Department of Health & Human Services
Centers for Medicare & Medicaid Services

Printed: 03/27/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow resident to participate in the development and implementation of his or her person-centered plan of care. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on interview and document review, the facility failed to ensure a comprehensive care-planning process (i.e., meeting) was implemented to ensure continuity of care and promote participation in care-planning for 1 of 2 residents (R222) reviewed for participation in care-planning. Findings include: R222's admission Minimum Data Set (MDS), dated [DATE], identified R222 admitted to the care center on 11/22/24 and had intact cognition. The MDS outlined R222 had symptoms of depression along with several medical conditions including heart failure, diabetes mellitus, and arthritis. The MDS outlined R222's goal was a return to the community and an active discharge plan was in place. The MDS identified what, if any, Care Area Assessments (CAA) had been triggered due to R222's MDS responses for further evaluation. These CAA(s) included activities of daily living (ADL) function, urinary incontinence, falls, and nutritional status. Further, the MDS' care plan decisions were signed as completed on 12/3/24; and the final MDS submitted on 12/9/24. On 1/6/25 at 1:11 p.m., R222 was interviewed. R222 explained they admitted to the care center from the hospital and, when they arrived, had been non-weight bearing which had now resolved. R222 expressed multiple concerns about her care while at the center including pain interventions (i.e., Aqua-K Pad) not being handled timely and felt it was due to poor communication adding aloud, Communication is a large factor here. R222 stated she had not yet felt included in her care while at the center and expressed she could not recall ever having a care conference (meeting with all disciplines present) since she admitted . R222 explained the various disciplines (i.e., nursing, dietary, therapy) seemed to rather come in one at a time and talk about things adding, But not in a group, if that's what you mean. R222 stated she would like a meeting with everyone together and felt it would reduce the communication issues she had been seeing adding, I would love that! R222's progress notes, dated 11/22/24 to 1/6/25, identified the following: On 11/22/24, R222 admitted to the care center via ambulance. R222 was recorded as alert and oriented to person, place and time. On 11/25/24, a note labeled, IDT [interdisciplinary team] Meeting Note, was recorded which outlined, IDT discussed and assisted with coding of Section GG [MDS] using staff interviews and assessments, and therapy documentation. The note lacked evidence R222 was included in the discussion. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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 0553 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 11/26/24, a note was completed by social services designee (SSD)-B which outlined, Resident's discharge goal is to return to the community with services . [R222] reports she had made the decision to see [sic] her home and move into an assisted living facility . stated she would return home and move from home to an AL [assisted living]. Resident will work with therapy and SS [social services] to obtain any necessary equipment for safe discharge . SS will continue to follow and assist . However, R222's entire medical record was reviewed and lacked evidence a comprehensive care conference meeting had been offered or held with R222 since they admitted to the care center. On 1/7/25 at 12:12 p.m., SSD-B and registered nurse manager (RN)-D were interviewed. SSD-B stated they were responsible to facilitate care conferences on the short-term unit (i.e., TCU) where R222 resided and expressed the meeting was typically scheduled within 72 hours after admission and documented within the medical record. SSD-B expressed they didn't recall ever having a care conference for R222. SSD-B stated it may have come due and been completed when they were on vacation adding the other social workers or social work director would have done it then. SSD-B and RN-D reviewed R222's medical record and neither were able to locate evidence a care conference had been held but SSD-B added, I would assume she had a care conference. SSD-B stated each of the floors' social workers had a little different way of documenting them. SSD-B stated they had not scheduled, as of 1/7/25, any other care conferences for R222 as I know her plan. However, SSD-B acknowledged the importance of a care conference to ensure services for care are explained and any potential barriers to discharge were identified adding such meeting should include IDT and the resident. When interviewed on 1/7/25 at 1:05 p.m., the social services director (SSDR) reviewed R222's medical record along with their Outlook system (email and calendar system) and acknowledged it lacked evidence a care conference was held for R222. SSDR explained the care conferences were typically recorded using a user-defined assessment (UDA) within the medical record, however, they were unable to locate any being done adding, I do not see that one is in here. SSDR stated a care conference should have been held around the end of November and should have included all IDT members. SSDR stated there was a checklist used to help guide the process, however, it didn't always match up with facility policy so it could have caused confusion. SSDR verified the medical record lacked evidence a care conference was held, nor evidence or rationale why it had not been and stated aloud, I think we need to do better. SSDR stated care conferences were important so the whole team knows what's going on and all are on the same page. A provided Resident Care Conference/Care Plan Review policy, dated 3/2021, identified the purpose of the care conference was to develop a plan of care and ensure resident' goals and preferences were established. The policy outlined an initial care conference should be scheduled during or shortly after admission and the responsibility to do such was with social services. The IDT would be notified of the meeting via email and the meeting should be held within the resident's room. The policy added, After the initial care conference, social services will create a care conference progress note summarizing the items discussed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Keep residents' personal and medical records private and confidential. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on observation, interview, and document review, the facility failed to assess and, if able, implement interventions to ensure privacy was maintained during provision of wound care for 1 of 1 resident (R108) reviewed who expressed being claustrophobic and not wanting their doorway closed to public view. In addition, the facility failed to ensure resident' identifiable personal care information was kept secured and out of public view when stored on 1 of 1 mobile medication carts. This had potential to affect 1 of 1 residents and 14 residents (R53, R21, R74, F85, R82, R65, R7, R38, R103, R147, R154, R116, R102 and R128) of the second floor whose information was listed on an exposed care sheet. Findings include: PRIVACY WITH CARE: R108's quarterly Minimum Data Set (MDS), dated [DATE], identified a section to record R108's cognitive screening (i.e., BIMS). However, this was dashed as, Not Assessed [See F638]. On 1/6/25 at 2:04 p.m., R108's room was observed from the public hallway with her room door being left wide open. R108 was lying in bed with a mobile cart placed adjacent to the room doorway in the hallway at a ninety-degree angle, and two staff members were inside the room dressed in disposable gowns and tending to R108's leg. The two staff members were completing a dressing change to R108's leg and each time the one staff member moved to the side, red-colored tissue and associated bodily drainage was exposed on R108's leg. After a few minutes of observation, R108 noticed the surveyor standing in the hallway watching the wound care and asked aloud, What's he doing out there? The two staff members turned and looked at the surveyor in the hallway when one staff responded, Maybe looking for someone, I don't know. However, no attempt to close the doorway was offered or made at this time and R108 continued to make several looks at the surveyor who remained in the public hallway. At 2:08 p.m., the director of nursing (DON) approached the surveyor and R108's room from down the hall. DON observed R108's open doorway along with the care inside, and was questioned if they knew why the door would be left open for such. DON responded, No, I don't, and identified the one staff member in the room as registered nurse manager (RN)-D. DON stated R108 could be super particular and she would follow-up. DON then approached R108's room and asked if the door could be closed when RN-D aloud responded, She wants it open. R108 then voiced aloud, I have nothing showing. DON returned to the surveyor and expressed she would review the care plan to ensure the door being open was outlined. