

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER The Emeralds at Faribault LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Southeast First Street 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618</p> <p>Based on interview and record review, the facility failed to immediately assess a resident after a change in condition for one of one resident (R1). License practical nurse (LPN)-A noticed a change in condition at 8:00 a.m. on 3/4/25, started taking vital signs at 10:30 a.m., and emergency medical services (EMS) was not called until 11:33 a.m.</p> <p>Findings include:</p> <p>R1's face sheet indicated R1 was admitted to the facility on [DATE] with a primary diagnosis of acute cystitis with hematuria. R1's additional diagnoses included chronic obstructive pulmonary disease, acute kidney failure, hallucinations, chronic respiratory failure, dependence on supplemental oxygen, and chronic obstructive pulmonary disease with exacerbation. R1 was discharged from the facility on 3/4/25.</p> <p>R1's admission hospital medical records indicated R1 was admitted to the hospital from 2/17/25 to 2/25/25 due to covid-19, urinary tract infection, and encephalopathy. It was noted during her admission that her skin was warm and dry. No skin concerns were noted.</p> <p>R1's Initial Data Collection assessment dated [DATE], indicated R1's skin was dry and pale but was not cyanotic, oily, mottled, jaundiced, or clear. There were eleven bruises, and their locations noted, and one area of redness noted. No other skin concerns were noted.</p> <p>R1's Brief Interview for Mental Status (BIMS) assessment dated [DATE], indicated R1 scored eight, which indicated R1 was moderately cognitively impaired.</p> <p>R1's care plan dated 2/25/25, indicated R1 had alterations in skin integrity. Staff was to monitor skin integrity daily during cares, monitor for skin breakdown for signs/symptoms of infection and to report to the provider, and document on skin condition and keep the provider informed of changes.</p> <p>R1's Provider Orders for Life-Sustaining Treatment (POLST) dated 2/25/25, indicated R1 requested resuscitation to be attempted. R1 requested full medical treatment if necessary. The POLST was signed by R1, but not by the provider.</p> <p>R1's Minimum Data Set (MDS) dated [DATE], indicated R1 had one or more unhealed pressure ulcers, but no other skin concerns noted.</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: 245067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER The Emeralds at Faribault LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Southeast First Street 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Skin Evaluation and Skin Risk Factors assessment dated [DATE], did not indicate R1 had a gray tint to her skin.</p> <p>R1's progress note dated 3/4/25 at 11:18 a.m., indicated R1's vital signs were unstable, a change of condition was noted, and R1 was not responding to stimuli. R1's pulse was ranging from the fifties to one hundred and twenty beats per minute, blood pressure was seventy-three over forty-nine, respirations were twenty-six breaths per minute, and her oxygen was at eighty-two percent on two liters of oxygen. The nursing staff raised R1's oxygen to four liters of oxygen via nasal cannula. R1 was breathing heavily and was not responding to verbal commands or sternal rubs. It was recommended that R1 be sent to the emergency department for further evaluation. FM-B was present in the facility at the time.</p> <p>R1's progress note dated 3/4/25 at 12:00 p.m., indicated the writer was notified that R1's blood pressure was seventy-three over forty-nine, pulse was ranging from fifty-five, one hundred-eight, one hundred thirty-eight, and forty-nine. R1's respirations were twenty-six breaths per minute with shallow breathing, temperature was ninety-seven point four, and her oxygen was eighty-two percent on two liters of oxygen but increased to eighty-nine percent on four liters of oxygen. R1 was hard to arouse. The nursing staff performed a sternal rub and R1 was heard moaning in a low voice and was able to respond with eyebrow movement when asked how she was doing. The writer of the progress note called FM-B, updated him on the status of R1, and recommended R1 be sent to the emergency department. FM-B reported that he was on his way to the facility to discharge R1 home with hospice services, not to send R1 to the emergency department, and FM-B would have R1 evaluated once she was discharged. The writer called FM-B again to update R1's POLST to do not resuscitate (DNR) if he was not approving to send R1 to the emergency department, but FM-B was already at the facility and wanted to keep R1 a full code. FM-B later approved to send R1 to the emergency department.