

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 02/05/2025
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 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28598</p> <p>Based on observation, interview, and document review, the facility failed to ensure 1 of 1 resident (R1) remained nothing per oral (NPO), receiving nutrition via tube feeding per his hospital discharge orders.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 had Parkinson's, hemiplegia and was severely cognitively impaired. In addition R1's MDS indicated he had no behaviors, had impairment in upper and lower extremities, no or unknown for weight loss or weight gain and received feeding via tube feeding and also had a mechanically altered diet, and 51% or more alternative route and 501 cubic centimeters (CC) or more per day by IV (intravenous) or tube feeding, which R1 received tube feeding.</p> <p>R1's Care Plan dated 2/04/25, indicated R1 had Parkinson's and was at risk for malnutrition and dehydration due to dysphagia (swallowing disorder), and received tube feedings per physician order, staff to check placement of tube feeding, residents head of bed to be elevated 30-40 degrees during feeding and thirty minutes after tube feedings, monitor resident every shift for signs and symptoms of aspiration. R1 received enteral nutrition via PEG (Percutaneous endoscope gastrostomy) (a tube is passed into a patient's stomach through the abdominal wall) with nursing staff managing and mechanically altered diet due to dysphagia benefiting from puree with honey thicken liquids.</p> <p>R1's past hospitalization s indicated the following:</p> <p>1) Discharge Summary (DC) orders dated 12/13/24, indicated R1 was admitted on [DATE] through 12/13/24, for aspiration pneumonia and to take amoxicillin 10.9 milliliters (ml) by mouth two times a day for 4 days.</p> <p>2) D/C Summary dated 1/01/25, indicated R1 was admitted from 12/27/24 through 1/01/25, for sepsis due to pneumonia, acute respiratory failure. The D/C summary further indicated R1 had chronic tube feeding, Parkinson's disease, stroke, and risk of aspiration pneumonia on-going and was readmitted on [DATE] with sepsis.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID: 245148	Facility ID: 245148 If continuation sheet Page 1 of 3

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Interagency Assessment and Orders dated 1/01/25 indicated R1's diet was to be NPO (nothing by mouth). And to have continuous Tube feeding prescription four cans of Iso-source 1.5 formula per day given through the PEG tube set at 65 ml/hr. per day 7:00 p.m. to 10:00 a.m. water flushes 150 ml every 4 hours. In addition to orders for Occupational Therapy, Physical Therapy and Speech Therapy.</p> <p>Review of the facility documentation indicated R1 received food/oral liquids even though R1 was supposed to be NPO on 1/01/25 through 1/27/25, R1 received oral intake of foods with percentages eaten on the following dates:</p> <p>-1/02/25 76% - 100%</p> <p>-1/3/2025 0 - 25%</p> <p>-1/4/2025 26% - 50%</p> <p>-1/5/2025 08:00 a.m. 51% - 75%</p> <p>-1/5/2025 12:00 p.m. 51% - 75%</p> <p>-1/07/25 51-75%</p> <p>-1/09/25 20-51%</p> <p>-1/10/25 51-75%</p> <p>-1/11/25 75-100%</p> <p>-1/13/25 25-50%</p> <p>-1/14/25 75 to 100%</p> <p>-1/15/25 75 to 100%</p> <p>-1/16/25 0-25%</p> <p>-1/17/25 51 -75%</p> <p>-1/18/25 0-25%</p> <p>-1/22/25 0 to 25%</p> <p>-1/25/25 0-25%</p> <p>-1/26/25 0-25% in the a.m. and 75-100% in the evening</p> <p>-1/27/25/25 0-25% in the a.m. and 0-25% in the evening.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A Hospital Discharge Summary (DC) indicated a admitted [DATE] and discharge date of [DATE], R1's primary problem of right lower lobe pneumonia. R1 currently resided at a long-term care facility. R1 had sepsis pneumonia due to aspiration (unclear origin) and was to be NPO with tube feedings managed per registered dietician (RD). Staff were to continue elevation of head of bed (HOB) greater than 30 degrees at all times and administer Vantin (antibiotic) 200 mg via tube feed twice daily.</p> <p>During observation on 2/04/25, licensed practical nurse (LPN)-A was observed to hook up R1's tube feeding and provide physician ordered water flush. R1 was observed to be in bed with his HOB greater than 30 degrees.</p> <p>During interview on 2/05/25, at 10:00 a.m. LPN-A stated R1 has been eating food in the dining room with staff assistance until the discharge from the hospital on 1/31/25, when he was placed on NPO. LPN-A was unaware R1 was supposed to be NPO after his discharge on 1/01/25.</p> <p>During observation on 2/05/25, at 10:10 a.m. R1 was observed to be lying in bed with his HOB elevated greater than 30 degrees.</p> <p>During interview on 2/05/25, at 10:21 a.m. registered nurse (RN)-A stated she was not aware of R1's diet changed to NPO 1/01/25 and referred me to the facilities speech language pathologist (SLP).</p> <p>During interview on 2/05/25, at 10:30 a.m., the speech-language pathologist (SLP)-A stated she was unaware R1 was placed on NPO after his 1/01/25, hospitalization . SLP-A stated it would make sense he was placed on 1/01/25, since R1 was hospitalized twice for aspiration pneumonia. She would not have approved R1 to be eating unless R1 had a swallow study in a hospital since he was unable to fully participate in a bedside swallow study.</p> <p>During interview on 2/05/25, at 10:56 a.m. with R1's nurse practitioner (NP), she noted somewhere it was lost that R1 was supposed to be NPO after his hospitalization return on 1/01/25. Looking at the discharge orders, R1 should have been NPO and received PT/PT and ST evaluations. R1 was a Full Code and was at a high risk for aspiration with the tube feeding and even with oral intake. It would be really hard to know if he aspirated from food or the tube feeding, however, staff should not be feeding him oral foods without a swallow study evaluation.</p> <p>During interview on 2/05/25, at 11:13 a.m., hospital registered dietician (RD)-B stated she was unaware R1 had been receiving food by mouth after his discharge on 1/01/25. RD-B spoke with the facilities RD-A and was never informed he was eating along with getting his tube feedings.</p> <p>During interview on 2/05/25, at 11:41 a.m. the director of nursing (DON) stated after reviewing R1's discharge orders on 1/01/25, it was noticed staff did not sign off on the diet orders of NPO. The DON stated there is not a policy for checking the orders, and noted the facility had an ineffective process and they needed to change processes.</p> <p>Facility policy Therapeutic Diets revised October 2017, indicated therapeutic diets are prescribed by the attending physician to support the resident's treatment and plan of care.</p> <p>No policy was provided related to reconciliation of physician orders by the end of the survey.</p>		