STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245183	A. Building B. Wing	05/04/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
North Ridge Health and Rehab	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)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interviews and document review the facility failed to comprehensively develop and implement care plan interventions for 1 of 3 residents (R2) when R2 required in-center hemodialysis (also known as dialysis) (going to a dialysis center for therapy that filters your blood outside your body using a machine and a manufactured filter) three days a week. Findings include:R2's Medicare 5-Day Minimum Data Sheet (MDS) dated [DATE], indicated R2 admitted to the facility on [DATE] with intact cognition, diagnoses included renal (kidney) insufficiency, and required dialysis. R2's provider orders dated 1/27/26, indicated dialysis three times weekly and directed nurses to complete a post-dialysis assessment on Tuesdays, Thursdays and Saturdays. On 1/29/26, the provider orders were modified to complete the post-dialysis assessments on Mondays, Wednesdays and Fridays instead. R2's care plan reviewed 4/30/26 lacked a focus area and interventions for dialysis treatment. During an interview on 5/1/26 at 2:16 p.m., registered nurse (RN)-A stated when a resident required dialysis, the care plan required interventions to perform pre-dialysis assessment of weights, vital signs (VS), and to check for the bruit (the whooshing sound of blood running through a dialysis shunt) and thrill (a vibration that indicates blood is flowing in the dialysis shunt). Post-dialysis assessments included weighing the resident, assessment for the bruit and thrill, assess the dialysis shunt or port site for bleeding, and pain, and assessment of the resident's lung sounds. During an interview on 5/1/26 at 4:50 p.m., licensed practical nurse (LPN)-A stated nursing staff was expected to obtain a resident's vitals signs before and after dialysis, and assess for the bruit and thrill. LPN-A stated dialysis interventions should be on a resident's care plan. During an interview on 5/4/26 at 11:55 a.m., RN-D stated each resident on dialysis required a dialysis-related care plan, and acknowledged R2 did not have a care plan related to dialysis. During an interview on 5/4/26 at 12:19 p.m., the director of nursing (DON) stated each resident on dialysis would have a care plan with appropriate interventions and acknowledged R2 did not have a care plan for dialysis. The assessments helped determine if the treatment was effective. The Comprehensive Care Plans policy dated 3/2026 indicated an individualized care plan that included measurable objectives and time frames to meet resident's needs is developed for each resident. The care plan was based on the MDS and physician orders, and included specialized services.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe, appropriate dialysis care/services for a resident who requires such services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure assessment of the resident's condition and monitoring for complications before and after dialysis, failed to ensure staff was knowledgeable about providing care, and failed to ensure the medical record reflected accurate care and monitoring of the dialysis access site for 1 of 1 resident (R2) reviewed for dialysis. Findings include:R2's Medicare 5-Day Minimum Data Sheet (MDS) dated [DATE], indicated R2 admitted to the facility on [DATE] with intact cognition, diagnoses that included renal (kidney) insufficiency, and required dialysis. R2's provider orders dated 1/27/26, indicated hemodialysis three times weekly, and nurses would complete a post-dialysis assessment on Tuesdays, Thursdays and Saturdays. On 1/29/26, the provider orders were modified to complete the post-dialysis assessments on Mondays, Wednesdays and Fridays instead.R2's care plan reviewed 4/30/26 lacked a focus area and interventions for dialysis treatment. R2's progress notes dated 4/27/26 at 12:03 p.m., indicated R2 was administered vancomycin 250 milligrams (mg) in sodium chloride .9% 100 milliliters (ml) at dialysis. R2's medical record lacked Dialysis Communication documentation for 4/27/26, which would have contained pre-dialysis and post-dialysis nursing assessments. Other Dialysis Communication assessments (pre-dialysis and post-dialysis assessments) indicated the following assessment dates and data:On 4/3/26, at 11:06 a.m., the pre-dialysis and post-dialysis weights were both recorded as 166.5 pounds (lbs). The post-dialysis assessment indicated VS were checked on 4/3/26 at 8:46 a.m. The form lacked an actual post-dialysis weight or VS, but instead included the VS that were were performed pre-dialysis. On 4/22/26 at 9:35 p.m., the pre-dialysis and post-dialysis weights and assessment were obtained 4/22/26 at 9:19 p.m., with a weight of 161 lbs. The form lacked an actual pre-dialysis weight and assessment. On 4/24/26 at 2:04 p.m., the pre-dialysis weight was dated 4/22/26 at 9:19 p.m., from two days prior. The nurse did not perform a current pre-dialysis weight. The form indicated, Ports capped and clamped. On 4/29/26 at 2:18 p.m., the pre-dialysis and post-dialysis weights were both dated 4/29/26 at 7:06 a.m. The form did not include actual post-dialysis weights and VS. Further, the form indicated, Ports capped and clamped, and, bruit (a normal finding of the whooshing sound of blood running through a