STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245153	A. Building B. Wing	06/12/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Madonna Towers of Rochester Inc	4001 19th Avenue Northwest Rochester, MN 55901

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to comprehensively monitor and assess for edema (swelling) so intervention effectiveness could be determined, and new interventions developed if needed for 1 of 1 residents (R43) assessed for edema management. Findings include: R43's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R43 had intact cognition and was diagnosed with heart failure and debility. R43's care plan dated 5/23/25, indicated R43 was receiving a diuretic, which placed her at a high risk for adverse reactions staff were to monitor for an infective dose such as an increase in edema. The care plan indicated R43 was at risk for skin alteration related to a history of lymphedema (swelling from an accumulation of protein-rich fluid usually drained by the body's lymphatic system). The care plan indicated staff were to apply R43's left upper extremity edema wraps in the morning, leave them on until the next morning, take off and assess the skin, and then re-apply. The care plan indicated that compression devices were to be applied to R43's bilateral lower extremities in the morning and taken off at nighttime. R43's Weekly Skin Checks dated: 4/9/25, 4/16/25, 4/23/25, 5/7/25, 5/14/25, 5/21/25, 5/29/25, and 6/4/25 were reviewed and indicated R43 had no edema at the time of assessment. R43's medical record dated 4/9/25 to 6/9/25 was reviewed and did not include further assessment of R43's left upper extremity edema. During an interview and observation on 6/9/25 at 4:14 p.m., R43 was observed sitting in her wheelchair in her room. R43's arm was observed with significant swelling to her left upper extremity, with her left hand puffy. R43 was observed attempting to use her left hand and did not appear to be able to fully bend her fingers towards her palms. R43 was observed wearing long pants and her lower extremities were unable to be fully visualized. R43 stated she has had the edema in her left hand for a long time, but it has overall improved since being at the facility, although never fully goes away. R43 stated the edema in her left hand had been worse the past couple of weeks. (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 6/10/25 at 12:54 p.m., registered nurse (RN)-C confirmed she was the nurse for R43 for the shift and was familiar with the resident. RN-C stated R43 had a history of edema and shortness of breath, had gotten better since being at the facility but had never gone away. RN-C stated R43 no longer has edema in her lower extremities, so she has not been documenting R43 has any edema. RN-C stated R43 had chronic edema in her left upper extremity and a compression device was used. RN-C stated R43's left upper extremity was pretty edematous and thought it had been to this degree almost a month but RN-C stated she was unable to find this was being documented. During an interview on 6/11/25 at 10:13 a.m., RN-B confirmed she was the nurse for R43 for the shift and was familiar with the resident. RN-B stated R43 had left upper extremity lymphedema for a while and always had some edema in that extremity. RN-B stated the edema R43 had in her upper extremity was normal for her but was unsure where they documented assessing this edema in her arm. RN-B stated R43's edema to her lower extremities had diminished and R43 usually only had trace edema or did not have any at all there. During an interview on 6/11/25 at 10:54 a.m., RN-A, stated R43's edema to her left upper extremity was a chronic issue for her and would have expected staff to document that in the weekly skin check form. RN-A stated it was important this edema was documented so staff and the provider could see if changes in her edema level had occurred and if the current interventions were still effective. The facility's Resident Examination and Assessment policy dated 10/2/23, indicated that a resident assessment would be completed on admission, with a change in physical function, or with an acute change in condition and documented in the electronic health record (EHR).

