delusions. Diagnoses included: dementia (loss of memory, language, problem-solving and other thinking abilities that are severe enough to interfere with daily life), anxiety, depression, other frontotemporal neurocognitive disorder (progressive disease of the brain involving frontal and temporal lobes of the brain; can also be referred to as frontotemporal dementia), and polyosteoarthritis (type of arthritis that involves five or more joints at the same time). In addition, R31 was dependent on staff for all ADLs including bed mobility and all hygiene needs. In section H: Bladder and Bowel: section H0300 Urinary Continence: R31 was coded as Always incontinent (no episodes of continent voiding), and in section H0400: Bowel Continence: R31 was coded as Always incontinent (no episodes of continent bowel movements).</p> <p>R31's care plan, printed 8/6/24, indicated R31 has functional bladder and blower incontinent r/t [related to] severe cognitive impairment d/t [due to] dx [diagnosis] of Frontotemporal Dementia with the following interventions:</p> <p>- BRIEF USE: The resident uses disposable XL yellow briefs, Change per schedule and prn [as needed].</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- INCONTINENT: Check/change 2-3 hours and as required for incontinent. Wash, rinse and dry perineum. Change clothing PRN after incontinent episodes.</p> <p>Care plan further indicated, ADL self-care needs total assist of one secondary to advanced dementia with the following interventions:</p> <p>- PERSONAL HYGIENE/ORAL CARE: The resident is totally dependent on (1) staff for personal hygiene and oral care.</p> <p>- TOILET USE: The resident is not toileted. Dignity protocol every 2-3 hours.</p> <p>R31's progress notes, dated 7/9/24 to 8/7/24, were reviewed. Progress notes lacked evidence of R31 refusing staff assistance or documentation of any behaviors.</p> <p>R31's Kardex, printed 8/7/24, indicated R31 required assistance of 1-2 [staff] for bed mobility and to be repositioned every 2-3 hours. Furthermore, the document identified R31 as Incontinent: Check/change 2-3 hours and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episodes.</p> <p>During continual observation on 8/06/24:</p> <p>-8:42 a.m., R31 was observed to be seated at the dining room table in her wheelchair, facing the television with two other residents at the table with her breakfast tray in front of her.</p> <p>-8:56 a.m., R31 was assisted with her breakfast</p> <p>-9:34 a.m., R31 continues to sit in the dining room in the same position and a group activity was starting.</p> <p>-10:23 a.m., R31 continues to sit in her wheelchair in the same spot she had breakfast in. R31 has not moved from the location.</p> <p>-11:15 a.m., R31 continues to be seated in her wheelchair in the dining room, in the same position and location.</p> <p>-11:39 a.m., R31 continues to be seated in her wheelchair in the dining room, in the same position and location.</p> <p>-12:15 p.m., R31 continues to be seated in her wheelchair in the same position, in the same location she has been in since observation began.</p> <p>-12:22 p.m., R31's meal is placed in front of her on the table.</p> <p>-12:30 p.m., staff sit next to R31 to assist with her meal.</p> <p>-1:54 p.m., R31 remains seated in the dining room, has not been repositioned or brought back to her room.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245063	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/07/2024
NAME OF PROVIDER OR SUPPLIER St Anthony Park Home Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 2237 Commonwealth Avenue Saint Paul, MN 55108	
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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-2:14 p.m., R31 remains in the dining room. R31 has been in the same location, in the same position (5 hours 32 minutes after observation began).</p> <p>-3:06 p.m., R31 was observed lying in bed.</p> <p>During interview on 8/06/24 at 2:04 p.m., nursing assistant (NA)-C stated the expectation is to check and change a resident that is incontinent is every 2 hours along with repositioning them. NA-C verified they have not repositioned or changed R31 since this morning before breakfast. NA-C verified this was over two hours. NA-C stated, I haven't had a chance because I have a lot of work to do. We are short staffed. NA-C stated they were going to work on it now and verified they are working with R31 today.</p> <p>During interview on 8/06/24 at 2:14 p.m., NA-B stated it is expected to reposition, check and change any resident that is incontinent every 2 hours. NA-B stated they helped transfer R31 this morning prior to breakfast. NA-B stated they have not assisted R31 with any cares, repositioning, or transfers since before breakfast.</p> <p>During interview on 8/06/24 at 3:36 p.m., NA-C stated that after talking with surveyor they brought R31 to their room, transferred her to bed and provided incontinent cares. NA-C verified that R31 had been incontinent of urine and a small amount of bowel movement.</p> <p>During interview on 8/07/2024 at 1:38 p.m., assistant director of nursing (ADON) stated the expectation is residents who are incontinent of bowel and bladder need to be checked and changed every 2-3 hours along with repositioned. ADON stated, it would be based on the residents care plan.</p> <p>During interview on 8/07/2024 at 2:11 p.m., director of nursing (DON) stated the expectation for residents who are incontinent is they are checked and changed every 2-3 hours or what the care plan says. DON stated it is important to do to offload residents to reduce pressure and to ensure they are clean and dry.</p> <p>A policy titled Activities of Daily Living (ADLs), Supporting, dated 12/7/21, indicated, residents who are unable to carry out activities of daily living independently will receive the services necessary to maintain good nutrition, grooming and personal and oral hygiene.</p>		