

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/22/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at St Louis Park LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3201 Virginia Avenue South Saint Louis Park, MN 55426	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38685</p> <p>Based on observation, interview and document review, the facility failed to ensure physician ordered weights were implemented as ordered for 2 of 3 residents (R3 and R4), reviewed for nutrition.</p> <p>Findings include:</p> <p>R3's care plan identified a focus dated 5/30/19, of alteration in nutrition .malnutrition related to history of inadequate oral intakes related to variable oral intakes as evidenced by underweight status .intervention dated 5/28/19, directed staff to have dietary consult as needed for weight gain/loss or other problems noted. An additional intervention dated 6/15/22, directed staff to obtain and record weights at least monthly, and more often as indicated by physician orders.</p> <p>R3's Care Area Assessment (CAA) dated 11/16/23, identified R3 had a potential for nutritional risk due to reduced micronutrient needs as evidenced by hemodialysis .therapeutic diet related to diabetes and End Stage Renal Disease (ESRD), with hemodialysis. R4 had a history of inadequate oral intakes related to variable oral intake, refusals to eat/be fed by staff as evidenced underweight status. No fluid restrictions at this time due to thickened liquids diet. Modified diet related to dysphagia (swallowing difficulties) as evidenced by pureed diet with honey liquids.</p> <p>R3's quarterly Minimum Data Set (MDS) dated [DATE], identified R3 had moderately impaired cognition and diagnoses of ESRD (end stage renal disease), dependence on renal dialysis, diabetes, stroke, malnutrition, and aphasia (loss of ability to swallow). Further identified R3 received dialysis and had a mechanically altered and therapeutic diet.</p> <p>R3's physician order summary dated 10/1/24, include an order for R3 to have daily weights related to dialysis one time every day.</p> <p>R3's Medication Administration Record (MAR) dated October 2024, identified R3 had weights on the following days:</p> <p>10/2/24: 117 pounds</p> <p>10/4/24: 118 pounds</p> <p>10/7/24: 122.5 pounds</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:  245148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/22/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at St Louis Park LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3201 Virginia Avenue South Saint Louis Park, MN 55426	

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>10/9/24: 121.5 pounds</p> <p>10/11/24: 120.3 pounds</p> <p>R3's MAR dated October 2024 did not identify weights on any other days from 10/1/24 to 10/21/24.</p> <p>R3's weight recorded under the vital signs tab included the following:</p> <ul style="list-style-type: none"> <li>-10/11/24 at 6:03 a.m., identified a weight of 120.3 pounds</li> <li>-10/11/24 at 1:40 p.m., identified a weight of 102 pounds</li> <li>-10/13/24 at 11:50 a.m., identified a weight of 103.5 pounds</li> <li>-10/14/24 at 5:11 a.m., identified a weight of 103.5 pounds</li> <li>-10/16/24 at 6:07 a.m., identified a weight of 100 pounds</li> </ul> <p>R3's progress notes were reviewed and did not identify if the physician was contacted for R3's missed physician ordered weights for further direction nor did the record include an assessment that accounted for weight gains/weight loss.</p> <p>R3's DaVita Dialysis pre and post weights dated 10/2/24 to 10/21/24 that were not in the record and obtained from the dialysis clinic, identified the following:</p> <ul style="list-style-type: none"> <li>10/2/24: pre weight: 123.5 pounds; post weight: 124.1 pounds</li> <li>10/4/24: pre weight: 126.5 pounds; post weight: 124.1 pounds</li> <li>10/7/24: pre weight: 124.8 pounds; post weight: 120.2 pounds</li> <li>10/9/24: pre weight: 119.7 pounds; post weight: 115.3 pounds</li> <li>10/11/24: pre weight: 116.8 pounds; post weight: 117.5 pounds</li> <li>10/14/24: pre weight: 122.1 pounds; post weight: 116.2 pounds</li> <li>10/16/24: pre weight: 118.9 pounds; post weight: 115.3 pounds</li> <li>10/18/24: pre weight: 117.9 pounds; post weight: 115.1 pounds</li> <li>10/21/24: pre weight: 115.1 pounds; post weight: 114.2 pounds</li> </ul> <p>During an interview on 10/22/24 at 11:40 a.m., nurse manager (NM)-A indicated R3 had a current MD order to obtain daily weights due to dialysis. NM-A stated the last recorded weight for R3 was on 10/16/24 and was 100 pounds. NM-A was unable to articulate why daily weights were not being done and indicated the physician had not been notified. Further NM-A was unable to articulate how R3 on 10/11/24, went from 120.3 pounds to 102 pounds in one day.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/22/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at St Louis Park LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3201 Virginia Avenue South Saint Louis Park, MN 55426	