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R108's care plan, revised 11/27/24, identified a section labeled, Personalized Care ., which outlined an intervention reading, Going outside for fresh air: Very important 12/4/24: Fresh air is very important. Keep door open at all times, unless changing brief. In addition, a subsequent section outlined, ADL self care needs, included an intervention reading, PERSONAL HYGIENE/ORAL CARE . -Patient feels Claustrophobic. Door to room to remain open at all times, unless commode, or Brief change. This intervention was listed as being revised, 01/06/2025. The care plan lacked information on what, if any, other options had been attempted or offered to R108 to ensure personal privacy was maintained for her and others. On 1/6/25 at 2:53 p.m., R108 was interviewed in her room. R108's room had two ceiling-mounted tracks installed for privacy curtain(s), however, no physical curtains were installed on these tracks. R108 verified she wanted the doorway left open due to being very claustrophobic, and voiced if anyone saw inside while care was happening, such as the observed wound care, then such was their problem and not mine. R108 stated they resided in a medical care center and people should expect to see things which may be unsightly adding, That's reality. However, R108 stated nobody from the care center had asked or offered other options to her prior (i.e., turning mobile cart to cover door entrance, portable curtains) but, again, reiterated aloud it wasn't her concern adding, No, because I don't think it's an issue. R108's medical record was reviewed and lacked evidence what, if any, additional options had been offered or attempted to provide as much privacy as able for R108 and others (i.e., passerby's) during the provision of care with exposed wound tissue and potential bodily fluid (i.e., blood). On 1/7/25 at 12:23 p.m., social services designee (SSD)-B and RN-D were interviewed. RN-D verified they were providing care which was visible from the hallway and felt nothing was flowing [i.e., blood] but acknowledged the wound tissue would be visible adding, [The] red tissue would have been very visible. SSD-B stated R108's room was somewhat isolated down towards the end of the hallway, however, acknowledged they had not addressed what, if any, options were available to ensure R108's privacy and others' was maintained adding, We have not thought of that. SSD-B stated if R108's room had been located in a more heavy traffic area, then it would have been addressed they felt. RN-D verified the care center had, at least at one time, some portable privacy screens which would allow the door to be kept open. RN-D explained the interdisciplinary team (IDT) had discussed using one of them prior, however, then questioned how it would be stored or cleaned. RN-D stated turning the mobile cart (used for wound supplies) to cover the door would be good adding aloud, I think that would be a very easy option. RN-D verified R108 did, at times, allow her doorway to be closed partially, too, with cares prior. RN-D and SSD-B both verified evidence of what, if any, options had been offered or presented to R108 for privacy with wound care should have been documented in the medical record. Further, RN-D stated it was important to ensure privacy was maintained adding aloud, It's a dignity issue for all involved. A provided Confidentiality of Information and Personal Privacy policy, dated 12/2021, identified the care center would safeguard personal privacy. The policy outlined, The facility will strive to protect the resident's privacy regarding . b. medical treatment . d. personal care. 44656 EXPOSED RESIDENT INFORMATION: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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 0583 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During observation on 1/8/25 at 1:44 p.m., a medication cart for second floor residents was left unattended with a patient care sheet which contained personal information including name, room number, personal preferences, physical and food assistance needs. The facility was under construction with six contracted flooring employees installing laminate flooring in the second floor hallway where the unattended medication cart was located. During interview on 1/8/25 at 1:46 p.m., with facility administrator who walked by the unattended cart, the administrator stated, this [pointing to patient care sheet] should not be visible. This is private information. The administrator placed the care sheet face down under some papers on the medication cart. During interview with facility assistant director of nursing (IPCP) on 1/8/25 at 2:29 p.m., the IPCP stated resident personal information contained in the Care sheet should not be left unattended for Privacy matter. During interview with registered nurse (RN-A) on 1/9/25 at 10:46 a.m., RN-A stated, care sheets with patient information should not be left unattended. Someone could look at the patient information which they have no business doing. During interview with nurse manager of second floor (RN-C) on 1/9/25 at 1:37 p.m., RN-C stated, Care sheets should never be left unattended on the cart. For HIPPA (health information portability privacy act). RN-C stated the medication cart in question would be assigned the nurse passing medications for two wings of the facility where the