STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245148	A. Building B. Wing	02/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at St Louis Park LLC	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654 Based on observation, interview, and document review, the facility failed to provide care in a manner that promoted dignity for 2 of 3 residents (R1, R6) reviewed for dignity concerns. Findings include: R1 R1's admission Minimum Data Set (MDS) dated [DATE], indicated R1 was cognitively intact and was frequently incontinent of bowel and required assistance with bathing. R1's diagnoses list printed 2/21/25, included diagnoses of melena (passage of black, tarry stools), and bipolar disorder. R1's care plan dated 1/31/25, indicated R1 required assistance with activities of daily living (ADLs) related to persistent diarrhea and identified staff were to assist R1 with personal cares including washing hands, cleaning self, and using the toilet. During an interview on 2/21/25 at 11:44 a.m., family member (FM)-A stated R1 left the facility against medical advice when FM-A visited and found R1 with stool dripping down his leg in the dining room, on his hands, and no sheets on R1's bed. FM-A stated R1 would not like to have stool on his hands and body, and no sheets on his bed. On 2/21/25 at 12:49 p.m., during document review, two photographs sent by FM-A, taken on 2/16/25, demonstrated R1 had stool on his hand and was lying on a bed with no bed sheets. During an interview on 2/21/25 at 4:46 p.m., nursing assistant (NA)-A stated R1 should not have been in the dining room with stool on his hands, and R1 would have been embarrassed to have stool on his hands for others to see. During an interview on 2/21/25 at 5:09 p.m., registered nurse (RN)-A stated other residents would not like to see stool on R1's hands in the dining room. R6 (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R6's quarterly MDS dated [DATE], indicated R6 was cognitively intact. R6's diagnoses list printed 2/24/25, indicated unspecified psychosis, morbid obesity, and bipolar disorder. R6's care plan dated 9/22/24, indicated R6 had an alteration in psychosocial well-being and staff would try to meet her needs. During an interview and observation on 2/24/25 at 9:52 a.m., R6 was not in her room. The bed lacked a bed sheet. NA-B stated R6 would not like to lie in her bed without a sheet and would be upset staff had not made her bed. During an interview on 2/24/25 at 10:47 a.m., R6 stated she slept on her bed with no bed sheet, she did not like it and was angry about it. During an interview on 2/24/25 at 10:55 a.m. social worker (SW)-A stated every resident should have a made bed if it was their preference and should have sheets on their beds. During an interview on 2/24/25 at 11:44 a.m., the administrator stated the facility had enough sheets for the beds and residents should have sheets on the their beds if it was their preference. Administrator indicated the residents would not like to sleep on beds with no sheets. The administrator stated the facility did not have a policy related to dignity. During an interview on 2/24/25 at 12:24 p.m., the director of nursing (DON) stated R1 would try to clean himself and he was embarrassed by the stool on himself. The DON further stated residents should have a sheet on their beds, and sleeping on the bed without a sheet would be uncomfortable. The DON stated her expectation was all residents would have a sheet on their bed for comfort and hygiene if that was their preference. Review of facility policy titled The Residents Rights dated 01/2024, indicated it was the practice of the facility to uphold the rights of all residents.