STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245119	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aitkin Health Services	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569 Based on observation, interview and document review the facility failed to reduce the risk of falls for 1 of 3 residents (R3) reviewed for accidents and supervisor. R3 had a high risk for falls and was observed attempting to self-transfer from a wheelchair to bed. Findings include: During continuous observation on 3/19/25, R3 was seated in the dining room with his eyes closed at 6:45 a. m., where he remained until 7:47 a.m., when he propelled himself down the hall toward his room. Staff spoke with R3 on his way down the hall. At 7:51 a.m. R3 was observed propelling from his room. At 7:47 a.m. R3 told NA-B, I want to go to sleep but they keep kicking me out. NA-B said, they kicked you out, huh. then walked away. At 8:02 a.m. a staff member moved R3 to a table in the common area where he sat with a book. At 8:25 a.m. R3 remained seated in his wheelchair with his eyes closed. At 9:12 a.m. R3 again propelled himself toward his room. At 9:18 a.m., R3 got the door to his room open, and a housekeeper moved him back into the hallway. At 9:30 a.m., the housekeeper told R3 he had to wait for the NA's and said they could not take him to the bathroom because they were a little busy. At 9:32 a.m., R3 again entered his room. Surveyor alerted trained medication aide (TMA)-A that R3 was attempting to self-transfer to his bed. TMA-A intervened and told R3 he needed to wait for a NA to come off break and one to finish charting before they could help him into bed. At 9:40 a.m. NA-B was observed in the common area. TMA-A did not report that R3 had requested help. At 9:49 a.m. NA-A returned to the unit. At 9:51 a.m. R3 was talking to TMA-A who did not acknowledge him. R3 propelled himself toward his room. TMA-A then asked NA-A and NA-B to assist R3 to lay down. NA-B stated, We aren't supposed to, are we? and NA-A said, they want him up until after dinner. At 9:56 a.m., NA-A and NA-B assisted R3 to his room. NA-A said R3 had been up since she arrived at 6:00 a.m. NA-A and NA-B assisted R3 in the mechanical stand and transferred him to his bed and covered him with blankets. When asked about toileting, NA-A said R3 would tell them if he needed to go and said, sometimes they offer. NA-A and NA-B checked R3's brief and changed it after they determined he was wet. While charting R3's brief, NA-A stated R3 did not like to roll and said, believe it or not, he is terrified of falling out of bed. NA-B stated R3's wife wanted staff to keep him up during the day because of falls. NA-B said if laid down, R3 would try to crawl out of bed. R3's Admission Record indicated he admitted to the facility on [DATE]. Diagnosis included hemiplegia (severe or complete unilateral loss of strength or paralysis) and hemiparesis (weakness in one leg, arm, or side of the face) and vascular dementia. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245119	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aitkin Health Services	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's Fall Risk assessment dated [DATE], indicated he had a fall on 1/27/25. Continence and mobility indicated R3 required assistance with elimination, was confined to a chair and was only able to steady himself with assistance. R3's admission Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment. The MDS indicated R3 displayed no behaviors, was frequently incontinent of bladder and always continent of bowel. R3's MDS indicated he was dependent on staff for transfers and toileting. R3's care area assessment (CAA), dated 2/4/25, indicated he was continent of bowel, frequently incontinence of bladder and needed assistance with cares. R3 had a diagnosis of vascular dementia, peripheral vascular disease, benign prostatic hyperplasia, and hemiplegia/hemiparesis of left side. The fall CAA indicated R3 needed extensive assistance with activities of daily living, scored 16 on the fall risk assessment indicating a high risk for falls and had one fall since admission to the facility. R3's care plan dated 2/28/25, identified bladder incontinence related to confusion and impaired mobility. The care plan directed staff to change R3 as needed. The care plan identified a risk for falls related to confusion and poor communication. The care plan directed staff to assist as needed with mobility and transfers, ensure call light was within reach, appropriate footwear, and bed in lowest position with a fall mat beside the bed. The care plan indicated R3 liked to get out of bed and crawl. R3's Kardex Report dated 3/18/25, indicated Bladder/Bowel, change and PRN (as needed). Safety, ensure call light in reach, bed in low position with fall mats. I prefer to get out of bed and crawl. Facility Resident Incident Log dated 1/20/25 through 2/26/25, indicated R3 had one fall on 1/27/25. R3's Progress Notes identified the following: 1/26/25, Nursing assistant (NA) entered the tub room and found R3 had transferred himself onto the toilet. Staff assisted R3 and reminded him to call for help as he required assistance to transfer. 