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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>245067 | (X2) MULTIPLE CONSTRUCTION<br>A. Building<br>B. Wing   | (X3) DATE SURVEY COMPLETED<br><br>10/18/2024 |
| NAME OF PROVIDER OR SUPPLIER<br><br>The Emeralds at Faribault LLC |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>500 Southeast First Street<br>Faribault, MN 55021 |  |

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

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| (X4) ID PREFIX TAG   | SUMMARY STATEMENT OF DEFICIENCIES<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)   |
| <p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42355</p> <p>Based on interview and document review, the facility failed to ensure the necessary coordination of services between the facility and the hospice agency for 1 of 3 residents (R2) reviewed for hospice services.</p> <p>Findings include:</p> <p>R1's admission minimum data set (MDS) dated [DATE], indicated intact cognition with diagnoses of cancer, malnutrition, and depression. R1 required moderate assist with transfers and maximal assist with toileting, bathing, and dressing. R1 was at risk for pressure ulcers but had not pressure ulcers. R1 had pressure relieving device in bed and chair and received medication or ointment to skin. R1 was on hospice.</p> <p>On 10/17/24 at 4:00 p.m., R1's medical record lacked current medication list with a list of medication-specific hospice covered medications, a care plan, goals for care, hospice certification, the hospice election form, hospice aide visits and hospice orders.</p> <p>During an interview on 10/17/24, hospice RN (HRN-A), stated the hospice was handling R1's pressure issues and had not been giving R1's comprehensive assessments to the facility because she did not know she had to. HRN-A stated the facility was the main care giver for the resident and should have an integrated care plan for resident, so everyone knew what was going on with the resident. It was an important part of care for the resident. HRN-A stated she would check in with the floor nurse as she wrote her note in the resident's hard hospice chart. HRN-A did not have access to the facilities electronic medical record (EMR).</p> <p>During an interview on 10/17/24 and 10/18/24, director of nursing (DON) stated the facility has reached out to the hospice agency (HA-A) via email, phone, and fax for copies of R1's hospice care plan and visit notes. HA-B sends their notes weekly and their interdisciplinary group meetings every two weeks. DON stated this has been a problem for the facility and HA-A. On 10/18/24 during a clarification interview DON stated there needed to be an integrated care plan and open communication for the hospice resident so everyone knew what was going on with the resident. DON stated it was his expectation the HRNs would update the nurse managers, DON, social worker (SW) or Administrator before leaving the facility, not just check in with the floor nurses.</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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0849</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>                     | <p>During an interview on 10/18/24 at 10:00 a.m., Administrator stated it was her expectation for the HRNs to update the nurse managers, DON, SW, or herself before leaving the facility. Furthermore, Administrator stated all hospice agencies have access to their EMR and if needed assistance with this they should address situation with her.</p> <p>Review of the Hospice facility's policy dated 11/2023, indicted the following:</p> <ul style="list-style-type: none"> <li>-It was the responsibility of the hospice agency to coordinate the resident's care as it relates to the terminal illness and related conditions, including: <ul style="list-style-type: none"> <li>A. Determining the appropriate hospice plan.</li> <li>B. Changing the level of services provided when it was deemed appropriate.</li> <li>C. Providing medical direction, nursing, and clinical management of the terminal illness.</li> <li>D. Providing spiritual, bereavement and/or psychosocial counseling as needed.</li> <li>E. Provide medical supplies, durable medical equipment, and medications necessary for the palliation of pain and symptoms.</li> </ul> </li> <li>-It was the responsibility of the facility staff to notify the hospice provider and primary care provider about a significant change in the resident's condition or situations requiring a revision of the plan of care.</li> <li>-The hospice agency will provide the facility staff with a copy of the hospice plan of care and scheduled visits. Hospice staff will communicate and coordinate care with the interdisciplinary team.</li> </ul> <p>The facility Hospice contract dated 5/1/24, indicated coordination of care between the facility and Hospice included Hospice would maintain adequate records of each authorization of Hospice admission. The Hospice in consultation with the facility, will develop and agree upon a coordinated plan of care which was consistent with the unique needs of the resident. Hospice will assume responsibility for determining the appropriate course of hospice care, including level of services provided.</p> <ul style="list-style-type: none"> <li>-3.2 (b) Communication of initial plan of care. A plan of care will be promptly developed for each resident and a copy of plan of care will be provided to facility.</li> <li>-4.3 (a) Facility shall coordinate with hospice in developing a plan of care and shall designate an individual to serve on the IDG.</li> <li>(d) facility shall coordinate with hospice regarding management to ensure continuity of communication and easy access to ongoing information.</li> <li>-5.4 Hospice will provide facility with written documentation of communication between facility and hospice wither in hard copy or electronic format, depending on the structure of the facility's documentation system, to ensure the needs of the resident are addressed and met 24 hours per day and facility agrees it will at all times abide by this communication process.</li> </ul> |  |  |