

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  04/30/2025
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and document review the facility failed to follow grievance policy and procedures involving 2 of 2 residents (R1, R2) when R1 voiced concerns about treatment received from another resident (R2) in the facility and a grievance was never filed on behalf of R1, and he was never provided resolution or follow up.</p> <p>Findings include:</p> <p>R1's admission Record indicated he admitted to the facility on [DATE]. R1's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition. R1's care plan dated 4/10/25, indicated he was alert and oriented and was able to express his needs.</p> <p>R2's quarterly MDS dated [DATE], indicated a Brief Interview of Mental Status (BIMS) of 8 (moderate cognitive impairment), verbal behaviors directed toward others (threatening, screaming, cursing) 1-3 days.</p> <p>During interview on 4/29/25 at 4:21 p.m., R1 stated R2 intentionally antagonized him and said, I want it to stop. R1 said R2 approached him and and said things like, hit me, hit me. R1 stated he was not afraid or threatened by R2 but said he did not feel like he should have to put up with it.</p> <p>During observation on 4/29/25 at 4:31 p.m., R1 was seated in the dining room. R2 propelled himself into the room and stated, he's trouble, referring to R1. Staff intervened and R2 responded with loud negative vocalizations.</p> <p>During interview on 4/30/25 at 9:25 a.m., R1 stated he had reported his concerns to the social service designee (SSD) and registered nurse (RN)-A. R1 said they told him they would look into it but said they do not follow up with him. R1 said R2's behavior was outrageous and said, he just keeps coming at you.</p> <p>During interview on 4/30/25 at 9:36 a.m., nursing assistant (NA)-A said R2 would yell and swear if he did not like something. NA-A said the previous week R2 had been unhappy with R1 and had made threatening comments to him. NA-A said R1 was not fearful of R2 but R1 did not like the way R2 treated himself and others.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 4/30/25 at 11:16 a.m., The SSD said R2 made rude comments to many residents. The SSD said R1 did not like R2 and had voiced his concerns to her. When asked how the facility was handling R1's concerns, the SSD said they gave R1 the option to leave the room. The SSD stated she had not followed up with R1 and said his concerns had been discussed with the interdisciplinary team but no one had ever advised her to fill out a grievance form. The SSD said she had conversations with R1 but did not document them.</p> <p>During interview on 4/30/25 at 11:46 a.m., RN-A said R2 was like a playground bully. RN-A said R1 seemed to be R2's primary target and said R2 taunted R1 and would curse at him.</p> <p>During interview on 4/30/25 at 1:07 p.m., the assistant administrator said a grievance should be filed anytime a concern was brought by a resident or family. The assistant administrator said the facility would review the concern and follow up. The assistant administrator said she had been aware of many instances involving R1 and R2.</p> <p>Facility policy Reporting Grievance dated 1/9/17, indicated grievances included those regarding care or treatment, the behavior of staff or other individuals receiving services and other concerns regarding a residents stay. If a grievance was voiced by an individual the facility will make prompt efforts to investigate and resolve the grievance. The grievance will be documented on the grievance for and will be investigated within 72 hours. Within 10 days of filing the grievance the findings will be provided to the complainant in writing.</p>