

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245183	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/18/2024
NAME OF PROVIDER OR SUPPLIER North Ridge Health and Rehab		STREET ADDRESS, CITY, STATE, ZIP CODE 5430 Boone Avenue North New Hope, MN 55428	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44649</p> <p>Based on interview and record review the facility failed to accurately assess a resident's skin condition for 1 of 3 residents (R3) reviewed. R3 was found to have an inflammatory skin condition on both of his hands and elbow that was not identified on R3's Minimum Data Set (MDS) and R3's assessments.</p> <p>Findings include:</p> <p>R3's admission nursing assessment dated [DATE] indicated R3's skin condition, temperature, turgor (skin elasticity), and integrity (health of the skin) were all normal. The assessment indicated R3 had redness to his coccyx (tailbone area), necrotic (death of tissues) of his second and third toes, a wound on the left foot and other skin discoloration. The assessment did not indicate where the skin discoloration was located or a description of it.</p> <p>R3's admission Minimum Data Set (MDS) dated [DATE] indicated R3 had a Brief Inventory of Mental Status (BIMS) score of 6 indicating R3 was severely cognitively impaired. R3 was dependent upon staff for dressing, grooming, and transferring. R3 did not have any pressure ulcers but had a risk of developing pressure ulcers. R3 had diabetic foot ulcers. The assessment did not indicate any other skin concerns.</p> <p>R3's care plan dated 9/3/24 indicated R3 had a potential/actual impairment to skin integrity related to left leg necrotic toes plantar bottom and moisture associated skin damage to his bottom. His goal was to have no complication to his skin injury. R3's interventions were to:</p> <ul style="list-style-type: none"> -Avoid scratching and keep hands and body parts from excessive moisture, keep fingernails short. -Educate resident/family/caregivers of causative factors and measure to prevent skin injury. -Follow facility protocols for treatment of pressure injury. -Identify/document potential causative factors and eliminate/resolve where possible. -Pad rails, wheelchair arms or any other source of potential of potential injury if possible. -Use caution during transfers and bed mobility to prevent striking arms, legs, and hands against any sharp or hard surface. <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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Care plan did not indicate any skin conditions on R3's hands or elbow.</p> <p>R3's weekly skin evaluation dated 9/3/24 indicated R3 had open areas which were not skin tears to his left outer ankle and left toes. The general comment indicated R3 had a wound on the left leg which the provider was aware of and R3 was being treated for it. No dryness, rash, redness, skin tears or blisters.</p> <p>R3's weekly skin evaluation dated 9/10/24 indicated R3 had open areas, not skin tears to his left outer ankle and left toes. No dryness, rash, redness, skin tears or blisters. No other documented information on the assessment.</p> <p>R3's weekly skin evaluation dated 9/19/24 indicated R3's skin was intact. No dryness, rash, redness, skin tears or blisters. No other documented information on the assessment.</p> <p>R3's weekly skin evaluation dated 9/27/24 indicated R3's skin was intact. No dryness, rash, redness, skin tears or blisters. Under general comments the assess indicated wound dressing to left foot was intact.</p> <p>R3's weekly skin evaluation dated 10/4/24 indicated R3's skin was intact. No dryness, rash, redness, skin tears or blisters. No other documented information on the assessment.</p> <p>R3's weekly skin evaluation dated 10/10/24 did not indicate if skin was intact, was dry, had a rash, redness, skin tears or blisters. The assessment indicated a left foot wound with no other documentation.</p> <p>R3's weekly skin evaluation dated 10/17/24 indicated R3's skin was intact, no dryness, rash, redness, skin tears, or open areas. General comments indicated the skin was intact per baseline.</p> <p>R3's weekly skin evaluation dated 10/24/24 indicated R3's skin was intact, no dryness, rash, redness, skin tears, blisters, or open areas, general comments indicated visible skin assessed only, intact per baseline.</p> <p>R3's weekly skin evaluation dated 11/1/24 indicated R3's skin was intact, no dryness, rash, redness, skin tears, blisters, or open areas, general comments indicated no change noted to the skin condition.</p> <p>R3's weekly skin evaluation dated 11/8/24 indicated R3's skin was intact, no dryness, rash, redness, skin tears, blisters, or open areas, general comments indicated R3's skin was intact per his baseline.</p> <p>R3's weekly skin evaluation dated 11/15/24 indicated R3's skin was intact, no dryness, rash, redness, skin tears, blisters, or open areas, general comments indicated no new skin issues noted.</p> <p>R3's progress notes dated 11/17/24 - 12/13/24 did not indicate any skin concerns.</p> <p>R3's weekly skin evaluation dated 11/22/24 indicated R3's skin was intact, no dryness, rash, redness, skin tears, blisters, or open areas, general comments indicated R3 refused skin assessment, visible skin intact.