

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245071	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/04/2024
NAME OF PROVIDER OR SUPPLIER  Mount Olivet Careview Home		STREET ADDRESS, CITY, STATE, ZIP CODE  5517 Lyndale Avenue South Minneapolis, MN 55419	

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 - Some</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654</b></p> <p>Based on observation, interview and document review, the facility failed to provide services in accordance with the resident's written plan of care for 4 of 5 residents (R1, R3, R4, R5) who were dependent upon care of others to perform activities of daily living (ADLs). In addition, the facility failed to develop and implement a comprehensive care plan to reflect the resident's current needs for 2 of 2 residents (R3, R4) reviewed for activities of daily living.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated ,d+[DATE]/24, indicated R1 had severe cognitive impairment, required moderate assistance with eating and was dependent upon staff for hygiene and transfers.</p> <p>R1's diagnoses list printed 6/4/24, indicated dementia and osteoarthritis.</p> <p>R1's care plan dated 5/6/24, indicated R1 was at risk for unintentional weight loss, required assistance of one staff for meal set-up, supervision, and cues as needed, assist of one for eating, and check/change incontinence brief upon rising, between meals, at bedtime and on night rounds.</p> <p>On 6/3/24 at 12:01 p.m., during an interview family member (FM)-A stated on 4/23/24, R1 was left in bed during a staffing shortage, and R1 was not given breakfast. FM-A stated she had a camera in the room that showed video of R1 still in bed around 10:00 a.m., when normally she is up and in the dining room at that time, and upon review of the video that morning, R1 had not gotten breakfast. FM-A stated she talked to RN-C around 10:00 a.m., and was told the unit was short-staffed and the facility tried to call staff to come in. FM-A stated she arrived at the facility around 11:45 a.m., and R1 had just gotten up and taken to the dining room for lunch. FM-A further stated she asked RN-C was cares R1 received that morning and, [RN-C] had no idea what care my mom got that day, and just threw her hands up. FM-A further stated R1 was put to bed at 8:00 p.m., on 4/22/24, and was checked only once during the night and staff didn't check her brief, change her brief, or get R1 up until around 11:45 a.m., on 4/23/24.</p> <p>Video clips of care provided by FM-A indicated staff put R1 to bed on 4/22/24 at 8:00 p.m., on 4/23/24 at 3:47 a.m., two staff checked R1's brief and changed it, on 4/23/24 at 7:29 a.m., housekeeping staff cleaned R1's floor, on 4/23/24 at 8:48 a.m., laundry staff put clothing in R1's closet, and at 11:49 a.m., two staff entered the room to get R1 out of bed, dressed, and into her chair. R1 was not provided breakfast.</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 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/3/24 at 3:29 p.m., during an interview nursing assistant (NA)-C stated morning shift has been getting more call-ins, cares don't get done, and residents don't get the attention they need. NA-C stated second shift has more staff than needed sometimes and can do cares on second shift when they are missed on first shift.</p> <p>On 6/4/24 at 9:07 a.m., during an interview registered nurse (RN)-B stated on 4/23/24, the unit was working short of one NA, and had to divide the residents into three care groups instead of four. RN-B stated many of the residents required assistance of two staff to get out of bed with a Hoyer Lift (mechanical lift used to move residents who cannot bear weight from one surface to another), and some residents required assistance of two staff for personal cares. RN-B stated when the unit is short of NAs, the NAs first help residents who require only one staff for assistance to get up, dressed, and transported to the dining room, and then go help the residents who require two staff. RN-B further stated after residents were in the dining room, one staff must stay in the area to supervise the residents, so then one more NA is not available to help other staff get residents out of bed. RN-B stated RNs and trained medication aides (TMA)s assist to feed residents as needed.</p> <p>R3's quarterly MDS dated [DATE] indicated severe cognitive impairment and extensive assistance for eating.</p> <p>R3's diagnoses list printed 6/4/24, indicated dementia, malnutrition, and failure to thrive.</p> <p>R3's care plan indicated an inability to communicate discomfort, risk for unintentional weight loss dated 7/6/23, and assistance for eating with set-up, supervision, and cues dated 8/30/22.</p> <p>On 6/3/24 at 1:20 p.m., during an observation R3 was sitting in the dining room with a full plate of food in front of her, and clean silverware beside the plate. NA-A set R3's beverages closer to R3 but did not offer assistance or cues for R3 to eat. At 1:28, NA-A assisted R3 to drink juice from a glass and cleared R3's plate and took R3 away from the table.</p> <p>On 6/3/24 at 2:34 p.m., NA-A stated R3 used to be independent with eating, but now required staff to feed her. I would say she is a total assist with eating now. I feed her, and she eats. NA-A stated she reported to the nurse manager about a week prior R3's care plan should be adjusted for total assistance for eating but didn't know if the care plan was adjusted yet.</p> <p>On 6/4/24 at 9:31 a.m., during an observation and interview NA-A fed R3, and stated the unit was not easy to work, and stated the residents were total care, and by the end of a shift staff left totally exhausted.</p> <p>R4's admission MDS dated [DATE], indicated severe cognitive impairment and assistance of one for eating.</p> <p>R4's diagnoses list printed 6/4/24, indicated dementia and glaucoma.</p> <p>R4's care plan dated 8/4/23, indicated eating assistance of meal set-up, supervision, and cues for eating; encourage resident to participate as much as able.</p> <p>(continued on next page)</p>		