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 10/22/24 at 11:52 a.m., nursing assistant (NA)-A stated for residents with daily weights we would obtain a weight prior to the resident eating breakfast and let the nurse know the weight so they could document it. NA-A indicated R3 was on daily weights, and she was made aware of the list of residents who require daily weights by the sheet of paper with a list of residents that was taped to the nurses desk. NA-A stated NA-B would be responsible for R3 and indicated she did not get R3's weight this morning.</p> <p>During an interview on 10/22/24 at 12:09 p.m., NA-B stated she was responsible for the care. NA-B was not aware that R3 was a daily weight and stated the nurse usually lets her know and had not done that. This surveyor showed NA-B the list of daily weights taped to the nurses desk and NA-B verified R3's name was on there. NA-B stated typically with daily weights we would want to get a weight in the morning before the resident ate breakfast and verified R3 ate at 8:00 a.m. when she fed him and had not gotten his weight.</p> <p>During an interview on 10/22/24 at 12:23 p.m., licensed practical nurse (LPN)-A indicated R3 was a daily weight due to being on dialysis and he had not yet received R3's weight today. LPN-A stated he would expect the weight to be done prior to breakfast for accuracy. LPN-A verified on 10/11/24 at 6:00 a.m., R3 was 120.2 pounds, then at 1:00 p.m., R3 was 102 pounds, and stated R3 should have been reweighed. LPN stated R3's weights have been lower ever since. LPN-A indicated he did not notify the doctor of the daily weights not being done or of the weight changes, stated he didn't realize it until just now.</p> <p>During an interview on 10/22/24 at 12:24 p.m., NA-D stated daily weights should be completed in the morning before a resident has eaten breakfast and verified R3 was a daily weight and would know that by looking at the sheet that is taped to the desk. NA-D assisted NA-B with getting R3's weight with the full body mechanical lift, R3 weight was 106 pounds.</p> <p>During an observation and interview on 10/22/24 at 1:08 p.m., NA-B brought R3's lunch tray to his room and began to assist R3 with eating. R3 would open his mouth opening and swallow the food quickly. NA-B stated R3's appetite had been poor prior to his hospitalization a couple weeks ago, we struggled to get him to eat. At 1:17 p.m., NA-B stated R3 ate like this during breakfast earlier and stated he must be hungry today.</p> <p>R4</p> <p>R4's significant change MDS dated [DATE], identified R4 had diagnoses including traumatic brain injury and malnutrition. R4 had weight loss of 5% or more in the last month or loss of 10% or more in the last six months and was not on a physician-prescribed weight-loss regimen.</p> <p>R4's CAA dated 9/13/24, identified R4 had an alteration in nutrition of malnutrition related to altered mental status as evidenced by inadequate oral intakes, requiring cues and encouragement at meals to consume adequate oral intake, and weight loss post hospitalization with a hospital weight of 233 pounds and previous weight of 255 pounds.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/22/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at St Louis Park LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3201 Virginia Avenue South Saint Louis Park, MN 55426	
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>R4's care plan identified a focus dated 8/13/24 of alteration in nutrition: Malnutrition related to altered mental status as evidenced by inadequate oral intakes, requires cues and encouragement at meals to consume adequate oral intake and weight loss post hospitalization . Does not initiate task of eating. Requires assist as needed if does not initiate task . Weight loss progressive and significant over 30, 90, and 180 days related to inadequate oral intakes. Remeron [psychiatric medication] use initiated 9/18/24 and side effect of increased appetite would be therapeutic. Referred to interventional radiology for G-tube [feeding tube] placement related to ongoing poor oral intakes and malnutrition, however resident recently reporting does not desire feeding tube. Intervention dated 8/13/24, identified to monitor, record, and report to the doctor signs and symptoms of malnutrition as needed including emaciation, muscle wasting, and significant weight loss. An additional intervention dated 8/13/24, directed staff to obtain weight per policy/order.