1/27/25, Staff heard a banging noise and found R3 on the floor in his room. R3 was laying with his feet toward the bathroom door. A correlating Incident Form dated 1/27/25, indicated interdisciplinary team (IDT) reviewed the incident and recommended R3 be placed on every two-hour toileting plan. 1/31/25, R3 self-transferred into bed from his wheelchair. R3 had two episodes of putting himself on the floor and told staff I just roll over and this is where I end up. The note indicated was a purposeful act. 2/18/25, R3 was found attempting to crawl out of bed. R3 had his body scooted down with his knees on the fall mat. 2/25/25, R3 attempted to crawl out of bed this shift. 2/26/25, R3 was found attempting to self-transfer out of bed. NA found R3 with both legs on the fall mat and the top half of his body on the bed. R3 was reminded to use the call light. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245119	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aitkin Health Services	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	2/28/25, R3 attempted to crawl out of bed. Upper body on bed with legs on fall mat. 3/7/25 at 3:00 p.m., NA reported when passing by R3's room he was crawling out of bed a kneeling on the floor mat in front of his bed. R3's hands were on the bed when she found him. Root cause indicated, it appeared R3 was crawling out of bed. A correlating Incident Audit Report dated 3/11/25, indicated R3 stated he wanted to get out of bed. The IDT review determined R3 was care planned to be able to get out of bed to his mat and indicated the incident was intentional and not a fall. 3/7/25 at 9:00 p.m., R3 was heard yelling from his room. R3 was found sitting on his fall mat. R3 was unable to describe what he was doing at the time and had been incontinent of bladder. 3/8/25, R3 found seated on his fall mat with his back against the bed around midnight. R3 had stool on his hands, urinal, and mat. Root cause indicated, possibly needed to use the bathroom. During interview on 3/18/25 at 4:04 p.m. NA-A stated R3 liked to sneak into his room and transfer himself in and out of bed. NA-A stated R3 transferred with staff using a mechanical stand. NA-A said she had not seen R3 try to self-transfer but said she had found him on the ground. When asked about fall interventions, NA-A stated, I wouldn't know. NA-A said staff used the Kardex for a care guide. During interview on 3/19/25 at 10:06 a.m., registered nurse (RN)-A stated R3 should be checked every two hours and said it should have been in his care plan. RN-B stated she thought R3 could verbalize the need to use the toilet, but not consistently. RN-A stated they had R3 on a two-hour toileting plan to try to catch him but said on the off hours staff would find him on the mat. RN-A said R3 could not be left alone in his room because he did not use the call light. RN-A stated when R3 had been at home he would crawl to the bathroom when he needed to go. RN-A stated initially when R3 rolled out of bed they were calling it a fall and said there had been no instances of rolling out of bed in the medical record, just crawling out of bed and kneeling on the mat. RN- A was unable to explain how staff assessed whether R3 rolled out of bed or was intentionally crawling out of bed. On 3/19/25 at 11:57 a.m. R3 was interviewed with family member (FM)-A. FM-A stated R3 had fallen and broke his hip and went to a different facility for rehab. FM-A stated R3 returned home after rehab but only lasted two days because she could not care for him. FM-A stated prior to the fall with fracture, R3 did not really have falls at home. FM-A said, I guess he crawled on the floor at the previous facility and was told he did that here at the facility. FM-A said R3 did not do that at home. FM-A said she felt a big part of R3's falls was when he needed to go to the bathroom. FM-A said the staff had not really implemented a plan. FM-A said they had discussed toileting R3 at 10:30 a.m. since he always wanted to go when staff were trying to bring others to lunch but said it had not happened. During interview on 3/19/25 at 12:50 p.m., the director of nursing (DON) stated after a fall, the IDT reviewed and said they had a list of suggestions they used for fall interventions. The DON said she thought R3 was on a two-hour toileting plan and said the previous day, RN-A had discussed it with staff. At 1:07 p.m. the DON stated when R3 was seen on the floor it was not considered a fall and said it had been the nurse practitioners idea. The DON stated she was unable to provide evidence of assessment to indicate R3 was on the floor intentionally versus falling out of bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245119	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aitkin Health Services	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Facility Policy Fall Prevention and Management dated 6/5/23, indicated the care center will assess each resident for risk of falls and identify interventions to assist in preventing falls and/or injuries. A falls analysis will be completed when a resident had two or more falls, to review fall trends, identify individual and systemic causes of falls, evaluate current interventions for effectiveness and if needed to determine additional interventions. All interventions that are identified through the assessment/review process will be documented in the resident's care plan using person centered language.