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. Based on observation, interview, and document review, the facility failed to ensure the required nurse staffing information was posted daily and contained the facility name. This had the potential to affect all 55 residents residing in the facility and/or visitors who may wish to view the information. Findings include: During observation, document review, and interview on 6/11/25 at 8:32 a.m., the nursing staff posting was observed in the main lobby near the entrance and was dated 6/9/25 with a resident population of 55 and did not have the facility name on it. The staff posting indicated the morning shift began at 6:00 a.m. The administrator confirmed the staff posting had not been updated since 6/9/25 as the staffing coordinator (SC) was on paid time off (PTO). The administrator stated she thought the health unit coordinator (HUC)-A would be the staff member in charge of updating the staff posting while the staffing coordinator was away. During an interview on 6/11/25 at 9:06 a.m., HUC-A stated the SC oversaw posting the staff posting and was not sure who oversaw completing this task while she was on PTO. During an interview on 6/12/25 at 8:54 a.m., the SC stated that she was unsure who oversaw posting the nurse staffing information while she was on PTO. The SC confirmed the staff posting did not have the facility name on it and stated after reviewing the staff postings that it had been like this since September of 2024. The SC stated she had not noticed the change in the form and would have to call cooperate to see why the form no longer had the facility name on it. The facility's Posting of Nursing Hours policy dated 9/20/22, indicated the nurse staffing information would be posted daily at the beginning of each shift and would include the facility name.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and document review, the facility failed to ensure food stored in the refrigerators were labeled, dated and discarded properly. This deficient practice had the potential to affect all 55 residents, staff and visitors who received food from facility kitchen. Findings include: During the initial kitchen tour on 6/9/25 at 1:42 p.m., dietary manager (DM) stated the dates listed on the food was the date of opening or when it was prepped and should be tossed after one week. The following items were observed in the fridge expired or undated food: -Mushrooms dated 5/30/25 -Undated, opened celery appearing soft and browning -Undated, opened lettuce -Undated, opened chopped celery appearing with browning spots -Undated, opened carrots During interview on 6/9/25 at 1:42 p.m., culinary director (CD) stated the normal practice they follow is once foods are opened, the opened date is written on the container. The dated food is good for one week; the staff on evening shift will throw undated and expired foods every evening. CD confirmed the mushrooms, celery, lettuce, and carrots should have been thrown out previously, due to being expired or undated. During interview on 6/11/25 at 11:02 a.m., cook (C)-A stated the practice for dating stored foods is to put the date on the container when it was opened, the food is then thrown out in one week. C-A stated the evening shift is responsible for going through the refrigerators and toss undated or expired foods. Per facility Food Storage policy dated August 2019, sanitary procedures will be maintained in perishable food storage to keep foods safe.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure 3 of 5 residents (R43, R14, R22) reviewed for immunizations were offered and/or provided the pneumococcal conjugate vaccine (PCV)20 as recommended by the Centers for Disease Control (CDC) to help reduce the risk of associated infections. Findings include: A CDC Shared Clinical decision-making document titled PCV20 or PCV21 Vaccination for Adults 65 years or older dated 9/11/24 indicated: Adults [AGE] years of age or older have the option to receive supplemental PCV20 or PCV21 (not both) if they previously completed the pneumococcal vaccine series with both PCV13 and PPSV23 [pneumococcal polysaccharide vaccine] and meet the following criteria: -Previously received one dose of PCV13 (but not PCV15, PCV20, or PCV21) at any age, and -Previously received all recommended doses of PPSV23 (including 1 dose of PPSV23 at or after [AGE] years of age) The determination to administer PCV20 or PCV21 is based on a shared clinical decision-making (SCDM) process between a patient and their healthcare provider. SCDM recommendations are optional and informed by the characteristics, values, and preferences of the patient, and the clinical discretion of the health care provider. It continues, Increased risk of exposure