</p> <p>R1's progress note dated 3/4/25 at 12:40 p.m., indicated at about 12:21 p.m. the writer gave a report to a nurse in the emergency department. R1 had a bed bath between 7:00 a.m. and 8:00 a.m. that morning. R1 was noted to be sleepy and snoring, but that she typically sleeps in the morning. FM-B informed staff not to send R1 to the hospital or activate EMS as R1 was going to be discharged on hospice that day. FM-B indicated he was on his way to the facility, arrived four minutes later, refused to change R1's code status, and then approved of R1 going to the emergency department. The assigned RN indicated R1 was at her baseline prior to the change in condition, prompting an assessment, follow up call to the provider, family, the interdisciplinary team (IDT), and EMS.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER The Emeralds at Faribault LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Southeast First Street 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's progress note dated 3/4/25 at 1:06 p.m., indicated R1 was responsive the entire time before R1 was taken via EMS by sternal rub and speaking with R1. R1 would respond by moaning and raising eyebrows when writer would ask questions. Writer went into R1's room and RN-A was getting R1's vital signs. R1's temperature was ninety-seven point three and oxygen was eighty-two percent on two liters of oxygen. Nursing staff increased R1's oxygen to three liters of oxygen via nasal cannula and oxygen saturation remained under ninety percent, so nursing staff increased oxygen to four liters of oxygen via nasal cannula and oxygen saturations raised to ninety percent. R1's pulse ranged from the forties to one hundred-thirty beats per minute. R1's pulse would increase quickly at eighty beats per minute, to one hundred-twenty beats per minute, and then sixty beats per minute. The nursing staff took blood pressures and pulse from the beginning to when R1 left with EMS. The following vitals signs were in order from the beginning: blood pressure sixty-eight over thirty-nine with pulse seventy three beats her minute, blood pressure sixty-four over thirty-five with pulse eighty beats per minute, blood pressure seventy-three over forty-nine with pulse fifty beats per minute, blood pressure seventy-eight over forty-two with pulse seventy-five beats per minute, blood pressure seventy-one over forty-one with pulse fifty-two beats per minute, blood pressure fifty-one over thirty-one with pulse eighty-two beats per minute, blood pressure fifty-six over twenty-nine with pulse seventy-eight beats per minute, and blood pressure sixty over thirty-seven with pulse seventy-nine beats per minute. R1 was transferred to the hospital via EMS.</p> <p>R1's vital sign documentation indicated blood pressures ranging from one hundred-twelve over sixty-one to one hundred eighty-nine over seventy-seven. R1's oxygen ranged from eighty-nine percent on oxygen via nasal cannula to ninety-six percent via nasal cannula. R1's pulse ranged from sixty-nine beats per minute to one hundred nine beats per minute. R1's respirations ranged from fourteen breaths per minute to twenty breaths per minute. R1's temperatures range from ninety-six point three to ninety-eight point zero.</p> <p>R1's EMS report indicated the facility called EMS on 3/4/25 at 11:33 p.m., and arrived at the facility on 11:38 a.m. where R1 had shallow respirations. Staff stated R1 had been unresponsive for about four hours before calling EMS. Staff also stated R1 was transitioning back home that same day and was going on hospice, but family had been in the room requesting R1 to be a full code. R1 had been laying down and was on four liters of oxygen when she is normally only on two liters of oxygen. The report stated R1 was given a sternal rub which R1 responded with a moan, but did not open her eyes or talk. No skin abnormalities noted.</p> <p>R1's hospital medical records dated 3/4/24, indicated R1 presented to the emergency department by EMS for evaluation of decreased level of consciousness. R1 had been unresponsive for four hours. R1 would occasionally groan but was not speaking. R1 presented with agonal respirations, lethargic, minimally responsive, but no skin concerns. R1's blood pressure at the facility was seventy over twelve but increased to one hundred-thirty over sixty on the way to the hospital. Medical records indicated R1 was going on hospice to get better in-home services so R1 could leave the facility. During this admission, R1 was intubated, and was transferred to another hospital via EMS.</p> <p>R1's medical records dated 3/4/25, indicated R1 presented to the intensive care unit (ICU) with shock. R1 was too critically ill to participate in any cares. During her admission, R1 had acute encephalopathy, septic shock due to UTI, severe acute kidney injury due to acute tubular necrosis in setting of septic shock, and acute on chronic hypoxemic and hypercapnic respiratory failure. R1 was still in the hospital as of 3/11/25.