

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245164	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/11/2025
NAME OF PROVIDER OR SUPPLIER  The Villas at New Brighton		STREET ADDRESS, CITY, STATE, ZIP CODE 825 First Avenue Northwest New Brighton, MN 55112	

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 0585</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 voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to ensure voiced grievances and complaints against the facility were acted upon, investigated or resolved for 1 of 1 resident (R1) reviewed who had grievances. care concerns</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated [DATE], indicated R1 had anxiety was cognitively intact with no behaviors. In addition the MDS indicated R1 had a surgical wound with no pressure ulcers, was independent with activities of daily living and was incontinent of bowel and bladder and had frequent pain.</p> <p>R1's Care Plan dated 5/16/25, indicated R1 had limited mobility, risk for falls and had pain. R1's Care Plan also indicated alteration in behavior as evidence by diagnosis of mood disorder and anxiety staff were directed to monitor for medication effectiveness, be alert to mood and behavior changes and use kind firm approach in addition to psych visits. In addition the Care Plan indicated R1 made many demands on staff, ex: remove your shoes before entering room. Threatening staff to report to the Minnesota Department of Health (MDH). Staff were directed to validate feelings and provide emotional support.</p> <p>R1's Profile Sheet indicated R1 discharged from the facility on 5/29/25.</p> <p>During interview on 6/10/25 at 10:36 a.m., R1 stated she had filed multiple grievances to the while living at the facility and did not feel they were followed up on never felt they were followed up or attempted to resolve. In addition, R1 stated she felt her pain was not managed at the facility, R1 stated adding her pain was always at a 7 to a 9 out of 10 consistently. (A numeric pain scale is a self-report pain assessment tool that uses a numerical scale, usually from 0 to 10, to quantify a person's pain intensity. Zero typically represents no pain, while 10 represents the worst pain imaginable.)</p> <p>Review of R1's grievances indicated the following:</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Grievance Form -Nurse/CNA Behavior dated 5/20/25, completed by the director of nursing (DON), indicated resident (R1) stated that nurse did not give her pain meds at 1:00 p.m. The form indicated under steps taken to investigate concern/grievance: Per progress notes, resident received Tylenol as needed at 6:30 a.m., oxycodone (opioid medication to treat severe pain) at 7:14 a.m., and then at 10:30 a.m. the nurse called the physician requesting an additional dose of oxycodone prior to dressing change due to the oxycodone order was only for every 6 hours. The Grievance form indicated the order was received, and R1 did receive the one time dose of oxycodone. In addition R1 was alert and orientated and able to verbalize her pain and request a pain medication as needed. The report also indicated under resolution resident continues to be followed by the pain team.</p> <p>During interview on 6/11/25 at 9:57 a.m., regional nurse consultant (RNC) stated the grievances were reviewed by the director of nursing (DON) and herself. The RNC stated on 5/28/25, they both meet with R1 on 5/28/25 to review the resolution, although upon further investigation it was found R1's treatment was not signed off on 5/20/25, and the new order which was requested on 5/20/25 at 10:30 a.m., was not received and transcribed until 12:45 p.m. which was ordered for oxycodone 5 mg by mouth every four hours as needed for pain only four per day and the medication administration record (MAR) indicated the oxycodone was not administrated until 3:01 p.m. (8 hours later), and the treatment record indicated the dressing change to her surgical wound was never changed. The RNC further provided a Statement of Reported Incident dated 6/11/25, which indicated a nurse who worked on 5/20/25 evening shift stated he completed the dressing change.</p> <p>R1's Grievance Form request lacked evidence the facility investigated the complaint and provide R1 a resolution to her concern. Additionally, the grievance form that was reviewed with R1 identified she received her oxycodone per request at 1:00 p.m., which was not accurate. (received at 3:00 p.m.)</p> <p>Grievance Form-Medication Issue dated 5/22/25, completed by corporate Compliance Liaison (CCL) indicated resident sent an email to CCL that stated I have been in here without pain medication since 1 p.m. today and asking for them since 4:30 p.m.! My call light has been unplugged and the nurse has refused to give me his name and this is all on the camera in the hallway. You asked me if I felt unsafe now I do. The nurse realized finally I was recording him and revealed his name. The form indicated email was sent to DON and social services requesting that follow up be completed regarding grievance. The DON's comment on the form indicated resident walked to and from bathroom during interview with no visible signs of pain or discomfort email sent to provider for alternative pain medication orders as requested by resident during resolution interview on 5/28/25. An additional Statement of Reported Incident completed by registered nurse (RN)-A on 5/22/25, indicated he administered her pain medications when she requested at 8:45 p.m.</p> <p>During interview on 6/10/25 at 10:30 a.m., the DON stated R1 would ask for her pain medications and then she would decline them indicating she did not want to get addicted to them, adding it was possible on that day she didn't want her pain medications.</p> <p>During interview on 6/11/25 at 12:52 p.m., RNC stated when they spoke to R1 on 5/28/25, she was informed when her call light was unplugged from the wall her call light was automatically turned on. In addition, RNC stated R1's nurse practitioner was informed of medication change request but she discharged the following day. The RNC stated she was unaware R1 stated she felt unsafe at the facility and did not interview R1 to her comment.</p> <p>(continued on next page)</p>		

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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Complaint and Grievance Policy revised 9/2023, indicated Any resident, resident representative, or applicant for admission who has reason to believe that he/she had been mistreated, denied services, or discriminated against in any aspect by the facility may file a complaint or grievance. Grievances can be submitted anonymously, and individuals have the right to file a grievance without fear</p> <p>of discrimination or reprisal. Forms are to be made readily available within the facility report a complaint or grievance. Any complaints, regardless of how they preconceived by the facility, will be investigated per the policy. A written summary should include:</p> <p>&amp;middot;</p> <p>Date grievance received.</p> <p>&amp;middot;</p> <p>Summary statement of resident ' s grievance.</p> <p>&amp;middot;</p> <p>Steps taken to investigate.</p> <p>&amp;middot;</p> <p>Summary of pertinent findings/conclusions regarding the concerns raised by the resident.</p> <p>&amp;middot;</p> <p>Statement as to whether the grievance is confirmed or not confirmed.</p> <p>&amp;middot;</p> <p>Any corrective actions to be taken as a result of the grievance.</p> <p>&amp;middot;</p> <p>Date the written decision was issued.</p>		