to PCV20 or PCV21 serotypes may occur among people who are living in: nursing homes or other long-term care facilities. If exposed, people with one or more of the following health issues are at increased risk of developing severe pneumococcal disease: -immunocompromising condition, one or more of these chronic medical conditions: alcoholism, chronic heart, liver, or lung disease; cigarette smoking; or diabetes. Protection against disease from both PCV13 and PPSV23 is expected to decrease over time. It continues, If you and your patient decide PCV20 or PCV21 is appropriate, give one dose of PCV20 or PCV21 at least 5 years after the patient's last pneumococcal vaccine dose. R43 R43's face sheet indicated she was [AGE] years of age. R43's facility preventative healthcare report dated 6/10/25 indicated R43 received the following vaccinations: -PPSV23 on 12/28/2012 -PCV13 on 12/19/16 R43's Minnesota Immunization Information Connection (MIIC) report indicated R43 received PCV13 on 12/19/2016 and PPSV23 on 10/24/2005 and 12/28/2012. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R43's facility immunization review form dated 5/27/25 indicated R43's pneumococcal vaccinations were not up to date and the pneumococcal vaccines were not offered. R43's medical record lacked documentation of shared decision making with provider and resident/responsible agent regarding administration of PCV20 vaccination. R14 R14's face sheet indicated R14 was [AGE] years of age. R43's facility preventative health care report printed 6/10/25 indicated the following vaccinations: -PPSV23 on 12/13/2004 and 6/9/2015 -PCV13 on12/11/2014 R14's MIIC report indicated R14 received PCV-3 on 12/22/14, PPSV23 on 6/9/15 and 12/13/2004. R14's immunization review form, dated 2/6/25, indicated R14's pneumococcal vaccinations were up to date. A facility immunization consent or refusal form dated and signed on 7/12/24, indicated consent to administration of pneumonia immunizations. Date of pneumonia vaccinations was left blank. R14's medical record lacked documentation of shared decision making with provider and resident/responsible agent regarding administration of PCV20 vaccination. R22 R22's face sheet indicated age of 77. R22's facility preventative health care report dated 6/10/25 indicated: -PPSV23 on 12/5/2012 and 1/19/2018 -PCV13 on 2/11/2015 R22's MIIC report indicated R22 received PCV13 on 2/11/2015, PPSV23 on 12/5/2012 and1/19/2018. R22's facility vaccination review form dated 3/28/25, indicated R22's pneumococcal vaccinations were up to date. R22's facility immunization consent or refusal form dated and signed by R22 on 7/12/24, indicated consent to administration of the pneumonia immunizations. Date of pneumonia vaccinations was left blank. R22's medical record lacked documentation of shared decision making with provider and resident/responsible agent regarding administration of PCV20 vaccination. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 6/11/25 at 12:57 p.m., the regional nurse consultant confirmed there was no documentation of shared decision making or offer/administration of PCV20 vaccination for R14, R43, or R22. The infection preventionist stated residents were offered the PPSV23 vaccinations and confirmed the PCV20 vaccinations had not been offered to residents. A facility policy titled Pneumococcal Vaccines for residents dated 3/18/22, indicated the policy purpose was: To reduce the mortality and morbidity from pneumococcal disease by vaccinating all residents who meet criteria established by the CDC. It is the policy of [corporate owner] to provide education and administration of the PPSV23 and PCV13 to the residents of the facility according to CDC recommendations. CDC now recommends pneumococcal conjugate vaccine PCV15 or PCV20 for adults who have NEVER received a prior pneumococcal conjugate vaccine PCV13 if they are 65 years or older and have certain chronic medical conditions or other risk factors. For adults who have only received PCV13 but not PPSV 23, CDC recommends vaccine providers give PPSV23 as previously recommended. Line 6 under Procedure indicated the type pf pneumococcal vaccine (PCV15, PCV20, or PPSV23/PPSV) offered will depend upon the recipients age and susceptibility to pneumonia in accordance with current CDC guidelines and recommendations. Line 10 indicated A pneumococcal vaccination is recommended for all adults 65 years and older and based on the following recommendations: A. For adults 65 years or older who have not previously received any pneumococcal vaccine, give 1 dose of PCV15 or PCV20. B. For adults 65 years or older who have only received a PPSV23 give 1 dose of PCV15 or PCV20. The PCV15 or PCV20 dose should be administered at least 1 year after the most recent PPSV23.