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER The Emeralds at Faribault LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Southeast First Street 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/11/25 at 2:20 p.m., family member (FM)-A stated R1 was still in the transitional care unit (TCU) at the hospital. Hospital staff removed R1's intubation tube on 3/9/25.</p> <p>An interview was attempted with FM-B on 3/11/25 at 2:38 p.m. and 3:14 p.m. but was not successful.</p> <p>During an interview on 3/11/25 at 3:21 p.m., LPN-A stated she has been working at the facility for about four weeks. LPN-A stated when R1 was first admitted to the facility on [DATE], LPN-A had completed her admission assessment. LPN-A noted no skin concerns or discoloration at that time. On 3/3/25, LPN-A had seen R1 while working with R1's roommate and R1 was sleeping and did not have any skin discoloration or concerns at that time. On 3/4/25 around 7:00 a.m. or 8:00 a.m., FM-A was visiting and LPN-A stated R1 is usually awake during the night, and sleeps most of the day. FM-A stated R1 was to be discharged on hospice that same day. LPN-A stated she noticed R1's facial coloring was not at her baseline. LPN-A stated that she had mentioned R1's gray tint to FM-A but FM-A stated R1 had looked like that before. LPN-A stated she considered that to be a change of condition. LPN-A stated she was not concerned about R1 because FM-A stated R1 had looked like this before. LPN-A stated R1 would respond to her by raising her eyebrows or by moaning, but R1 did not open her eyes or talk. R1's baseline was talking and opening her eyes. LPN-A told FM-A that she would be talking to the interdisciplinary team (IDT) in their morning meeting about R1's condition. LPN-A stated the IDT meeting ended around 10:30 a.m. and had asked the NA's to get a set of vital signs from R1 but could not recall the name of the NA. RN-A was in R1's room while the NA was attempting to get R1's vital signs. RN-A had left R1's room and it was only LPN-A and one of the NA's in R1's room at the time. LPN-A stated she would perform sternal rubs on R1 and R1 would respond by raising her eyebrows and moaning quietly. When R1's blood pressure was low, R1 would not respond at all but still had a pulse. RN-A told LPN-A that registered nurse (RN)-C had talked to FM-B and FM-B did not want R1 sent to the emergency department right away and that he would be at the facility in a couple of minutes. Once FM-B got to the facility, the facility staff were able to call EMS. When EMS got to the facility, LPN-A gave report stating R1 was responsive by raising her eyebrows and moaning quietly. LPN-A stated she told EMS that R1 had a gray tint to her face for about four hours. LPN-A stated she also told another EMS staff that R1 had been in this condition for four hours. LPN-A stated any resident who had a gray tint to their face or body would be concerning.</p> <p>During an interview on 3/11/25 at 3:53 p.m., FM-A stated she did not tell licensed practical nurse (LPN)-A that R1 facial color had been gray or that a gray facial color was R1's baseline.</p> <p>During an interview on 3/11/25 at 4:24 p.m., RN-A stated on the morning of 3/4/25, he saw the nursing assistants (NA's) give R1 a bed bath and she was very sleepy. RN-A stated her baseline was being very tired due to being awake at night and sleeping during the day. RN-A could not recall what time he saw the NA's give R1 her bed bath. R1 would make a moaning sound during her bed bath. R1's blood pressure was low. R1 was not really responding at all. RN-A state he kept getting R1's vital signs and got the crash cart ready in case R1 did not have a pulse. RN-A stated RN-C called FM-B, updated him on R1's condition, and had recommended she be sent to the emergency department for further evaluation. FM-B said he was only minutes away from the facility and to wait to call EMS. When FM-B got to the facility, he wanted EMS called right away. When EMS got to the facility, R1 was not responsive, but had a pulse and blood pressure.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER The Emeralds at Faribault LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Southeast First Street 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/12/25 at 8:11 a.m., RN-C stated herself and LPN-A admitted R1 into the facility. RN-C stated she could not recall R1's facial color when she admitted . On 3/4/25, R1 was going to be discharging home on hospice services. Around 11:00 a.m., RN-C was called into R1's room by RN-A and LPN-A and said R1's vitals were not ok. RN-C noticed that R1 was sleeping. RN-C noted her oxygen saturation to be low, so the RN-C increased R1's oxygen via nasal cannula. RN-C did not look or assess R1's facial coloring. RN-C called FM-B and gave an update on R1's