</p> <p>R4's Clinical Nutrition Evaluation V-5 completed by dietician (D)-A dated 9/10/24, noted R4 had significant weight loss and included a recommendation for weekly weights due to malnutrition.</p> <p>R4's provider note dated 10/2/24, indicated R4 had not eaten for approximately one week with very little oral intake with discussion of a G-tube placement. Orders included weekly weights starting now.</p> <p>R4's provider note dated 10/17/24, included plan and orders of follow up visit for poor appetite and decline in condition . last weight available for review was from 10/3/24 . please ensure weekly weights are taken and recorded in [EHR system]. Diagnosis, assessment, and plan included malnutrition: little to no appetite, requires frequent reminders from staff to eat. Has not eaten in 1+ week, and was sparsely eating for weeks before that. History included weights have gone down from the 260s down to 223.</p> <p>R4's TAR dated October 2024 included multiple physician orders for weights: weekly weight every evening shift every Thursday with start date 9/19/24 and end date 10/13/24; weekly weight one time a day every Thursday for monitoring with start date 10/3/24 and end date 10/17/24; weekly weight one time a day every Thursday for monitoring with start date 10/24/24.</p> <p>R4's TAR for October 2024 included scheduled administrations for physician ordered weekly weights on 10/3/24, 10/10/24, and 10/17/24 with corresponding documentation of:</p> <p>10/3/24: 223.8 pounds</p> <p>10/10/24: X listed as weight and notation to see corresponding nurse note which indicated the weekly weight was done.</p> <p>10/17/24: Blank, documentation not completed</p> <p>R4's electronic health record (EHR) included a vital sign section with the following weights recorded in October 2024:</p> <p>10/3/24 at 2:08 p.m.: 223.8 pounds</p> <p>10/10/24 at 8:00 a.m.: 220.2 pounds</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/22/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at St Louis Park LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3201 Virginia Avenue South Saint Louis Park, MN 55426	
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>R4's TAR, and vital signs did not include weights on any other days from 10/1/24 to 10/22/24.</p> <p>During an interview on 10/22/24 at 3:24 p.m., NA-C stated residents with weekly weights were weighed on their shower days. NA-C noted aides used a shower sheet that listed what day showers and weights were to be done and also used a group sheet that identified what day of the week residents had weekly weights. NA-C noted the shower sheet indicated R4 was to be weighed on Thursday mornings and the group sheet indicated R4 was to be weighed on Wednesdays. NA-C did not know why they were different.</p> <p>During an interview on 10/22/24 at 3:36 p.m., registered nurse (RN)-A stated weights were done weekly on shower day or more frequently per provider orders. RN-A noted weights showed up on the MAR or TAR on the days they were due and were completed by aides or nurses.</p> <p>During an interview on 10/22/24 at 3:45 p.m., NM-B stated she knew R4 had orders for weekly weights. NM-B verified the direction for aides to weigh R4 was wrong on the group sheet and did not match the order for R4 to be weighed on Thursdays. NM-B stated it was important for R4 to be weighed because it was recommended by the dietician, he had stopped eating as much as before, and he had lost weight. NM-B noted it would be concerning if he was not weighed as directed because staff needed to track his weights because he was not eating. NM-B verified R4 was seen by a provider on 10/17/24 and visit orders included ensuring weekly weights were taken and entered in the EHR. NM-B verified there was no record of R4's weight on 10/17/24 as ordered, and stated her expectation was that he would be weighed weekly and should have been weighed on 10/17/24. NM-B noted R4's last recorded weight was on 10/10/24 which was 12 days prior. NM-B stated R4's care was not provided in accordance with provider orders and R4's plan of care. NM-B could not say why R4 had not been weighed since 10/10/24 and did not know why he was not weighed on 10/17/24.