laminate flooring was being installed and the care sheet included 25 residents and their information. Facility policy titled Confidentiality of Information and Personal Privacy dated reviewed 12/08/2021, The facility will safeguard the personal privacy and confidentiality of all resident personal and medical records. In addition, The facility will strive to protect the resident's privacy regarding his or her: a. accommodations; b. medical treatment; c. written and telephone communications; d. personal care; e. visits; and f. family and resident group meetings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assure that each resident's assessment is updated at least once every 3 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on interview and document review, the facility failed to ensure a quarterly Minimum Data Set (MDS) was completed in a timely and/or comprehensive manner to facilitate accurate evaluation of resident' conditions for 2 of 3 residents (R50, R108) reviewed for MDS accuracy. Findings include: R50 The Centers for Medicare and Medicaid (CMS) Long-Term Care Facility Resident Assessment Instrument 3. 0 User's Manual, dated 10/2023, identified the RAI process (i.e., MDS) was completed to help evaluate resident' strengths and areas for care-planning. The manual listed all types of assessments to be completed along with corresponding timeframe's for them via a graph labeled, RAI OBRA-required Assessment Summary. This directed a quarterly MDS should be completed (i.e., signed) within, ARD + 14 calendar days. R50's significant change MDS, dated [DATE], identified R50 had severe cognitive impairment, demonstrated hallucinations, and was on hospice. R50's electronic medical record listed a section labeled, MDS, which listed every completed MDS to date for R50. A subsequent quarterly MDS, with an assessment reference date (ARD) 12/24/24, was listed but categorized as, In Progress. The MDS was not completed with multiple sections being red-colored and having little or no data entered and being labeled, In Progress. The uncompleted sections included, Hearing, Speech and Vision, and, Behavior, and, Bladder and Bowel, among several others. R50's medical record was reviewed and lacked evidence why the MDS had not been completed timely per the RAI manual (due 1/7/25). When interviewed on 1/8/25 at 1:07 p.m., registered nurse (RN)-F verified they help complete the MDS for the campus. RN-F verified R50's quarterly MDS was not finished and should have been within 14 days of the ARD adding, We haven't gotten to it yet. RN-F stated the corresponding assessments for the sections (i.e., pain assessments, bladder assessments) didn't seem to be finished in the record, either, which would likely cause many sections on the MDS to be dashed as 'not assessed' adding aloud, It will unfortunately. R108 The Centers for Medicare and Medicaid (CMS) Long-Term Care Facility Resident Assessment Instrument 3. 0 User's Manual, dated 10/2023, identified the RAI process (i.e., MDS) was completed to help evaluate resident' strengths and areas for care-planning. The manual outlined all sections of the MDS to be completed and listed, C: Cognitive Patterns, as used, Determine the resident's attention, orientation, and ability to registered and recall information, and whether the resident has signs and symptoms of delirium. Further, it listed, D: Mood, as used, Identify signs and symptoms of mood distress and social isolation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0638 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R108's quarterly MDS, dated [DATE], identified the MDS was signed as completed. However, the sections labeled, Section C - Cognitive Patterns, and, Section D - Mood, had all their respective answers (sections used to evaluate the resident) dashed as, - Not assessed, or, - Not assessed/no information. R108's medical record was reviewed and lacked evidence why the MDS had not been completed in a comprehensive manner to accurately evaluate R108's cognition or mood symptoms. When interviewed on 1/7/25 at 1:29 p.m., RN-F verified the MDS was coded correctly, however, it was coded as 'not assessed' due to the corresponding assessments (i.e., BIMS, PHQ-9) not being completed. RN-F stated the social services department was responsible to complete those and then the captured data gets transferred to the MDS. RN-F stated they felt the assessments, and subsequently the sections of the MDS, not being completed thoroughly was kind of an outlier. However, RN-F stated it was important to ensure the MDS was thoroughly completed as it helped showed the most accurate picture of the resident. A provided MDS Completion and Submission Timeframes policy, dated 4/2023, identified the care center would complete and submit assessments in accordance with federal and state timeframe's. The policy outlined, Timeframes for completion and submission is based on the current requirements published in the [RAI] manual.