condition and had recommended R1 be sent out to the emergency department for further evaluation. FM-B said that he was on his way to the facility and not to call EMS until he got to the facility. RN-C walked back into R1's room and FM-B had arrived and said that R1 needed to be sent to the emergency department right away. EMS was called and EMS suggested to get the crash cart if needed. RN-C asked FM-B wanted to change R1's POLST code to DNR instead of her full code. FM-B did not want to change R1's code status. EMS arrived and transferred R1 to the emergency department. RN-C gave a nurse-to-nurse report to the hospital nurse and the hospital nurse stated R1 had been unconscious for four hours in which RN-C said that was not true because when staff at the facility did a sternal rub, R1 would moan and raise her eyebrows. RN-C stated she would expect when a licensed nursing staff noticed a change in condition, they would immediately call and update the provider. If they get ahold of the provider, they would give their recommendations and follow the providers orders. If they did not get ahold of the provider, there are instances where they could send the resident to the hospital without a provider's orders. RN-C stated it would not be appropriate to wait two hours or more to assess a residents change in condition. RN-C stated if she saw a resident have a gray facial color that was not at the resident's baseline, she would call EMS right away. RN-C stated if the license nurses waited over two hours to assess a resident's change in condition, the facility failed.</p> <p>During an interview on 3/12/25 at 8:29 a.m., the director of nursing (DON) stated on 3/4/25 RN-A told the DON that R1 had a bed bath in the morning but could not recall the time that took place. DON stated RN-A went to give R1 her medications and check her vitals around 11:00 a.m. DON stated RN-A called him because he was not in the facility at the time. RN-C called FM-B and FM-B stated he did not want the facility to send R1 to the hospital for further evaluation until he got to the facility in a couple of minutes. When FM-B got to the facility, he said that he wanted the facility to call EMS and send her to the hospital. DON stated he got to the facility before R1 left the facility. DON stated R1 did not look like herself and there was definitely a change in condition. DON stated the EMS as well as the nurses were all in R1's room so he did not get to see R1's facial color. DON stated he would expect when a licensed nurse saw a change in condition in a resident, the nurse would notify the provider and family right away. If the resident did have a change in condition, the assessments should be done immediately. When a resident had a gray facial color that was outside her baseline, the licensed staff should have assessed right away, and it would not be appropriate to wait three to four hours to assess.</p> <p>During an interview on 3/12/25 at 9:10 a.m., the administrator stated at the IDT meeting on 3/4/25 the IDT had talked about R1 being discharged that day, but nothing about the condition she was in. The administrator stated if a licensed nurse noticed a resident had a change in condition, she would expect the nurse to notify the provider, update vitals, and contact the resident's representative. The administrator stated she spoke with LPN-A after the incident and asked what she had meant by saying R1 had been unresponsive for four hours prior to EMS being called, LPN-A stated she meant to say that she was sleeping, not unresponsive. The administrator stated she did immediate education with LPN-A.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER The Emeralds at Faribault LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Southeast First Street 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/12/25 at 9:39 a.m., medical director (MD)-A stated when she saw R1, she was minimally responsive to pain. R1 was not talking but her vitals were stable. MD-A stated the family was going to put R1 on hospice to get R1 more resources and help but not transition to end of life care by discontinuing treatments. MD-A stated when she did labs on R1, R1's creatinine was nine. MD-A stated R1's creatinine indicated how well the kidneys were functioning. MD-A stated R1 was put on a ventilator because R1 was not responsive. MD-A was unsure if R1's outcome would have changed if she would have gone to the hospital four hours prior.</p> <p>During an interview on 3/12/25 at 10:56 a.m., DON stated the facility did education with LPN-A on 3/4/25 after the incident. DON stated the facility also did education with all the licensed nurses working at the time about assessing a resident after a change in condition.</p> <p>During an email correspondence on 3/12/25 at 11:26 a.m., the administrator stated when a license staff notices a change in condition for a resident, a head-to-toe assessment should be completed along with notifying the provider of changes.