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<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 6/3/24 at 1:17 p.m., during an observation and interview R4 sat in the dining room with a clothing protector on and her meal and three glasses of beverage in front of her, in reach. At 1:35 p.m., a housekeeper removed R4's clothing protector. At 1:50 p.m., R4 sat with her head down and her plate of food still in front of her. R4 made no effort to feed herself. No staff offered to help, cued her, or interacted with R4. At 1:52 p.m., RN-A sat to feed R4. RN-A stated the meal was served at approximately 12:30 p.m., and then took R4's plate to reheat it. RN-A sat with R4 to help her eat and stated staff should have checked on her, cued her to eat, or fed her.</p> <p>On 6/3/24 at 4:08 p.m., during an interview FM-B stated staff have told her sometimes R4 doesn't eat but is not at the point of needing to be fed, but staff should encouraged R4 to eat.</p> <p>On 6/4/24 at 8:58 a.m., during an observation and interview staff set up R4's tray, with silverware and beverages in reach. At 9:06 a.m., R4 was resting with her head down, looking at her tray and had not consumed any of her meal. At 9:20 a.m., R4 had not attempted to eat her meal independently. At 9:44 a.m., LPN-A warmed R4's meal, and sat to feed her and stated R4 ate when she was fed, and further stated R4 may need to be fed instead of cued now.</p> <p>On 6/4/24 at 12:48 p.m., during an observation and interview R4 sat at a table in the dining room with her meal in front of her, and made no effort to eat. At 1:14 p.m., RN-B sat with R4 to feed her. RN-B stated she tried first to encourage R4 to eat, but R4 made no effort to feed herself; RN-B fed her.</p> <p>On 6/4/24 at 1:17 p.m., during an observation and interview R4 sat in the dining room with a clothing protector on and her meal and three glasses of beverage in front of her, in reach. At 1:50 p.m., R4 sat with her head down and her plate of food still in front of her. R4 made no effort to feed herself. At 1:52 p.m., RN-A sat to feed R4, and stated staff should have checked on her, cued her to eat, or fed her.</p> <p>R5's end of PPS (prospective payment system/ Medicare) Stay MDS dated [DATE] indicated moderately impaired cognition, and set-up assistance for eating.</p> <p>R5's diagnoses list printed 6/4/24, indicated system sclerosis (hardening of tissue or body part) and dementia.</p> <p>R5's care conference notes dated 5/23/24, indicated R5's family observed R5 cannot cut her own food or open containers and family requested staff help R5 eat and sit with her when she eats.</p> <p>R5's care plan dated 5/10/24, indicated R5 was, Very underweight, staff should encourage meals in the dining room, cue and encourage intake, and R5 may need assistance to open containers and cut meat.</p> <p>R5's care plan dated 5/24/24, indicated eating assistance: set-up, supervision/cues only related to forgetfulness.</p> <p>(continued on next page)</p>		

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