</p> <p>During a phone interview on 10/22/24 at 3:20 p.m., D-A stated R3 was on daily weights to monitor for fluid shift in between dialysis sessions that he received three times a week. D-A also indicated R4 was at risk for weight loss and has had frequent hospitalizations. R4 had been declining and we tried several interventions to maintain his weight. D-A verified the weights were not being performed per MD orders for R3 and R4 and should have been. D-A indicated it was important to follow the care plan and provider orders. D-A stated she could implement the orders but at this particular facility their process was to have the physician order the frequency of weights for the residents.</p> <p>During an interview on 10/22/24 at 3:44 p.m., director of nursing (DON) indicated provider ordered weights should be followed along with the care plan and were not followed for R3 and R4. DON indicated the weights the staff were getting were not accurate due to a failure in using the right equipment, we are currently in the process of getting everyone educated. DON further indicated the physician ordered weights should be implemented as ordered and if they are missed a provider should be notified for follow up.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245148	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/22/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at St Louis Park LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  3201 Virginia Avenue South Saint Louis Park, MN 55426	
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>Facility policy, Weight Policy, dated 5/1/24, identified it is the policy of Monarch Healthcare Management to obtain accurate weights and provide monitoring to ensure each resident's nutrition parameters are maintained within acceptable parameters to prevent avoidable decline in nutritional status, unless their clinical condition demonstrates that this is not possible. Policy Interpretation and Implementation 1. All residents are weighed by nursing staff upon admission and at least monthly thereafter. All weights obtained will be entered into the resident's medical record. 2. This weight protocol shall also be implemented for resident returns or re-admissions from the hospital when they have been out of the building for over 24 hours. This protocol shall not apply for therapeutic leaves of absence. 3. Weights are to be taken utilizing consistent technique, e.g. at the same time of day, using the same scale, wearing, or not wearing prostheses or orthotics, etc. whenever possible. 4. At the discretion of the interdisciplinary team and/or physician, residents at high risk may be continued on more frequent weight monitoring. Signs that a resident may be deemed high risk may include but are not limited to changes in food intake, refusal to eat, average food intake levels falling below 50%, Residents on hemodialysis, residents with open wounds, residents with use of enteral or parenteral nutrition, heart failure, etc. 5. For residents with unintended weight loss, the facility or provider may initiate interventions which can include a. Addition of high calorie/nutrient fortifiers to food (i.e., protein powder, addition of whole milk, butter, extra gravy, sauces, mayo, half and half or whipped cream). b. Offering additional food snacks between meals, based on the resident's specific needs and preferences c. Increasing the resident's portions at meals d. Liberalizing the resident's diet. Interviewing the resident to ensure their preferred foods are being added to meals and snacks f. Nutritional Supplements g. Supplements may be scheduled between meals or with medication pass h. Referral to therapy or other disciplines i. Collaboration with family or friends to encourage intakes j. Medication review 8. Resident-specific interventions shall be recorded in the resident's comprehensive care plan. 9. The resident's physician and/or responsible party shall be notified of weight changes at the discretion of the interdisciplinary team. 10. The registered dietitian (RD) and/or registered dietetic technician (DTR) shall review residents who trigger for significant weight gain or loss. Significant is defined as a person with 5% weight change over 30days, 7.5% weight change over 90 days, or 10% weight change over 180days. 11. The interdisciplinary team and/or facility designee shall review weights for significant weight changes and will be discussed to determine individualized care plan interventions and documented in the electronic medical record. 12. Residents on hospice may experience unavoidable weight loss. Weighing and weight monitoring may not be warranted for individuals at the end of life who may be receiving comfort measures only or are on hospice care.</p> <p>Requested MD order policy and not received.</p> <p>49338</p>		