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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** 48065 Based on interview, observation and document review, the facility failed to ensure comprehensive care plans were developed and maintained to facilitate person-centered care for 2 of 2 (R142, R139) residents reviewed for care planning. R142 R142's quarterly Minimum Data Set (MDS) dated [DATE], indicated R142 was cognitively intact, had no behaviors, did not refuse cares, needed set-up for oral hygiene and eating, and required maximal assistance with mobility and all activities of daily living (ADL). The MDS also indicated R142 had no pressure ulcers. R142's Clinical Diagnosis report printed on 1/8/24, indicated R142 had diagnoses of encounter for orthopedic aftercare following surgical amputation, type II diabetes (a condition in which the pancreas doesn't make enough insulin causing the body to have trouble controlling blood sugar and using it for energy), local infection of the skin and subcutaneous tissue, atherosclerotic heart disease (damage or disease in the heart's major blood vessels), essential hypertension (abnormally high blood pressure that's not the result of a medical condition) , chronic kidney disease, induced constipation, occlusion and stenosis of right carotid artery (narrowing of the right carotid artery), right buttock pressure ulcer, anxiety disorder, irritable bowel syndrome (a digestive condition that causes pain, gas, diarrhea, and constipation), benign prostatic hyperplasia(enlargement of the prostate gland that causes problems with urination), retention of urine, hemorrhoids, and lower back pain. R142's Clinical Orders report, printed on 1/8/25, did not include any orders related to R142's right prosthetic leg. R142's care plan printed on 1/8/25, included a Functional Restorative Plan, Activities of Daily Living (ADLs), and Risk for falls. The Functional Restorative Plan indicated limited mobility, weakness. The goal indicated resident will improve in ambulation. The interventions indicated walking activity: ambulate with assistance of 1 using walker in hallway. The ADL care plan's goal indicate the resident will maintain the current level of function on ADL's. The intervention dated 10/16/24 for ambulation indicated the resident requires extensive assistance by 1 staff to walk with walker in room and between surfaces with a revision date of 12/28/24. The fall risk's care plan indicated R142 was at risk for falls r/t being BKA(R) [below the knee amputation-right leg]. The goal indicated R142 will be free of falls. Interventions indicated anticipation of needs and placement of call light within reach. All these care plans failed to indicate R142 had a prosthetic leg. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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	During observation and interview on 1/7/25 at 1:51 p.m., R142 was sitting on his recliner watching television. R142 stated the staff doesn't know how to put on my prosthetic leg. Nobody knows what they are doing, only two nursing assistants (NA) know what to do. They [NA] have not been trained. I need to tell them what to do. R142 stated he was supposed to ambulate in the hallway twice a day with a NA, but it was not done, unless one of the two NA (mentioned before) were working. During interview on 1/7/25 at 2:38 p.m., NA-D stated R142's Kardex didn't mention his prosthetic leg, but he was trained by the therapist. NA-D stated he believed all staff members were trained how to put the prosthetic leg on and off. During interview on 01/07/25 at 3:17 p.m., nursing assistant (NA)-E stated she didn't know how to put on R142's prosthetic leg. NA-E stated R142's Kardex did not have any information about his prosthetic leg. During interview on 1/8/25 at 9:00 a.m., nurse manager/registered nurse (RN)-C verified there was no mention of R142's prosthetic leg in his physician orders, care plan or Kardex. RN-C stated NA-D, registered nurse (RN)-E, licensed practical nurse (LPN)-D and herself were trained by the physical therapist. RN-C stated all the staff was trained. RN-C stated the therapist trained all the nursing assistants. During interview on 1/9/25 at 11:25 a.m., physical therapist (PT)-A stated she demonstrated to RN-C and NA-D how to put on the prosthetic leg. PT-A stated she only trained those two people, and stated nobody else was trained. PT-A stated the nurse managers were supposed to train all the staff that works with R142. PT-A stated R142 received his leg when he was in the facility's transitional care unit. R142 needed to follow a progressive schedule to wear his orthopedic leg, but R142 offered various reasons why he didn't follow the progressive schedule. PT-A stated R142 should had been able