

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245119	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Aitkin Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE 301 Minnesota Avenue South Aitkin, MN 56431	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43083</p> <p>Based on observation, interview and document review, the facility failed to prevent future burns from hot beverages for 1 of 3 residents (R1), who spilled his coffee and noted to have redness on thigh and hand after staff utilized the microwave to reheat the cup of coffee. This had the potential to affect all residents residing in the facility who drank hot beverages.</p> <p>Findings include:</p> <p>R1's quarterly Minimal Data Set (MDS) dated [DATE], indicated R1 had diagnoses which included dementia and hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side.</p> <p>Review of facility report to the State Agency (SA) dated 4/3/24, indicated staff had placed a cup of coffee into the microwave to warm the coffee up. Staff brought the cup of coffee to R1 and the R1 spilt the coffee onto his lap. R1 was assessed for injuries by nursing staff and R1 was noted to have redness on his left thigh and left hand. Report indicated R1 drank coffee with every meal and no incidents previously. Further, report indicated on 4/4/24, at 9:23 a.m., nursing staff indicated there was no redness and no discomfort noted for R1. In addition, report indicated education was completed with staff related to safe hot beverage temperatures.</p> <p>On 4/24/24 at 10:14 a.m., nursing assistant (NA)-A indicated staff were recently educated to not heat any beverages up in the microwave and given direction to grab a new fresh cup.</p> <p>During an observation on 4/24/24 at 11:15 a.m., R1 was in the dining room at a table and was independently drinking a cup of coffee which was in a two handled cup with a lid.</p> <p>On 4/24/24 at 12:29 p.m., licensed practical nurse (LPN)-A indicated she assessed R1 following the coffee spill and noted his skin to be pink but no blistering or pain. LPN-A stated staff were educated about not heating hot beverages in the microwave and would be expected to get a new fresh cup of coffee and dump out the other cup as the coffee machines are set to a certain temperature to prevent burns.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/24/24 at 1:03 p.m., registered nurse (RN)-A she submitted to the report to the SA due staff utilizing the microwave to heat the coffee which was not the facility's protocol, and the facility was making an effort to ensure hot beverages were within a safe temperature for their residents. RN-A stated staff were expected to grab a new fresh cup of coffee and not reheat utilizing the microwave due to temperatures were not consistent when a beverage was microwaved.</p> <p>On 4/24/24 at 2:20 p.m., NA-B stated the day before the incident, R1's family had requested NA-B heat up R1's coffee and NA-B did as asked and there were no concerns. The following day on 4/3/24, R1 had requested his coffee be heated up again, to which NA-B placed R1's coffee mug into the microwave and reheated the coffee for approximately 15 seconds and returned the mug to R1. NA-B stated the coffee was in a maroon plastic mug and the mug was microwave safe. NA-B showed surveyor the coffee mug utilized, and NA-B confirmed Do Not Microwave was on the bottom of the mug, which NA-B was not aware of. Further, NA-B stated following R1's incident, NA-B was educated not to microwave any beverages and management placed a policy in the nursing staff communication book for all nursing staff to read and sign. NA-B confirmed the policy was titled Hot Beverage Serving Temperatures, however stated she was not sure where the information related to not microwaving hot beverages was at.</p> <p>On 4/24/24 at 2:50 p.m., dietary aid (DA)-A stated dietary staff were expected to obtain a temperature of all hot beverages before serving the residents. Further, DA-A stated if a resident stated the beverage was not hot enough, DA-A would put the mug into the microwave for 15-30 seconds to heat up the beverage and would not take the temperature again prior to giving the mug to the resident.</p> <p>On 4/24/24 at 3:17 p.m., director of nursing (DON) stated the incident was submitted to the SA due to the potential of a significant injury as facility policy related to not utilizing a microwave was not followed. DON stated microwaves place residents at risk for burns due to the beverages could have hot spots and not evenly heating the beverage. Further, DON stated she put the facility policy in the communication book for all nursing staff to read, but no other staff were educated. In addition, DON reviewed the policy that staff were reeducated on and confirmed the policy did not contain staff direction on not utilizing a microwave for heating.</p> <p>Review of facility policy titled Hot Beverage Serving Temperatures revised 6/5/23, indicated the purpose of facility policy was to ensure resident satisfaction, while minimizing the risk of scalding and burns. Further, policy directed staff to serve hot beverages at temperatures between 130-150 degrees Fahrenheit and dietary staff would brew coffee using either ground coffee or liquid coffee. Residents who desire hot beverage temperatures higher than policy temperature would have a documented risk versus benefit on file. In addition, policy directed staff would not overfill cups or mugs, only use cups or mugs appropriate and safe for hot beverages and keep hot beverages away from edges of table. However, the facility policy lacked evidence of addressing not to utilize a microwave to heat any hot beverage which would include but not limited to coffee, teas, hot chocolate, water, and drinkable soup.</p>		