

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245184	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  10/08/2024
NAME OF PROVIDER OR SUPPLIER  Rochester East Health Services		STREET ADDRESS, CITY, STATE, ZIP CODE  501 Eighth Avenue Southeast Rochester, MN 55904	

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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49616</p> <p>Based on observation, interview, and record review the facility failed to ensure oxygen was delivered according to physician orders for 1 of 3 residents (R8) reviewed for respiratory care.</p> <p>Findings include:</p> <p>R8's face sheet dated 10/8/24, identified R8's diagnoses included chronic respiratory failure (condition in which the lungs have trouble loading blood with oxygen or removing carbon dioxide), interstitial lung disease (progressive scarring of lung tissue), iron deficiency anemia (body does not have enough red blood cells or iron), history of pulmonary embolism (blood clot that blocks the artery in the lung), and dependence on supplemental oxygen.</p> <p>R8's quarterly Minimum Data Set (MDS) dated [DATE], identified R8 did not reject cares. R8 required moderate assistance with personal hygiene. R8 did not have shortness of breath.</p> <p>R8's physician orders dated 12/26/23, included oxygen 1 liter per minute (LPM) via nasal cannula (NC) continuously.</p> <p>R8's care plan dated 8/19/24, identified R8 was at risk for respiratory impairment related to interstitial lung disease. Interventions included to administer oxygen per orders, elevate head of bed, obtain pulse oximetry and report abnormal findings.</p> <p>R8's progress note dated 8/27/24, identified R8 used oxygen at 1-2 LPM (the range dosage of oxygen was not included in the physician order dated 12/26/24).</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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation and interview on 10/8/24 at 9:17 a.m., R8 laid in bed while nursing assistant (NA)-B applied compression socks to R8's legs. R8's head of bed was not raised and was in a flat position. The oxygen concentrator was dialed to 2 LPM. R8 had the oxygen nasal cannula on her right cheek instead of in her nose. NA-D entered the room and removed the oxygen cannula from R8's face and placed it on the bed. NA-B and NA-D provided [NAME] cares to R8. When cares were completed, NA-B and NA-D transferred R8 to a wheelchair. Licensed practical nurse (LPN)-B was brought in the room to check R8's oxygen saturation while not on oxygen. At 9:46 a.m., R8's oxygen level was 64%, LPN-B applied oxygen cannula into the nares of R8. R8 stated she was having shortness of breath (SOB). LPN-B requested NA-B increase the level of oxygen that R8 was receiving to 3 LPM. NA-B went to the concentrator and turned the dial to 3 LPM. At 9:49 a.m., the oxygen saturation was 82%. At 9:50 a.m., oxygen saturation was 85%. At 9:51 a.m., oxygen saturation was 89% and at 9:51 p.m., it was 90%. At 9:52 a.m., R8 stated she was no longer short of breath.</p> <p>During an interview on 10/8/24 at 12:00 p.m., NA-B stated R8 was supposed to have continuous oxygen so she should never be without it. NA-B was unaware of how long a person could go without oxygen on if they required continuous oxygen. NA-B stated that NA's had the ability to titrate the oxygen if the nurse told them what number they wanted the oxygen at.</p> <p>During an interview on 10/8/24 at 12:04 p.m., LPN-B stated nursing assistants were able to transfer a resident from the oxygen concentrator to the portable oxygen tank, fill the portable tanks, and use the oximeter to assess a residents oxygen saturation. NA's were not able to titrate oxygen. During cares NA's could remove the oxygen if it interfered with caregiving and reapply with the intention of not having the oxygen off longer than five minutes.</p> <p>During an interview on 10/8/24 at 2:18 p.m., vice president of success (VPS)-A stated NA's could remove oxygen to complete certain tasks and return the oxygen back on. VPS-A stated that without oxygen a resident could experience hypoxia (low oxygen).</p> <p>The facilities oxygen policy, revised 6/27/22, identified that oxygen is a basic human need and people would not survive without it. Supplemental oxygen may be required to maintain normal body function.</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 49616</p> <p>Based on observation, interview, and record review the facility failed to ensure food was maintained at proper temperatures to ensure palatability for 6 of 6 residents (R6, R12, R13, R14, R15, R16) interviewed who complained about cold food.</p> <p>Findings include:</p> <p>R6's face sheet dated 10/8/24, identified R6 admitted ,d+[DATE].</p> <p>R6's quarterly Minimum Data Set (MDS) dated [DATE], identified R6 was cognitively intact. R6 was independent with meals.</p> <p>R6's Grievance Form completed 9/2/24, indicated R6 was concerned lunch had not been served until 2:00 p. m. and he had not recieved what was ordered. Additionally, almost every meal lately had been cold. Grievance was reviewed with dietary manager and interdisciplinary team at morning meeting, along with maintenance notified that hot plate warmer needed to be serviced. Corrective action included utilization of a second warmer to warm plates and stainless-steel inserts while repairs done on warmer. Dietary staff retrained on proper temperature procedures and holding temperature standards on 9/4/24.</p> <p>During an interview on 10/8/24 at 9:13 a.m., R6 stated the food sucks. R6 would have meals in his room or in the dining room and it would not matter where he was at, the food was always lukewarm to cold. The plates would be warm but not the food. Sometimes something that should be served cold was on the warm plate.</p> <p>R12's face sheet dated 10/9/24, identified R12 admitted ,d+[DATE].</p> <p>R12's care plan dated 8/12/24, identified an intervention to provide meal set up and encouragement to finish meals, and dine in the dining room.</p> <p>During an observation and interview on 10/8/24 at 3:05 p.m., R12 was in her room with a lunch tray sitting on the overbed table. Food on the plate was untouched, a tulip bowl was empty on the tray. Sometimes when I get the food it is cold and sometimes it is not. R12 stated there was no particular reason why she did not eat the food on the plate.</p> <p>R13's face sheet dated 10/9/24, identified R13 admitted ,d+[DATE]. Diagnoses included diabetes mellitus type 2.</p> <p>R13's care plan dated 4/17/23, identified interventions to honor residents food preferences, provide diet as ordered.</p> <p>During an interview on 10/8/24 at 3:08 p.m., R13 stated the food is cold all the time. I don't ask them to reheat it, I just eat it and hope the next time it will be better, and it really isn't.</p> <p>R14's face sheet dated 10/9/24, identified R14 admitted ,d+[DATE].</p> <p>(continued on next page)</p>		