</p> <p>LPN-A's personnel file included a signed LPN Care Coordinator description indicating LPN-A would be responsible for monitoring residents for changes in their condition and to report those changes to the RN. LPN-A was hired at the facility on 1/29/25. Included in the personnel file was an educational moment dated 3/12/25 that stated on 3/4/25 LPN-A had told the paramedic that R1's color changed four hours prior to EMS arrival. The document stated this would be considered a change in condition that would have required an immediate intervention and notification to the provider for the change in R1's medical status. It would be required to immediately communicate any change of resident condition to the appropriate parties in real-time. LPN-A did not have any additional corrective actions during her employment.</p> <p>The facility's Notification of Changes policy dated 3/2024, indicated nurses and other care staff were educated to identify changes in a resident's status and define changes that require notification of the resident and/or their representative, and the resident's provider, to ensure best outcomes of care for the resident.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER The Emeralds at Faribault LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Southeast First Street 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.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618</p> <p>Based on interview and record review, the facility failed to obtain an order for oxygen for one of seven residents (R1) who was on continuous oxygen.</p> <p>Findings include:</p> <p>R1's face sheet indicated R1 was admitted to the facility on [DATE] with a primary diagnosis of acute cystitis with hematuria. R1's additional diagnoses included chronic obstructive pulmonary disease, covid-19, chronic respiratory failure, dependence on supplemental oxygen, chronic obstructive pulmonary disease with exacerbation, and obstructive sleep apnea. R1 was discharged from the facility on 3/4/25.</p> <p>R1's admission hospital medical records indicated R1 was admitted to the hospital from 2/17/25 to 2/25/25 due to covid-19, urinary tract infection, and encephalopathy. R1 was to resume home regimen including oxygen as needed to keep oxygen saturation from eighty-eight percent to ninety-four percent. R1 was on two liters of oxygen via nasal cannula.</p> <p>R1's progress note dated 2/25/25, indicated R1 was admitted to the facility and used two liters of supplemental oxygen.</p> <p>R1's Brief Interview for Mental Status (BIMS) assessment dated [DATE], indicated R1 scored eight, which indicated R1 was moderately cognitively impaired.</p> <p>R1's care plan dated 2/25/25, indicated R1 had an alteration in oxygen, gas exchange, and respiratory status. Interventions included staff to monitor oxygen saturations as ordered and as needed, monitor and document on respiratory status, keep the provider informed of changes, and monitor for cyanosis, accessory muscle use, shortness of breath, increased respirations, and difficulty coughing up sputum.</p> <p>R1's Admission Data Collection assessment dated [DATE], indicated R1 required supplemental oxygen.</p> <p>R1's Minimum Data Set (MDS) dated [DATE], indicated R1 used continuous oxygen therapy.</p> <p>R1's Medication Administration Record (MAR) and Treatment Administration Record (TAR) dated February and March 2025, indicated R1 did not have an order for supplemental oxygen use.</p> <p>During an interview on 3/12/25 at 10:56 a.m., the director of nursing (DON) stated R1 was on continuous supplemental oxygen. The oxygen orders were not in the discharge orders but were hidden in the history and physical from the provider. DON stated those orders did not translate to R1's MAR and TAR.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245067	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/12/2025
NAME OF PROVIDER OR SUPPLIER The Emeralds at Faribault LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 500 Southeast First Street 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.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 3/12/25 at 11:39 a.m., registered nurse (RN)-A stated he knew if a resident was supposed to be on supplemental oxygen by looking at the resident's MAR and TAR. The MAR and TAR would indicate how many liters of oxygen a resident was supposed to be on. RN-A stated if the resident did not have an order for supplemental oxygen, he would look at the facility's standing orders, apply supplemental oxygen if the standing order parameters allowed, and then he would contact the provider. RN-A stated R1 was on continuous supplemental oxygen.</p> <p>An admission orders policy was requested, and none was received.</p>		