</p> <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's skin and wound evaluation dated 11/24/24 indicated R3 had a diabetic wound to the dorsum of his left third digit (toe) which was present on admission. The area was 23.3 centimeters squared (cm), length was 8.6 cm and width was 3.9 cm. The wound evaluation did not indicate any other skin concerns.</p> <p>R3's skin and wound evaluation dated 12/1/24 indicated R3 had a diabetic wound to the left dorsum of his left third digit (toe). Area was 18.5 cm, length 7.2 cm and width 3.1 cm. The wound evaluation did not indicate any other skin concerns.</p> <p>R3's weekly skin evaluation dated 11/29/24 indicated R3's skin was intact, no dryness, rash, redness, skin tears, blisters, or open areas. No other comments documented.</p> <p>R3's weekly skin evaluation dated 12/6/24 indicated R3's skin was intact, no dryness, rash, redness, skin tears, blisters, or open areas, general comments skin intact per baseline.</p> <p>R3's admission hospital note dated 12/11/24 indicated R3 presented with well demarcated pink annular plaques (an inflammatory skin disorder characterized by expanding circular plaques on the skin) with overlying silvery scales noted on the bilateral (both) hands, elbows, legs, and right foot. Thick hyperkeratosis (thickness of the outer layer of the skin) of the hands and feet. Resultant hyperpigmented (dark patches on the skin) patches on the legs. Greasy loose scale (flaky skin) along the central face, ears, and scalp.</p> <p>R3's nursing facility progress note dated 12/13/24 at 1:15 p.m. indicated R3's wound was noticed to be infected, the provider had noticed and had R3 sent to the emergency department for evaluation. R3 was sent to the hospital on 12/11/24.</p> <p>R3's hospital course note dated 12/13/24 indicated R3 had Psoriasis (chronic skin disease that causes skin to become inflamed) noted on his hands, feet, elbows, legs, face, and scalp. Dermatology was consulted and recommended the following:</p> <ul style="list-style-type: none"> -Ketoconazole 2% cream mixed with hydrocortisone 2.5% ointment twice daily to affected areas of scaling/rash on face, ears, and scalp. -Clobetasol 0.05 ointment twice daily to affected pink scaly plaques on arms, legs, hands, and feet. -Wet wraps - Apply triamcinolone 0.1% ointment to both hands and feet. -Dampen kerlix (woven gauze wrap) in warm water and wrap around hands/feet over the triamcinolone ointment. -Cover the damp wraps with dry ones. -Cover with warm blankets. To be done twice daily at least for an hour, longer duration if patient can tolerate. -Vaseline or Aquaphor for moisture for patient to keep at bedside for the hands. <p>(continued on next page)</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Upon interview on 12/18/24 at 8:47 a.m. a hospital physician assistant (PA)-A stated R3 presented to the hospital with dirty hands and long fingernails. She stated she cleaned his hands and trimmed his fingernails. When she observed his hands, it looked like he had psoriasis covering his hands and later upon skin assessment his right elbow as well. She requested a dermatology evaluation, and the findings were psoriasis and flaky skin with treatment orders given. PA-A stated R3 was not clean, he was greasy and had flaking skin on his face, scalp, and hands upon initial observation. PA-A had worked with R3 in the past and stated he was totally dependent on others for his cares, so he could not clean himself or lotion himself.</p> <p>Upon interview on 12/18/24 at 9:15 a.m. licensed practical nurse (LPN)-A stated he had worked with R3 since his admission back in 8/2024. He was aware R3 had a lot of callouses on his hands. He did not believe R3's callouses were documented anywhere because the facility was not doing any sort of treatment for his hands.</p> <p>Upon interview on 12/18/24 at 1:25 p.m. registered nurse (RN)-A stated she had noticed over the past few months R3's skin was really crusted with callouses. She did not ever ask him about it about it because she believed the providers had seen his hands as well. She stated the skin condition should have been on R3's weekly assessments to make sure the facility was watching for changes.</p> <p>Upon interview on 12/18/24 at 2:18 p.m. R3's wound nurse practitioner (NP) stated she had noticed R3 had a scaly build-up on his hands, however her focus was completing the dressing change on his foot and leg. She stated the facility should have documented the findings and notified her with concerns.</p> <p>Upon interview on 12/18/24 at 2:45 p.m. the assistant director of nursing, (ADON) stated the skin assessments need to include any skin alterations, bruises, redness, not just open areas in the skin. The ADON stated she noticed the facility had documented other skin discoloration on his admission assessment on 8/27/24 and stated she did not know what other skin discoloration meant.</p> <p>Upon interview on 12/18/24 at 3:19 p.m. RN-B stated she was nurse who admitted R3 but could not recall what she meant by other skin discoloration.</p> <p>A policy regarding skin assessment was requested however none provided.</p>		