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R14's care plan dated 8/24/23 had an intervention that R14 preferred to eat in her room. Intervention from 12/23/24, identified R14 preferred small portions at meal with no green vegetables.</p> <p>During an interview on 10/8/24 at 3:09 p.m., R14 stated the food is cold. Last night I had rice. It was supposed to be hot, and it was very cold.</p> <p>R15's face sheet dated 10/9/24, identified R15 admitted ,d+[DATE].</p> <p>R15's care plan dated 5/29/19, identified risk of inadequate oral intake related to hospice status. Interventions included fortified foods-extra gravy, sour cream, butter. R14 required set-up at meals and assist of one.</p> <p>During an interview on 10/8/24 at 3:13 p.m., R15 stated sometimes the food is cold, but it is good.</p> <p>R16's face sheet dated 10/9/24, identified R16 admitted ,d+[DATE].</p> <p>R16's care plan dated 4/17/24, identified R16 had increased nutritional needs due to low body mass index and parkinsonism. Interventions included to encourage snacks everyday for weight and nutritional support. R16 dislikes meat and requests alternative entrees for those meals.</p> <p>During an interview on 10/8/24 at 3:16 p.m., R16 stated the food is occasionally cold.</p> <p>During an observation on 10/3/24 at 12:51 p.m., meal trays were being handed out to residents on the third floor in the dining room.</p> <p>During an interview on 10/3/24 at 12:52 p.m., licensed practical nurse (LPN)-B stated nursing staff does not check the temperature of the food prior to service. Sometimes the trays come up at noon and yesterday we did not receive them until 1:30 p.m. LPN-B stated the dietary department does not pass out the trays, their policy is to only prepare and plate the food, nursing passes the trays and pours the drinks. Hot plates are not normally on the food and hardly ever are, but they are today. LPN-B stated some of the residents complain about the food, especially if they have family present. A lot of the times we heat up the food in the microwave before serving it.</p> <p>During an observation on 10/3/24 at 12:59 p.m., dietary cook (DC)-B came to third floor and temped a tray of food from the steam cart; Fruit crisp 132 degrees Fahrenheit (F), macaroni and cheese 127.4 F, cornflake chicken 111.2 F California vegetables 213.8 F.</p> <p>Guidelines for food temperatures from the article Must know nursing home food temperature regulations dated 7/21/24, identified hot food maintained at a minimum 135 Fahrenheit (F) or 57 C. Cold food maintain at 41 F or 5 C.</p> <p>(continued on next page)</p>

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<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 10/3/24 at 2:52 p.m., dietary account manager (AM)-A and operational excellence manager (OEM)-A stated those were not acceptable numbers for the food that was temped on third floor. AM-A stated food was taken out of the oven at 11:45 a.m. and taken right to the steam table. The cooks dish each meal plate by plate, tray by tray. OEM-A stated the metal discs that go under the hot plate and then encased in a plastic dome to keep the food warm were heated to 125 degrees and have a 25-50-minute time rating for 125 degrees and are not used to heat food but to maintain food temperatures. AM-A stated food was temped three times during service: right out of the oven, when it was put on the steam table, and a test tray out on the floors. AM-A stated her work hours were to come during breakfast and leave during supper to have eyes on all the meals served.</p> <p>During an observation and interview of dining service on 10/8/24 that began at 11:30 a.m. and ending at 2:08 p.m., DC-A removed food from the oven.</p> <p>Temperature of the food at 12:00 p.m.:</p> <p>Fish 157.4 F</p> <p>Hamburger 176 F</p> <p>Potatoes 168.4 F</p> <p>Cabbage 176.6 F</p> <p>new potatoes 157.5 F</p> <p>Pureed cabbage 167.1 F</p> <p>Coleslaw 50.9 F</p> <p>Minced fish 165.9 F</p> <p>Pureed hamburger 177.6 F</p> <p>Gravy 184.2 F</p> <p>Puree wheat bread 120 F</p> <p>12:15 p.m. the food was brought to the steam table on the first-floor dining room.</p> <p>12:22 p.m. steam table temperatures:</p> <p>Fish 144.5 F</p> <p>Hamburger 162.6 F</p> <p>Mashed potatoes 158.7 F</p> <p>Cabbage 155.4 F</p> <p>(continued on next page)</p>		

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