dialysis shunt) not present.During an interview on 5/1/26 at 2:16 p.m., registered nurse (RN)-A stated when a resident required dialysis, the care plan required interventions to perform pre-dialysis assessment of weights, vital signs, and to check for the bruit and thrill (a vibration that indicates blood is flowing in the dialysis shunt). Post-dialysis assessments included weighing the resident, assessment for the bruit and thrill, assess the dialysis shunt or port site for bleeding, and pain. An assessment of the resident's lung sounds should also be included. RN-A stated R2's dialysis assessment should not indicate, Ports capped and clamped as that was for a kind of dialysis port R2 did not have, the forms should indicate pre-dialysis and post-dialysis weights, and post-dialysis VS. Additionally, RN-A stated R2 should have a bruit present, and if it was documented as not present on 4/29/26, the provider and should have been notified. During an interview on 5/1/26 at 3:40 p.m., the medical director (MD)-A stated the expectation was for nurses to obtain a pre-dialysis and post-dialysis weight, and post-dialysis VS, Ports capped and clamped didn't make sense for [R2], and if a bruit was not present on 4/29/26, it was concerning and must have been mis-charted. The MD-A stated if the bruit was not present, the resident should have been sent to the hospital because it may indicate the fistula was not working. If weights and VS were not recorded accurately, the facility would not know if the resident was hypovolemic (emergent condition in which severe blood or other fluid loss makes the heart unable to pump enough blood to the body) or the resident's accurate clinical picture, and for that reason, the facility needed accurate post-weights and VS. During an interview on 5/1/26 at 4:50 p.m., licensed practical nurse (LPN)-A stated the nurses were expected to assess VS and weight before and after dialysis and assess for a bruit. LPN-A described the thrill (palpable vibration felt over the dialysis fistula) as the end of the sound of the (continued on next page)

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F 0698 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	bruit and was unsure if R2's port had a capped end. LPN-A stated if the post-dialysis VS were not entered manually they would not appear accurately on the form. During an interview on 5/4/16 at 11:08 a.m., RN-C stated prior to dialysis the nurses assessed VS, assessed the dialysis site, and assessed for bruit and thrill. Post-dialysis, the nurses assessed for pain, VS, bleeding at the dialysis port site and weight. RN-C stated he was not sure why he charted R2's port was capped and clamped as that would not be accurate for R2's dialysis shunt. If the post-dialysis assessment was not completed, the facility would not know if the resident was well when they returned from dialysis, or if the port was functioning correctly. During an interview on 5/4/26 at 11:55 a.m., RN-D stated R2 had dialysis Mondays, Wednesdays and Fridays, and should have had assessments before and after dialysis on 4/27/26, but did not. RN-D stated the Dialysis Communications Assessments were not completed correctly and accurately when they did not contain pre-dialysis and post-dialysis weight, and post-dialysis VS. R2's dialysis assessments were not accurate if they indicated the port was capped and clamped. RN-D stated every nurse should know bruit was the whoosh sound they heard with the stethoscope and the thrill was the feeling of vibration of the fistula. The facility provided dialysis training upon hire and annually. During an interview on 5/4/26 at 12:19 p.m., the director of nursing (DON) stated pre and post dialysis assessments were completed every day a resident attended dialysis with current weights and VS. DON stated she was concerned the Dialysis Communication form auto-populated the most recent weights and VS and if the nurses didn't manually enter them, they may not be accurate. DON acknowledged R2 did not have pre/post dialysis assessments completed on 4/27/26, but should have. The 4/22/26 assessment only contained post-dialysis VS, the 4/24/26 assessment contained a weight from two days prior, and the 4/29/26 assessment only contained pre-dialysis VS. The DON acknowledge those assessments were not accurate, and each assessment should contain accurate information to assess the resident correctly. The Facility assessment dated [DATE] indicated hemodialysis was provided on-site at the facility by an agreement with a dialysis provider. The facility provided pre-dialysis and post-dialysis assessments, and training included training via custom course related to kidney care and pathophysiology of the renal system. A renal power point course was developed and incorporated into the annual training plan with the offering of on-site dialysis. The Care for a Resident with Dialysis policy dated 3/2026 indicated:Education and training of staff in the care of ESRD/dialysis residents may bemanaged by the contracted dialysis facility or by a clinician with special training inEnd Stage Renal Disease and dialysis care.Education of the staff will be provided by a certified dialysis facility if the dialysis isto be provided in the community.Pre and Post Dialysis Documentation would include any concerns with the access site, post dialysis weight, bleeding at the site or other complications, and if the resident was unable to accept dialysis for any reason.