to wear his prosthetic leg the whole day before he was discharged from therapies and moved to the long-term care unit. During interview on 1/8/25 at 1:04 p.m., director of nursing (DON) verified R142's physician orders, care plan, Kardex, and medication/treatment administration record failed to mention R142's prosthetic leg. DON stated, she expected the care plan was updated because it was important for the staff to know how to care for the resident and how to put on and care for his prosthetic leg. 49339 R139 R139's quarterly Minimum Data Set (MDS), dated [DATE], identified R139 was cognitively intact with no hallucinations or delusions. Diagnoses included: cerebral infarction (also known as an ischemic stroke; occurs when blood flow to the brain is blocked, causing the brain tissues to die), hypertension (high blood pressure), diabetes (a disease that occurs when you blood glucose is too high), arthritis, multiple sclerosis (disease that causes breakdown of the protective covering of the nerves that can result in numbness, weakness, trouble walking, vision changes and other symptoms), anxiety, depression, dysphagia (swallowing disorder), hemiplegia (paralysis that affects one side of the body) and fibromyalgia (condition that involves widespread body pain and tiredness). In addition, R139 was dependent on staff for transfers and mobility, and required maximal assistance from staff for dressing, personal hygiene and eating. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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	During interview on 1/06/25 at 1:12 p.m., R139 stated she can sense when she has to urinate and stated she would like to be able to use the toilet instead of going in her incontinence pad. R139 stated staff do not offer to bring her to the bathroom to use the toilet and this would be her preference. During a follow up interview on 1/09/25 at 9:41 a.m., R139 was observed lying in bed. R139 once again, expressed a desire to be able to use the toilet. R139 stated, I don't like to go in my underwear. R139 stated most of the time she can feel when she has to urinate. R139 stated staff do not offer to bring her to the bathroom or to use a bedpan [a device used as a receptacle for the urine and/or feces of a person who is confined to a bed] and added they just change my pad. R139 stated she feels confident that she can sit on the toilet with support as she has been working with physical therapy for a long time. R139 stated, they offered me a bedpan a long time ago, which wasn't the best, but they don't even offer that let alone the toilet. R139 indicated that staff transfer her with a Hoyer lift [mechanical lift/device that lifts patients from one place to another who cannot bear weight on their lower extremities] and physical therapy use a EZ stand [manual standing aid to allow patients to assist themselves in preparation for transferring] to transfer her. R139's care plan, printed 1/9/25, identified the following: - TRANSFER: Resident requires assist x2 Standing Lift. - TOILET USE: Resident requires extensive assist x 1 staff. - The resident is incontinent of bladder Impaired Mobility - BRIEF USE: The resident uses disposable briefs. Change per schedule and prn. - INCONTINENT: Check (with cares every AM, PM, Before or after meals and on first and third rounds at night and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN after incontinence episodes. R139's care plan lacked evidence of coordination between providers (facility and therapy). Additionally, R139's care plan lacked evidence of R139's preference to use the toilet. Additionally, R139's care plan lacked evidence of R139's fluctuating ability in transfers. R139's Kardex, printed 1/8/25, indicated the following: -TOILET USE: Resident requires extensive assist x1 staff. -TRANSFER: Resident requires assist x2 Standing lift. On 1/07/25 at 3:50 p.m., nursing assistant (NA)-B stated they are familiar with R139. NA-B indicated R139 needs assist of 2 staff and a mechanical lift for all transfers. Furthermore, R139 was incontinent of bowel and bladder. NA-B stated they know of R139 using the bedpan once previously, about 2-3 months ago but not since. NA-B stated they do not offer to put R139 on the toilet and just provide incontinent cares for R139. NA-B indicated that R139 was able to identify when she needs incontinent cares completed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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	On 1/08/25 at 12:34 p.m., NA-A verified they are familiar with R139 and indicated R139 was on incontinence checks. NA-A indicated they have not offered R139 to use the toilet or the bedpan. NA-A verified they refer to the Kardex for resident needs. NA-A stated they are unsure how R139 transfers. After reviewing the Kardex, NA-A indicated the Kardex indicated R139 transfers with assist of 2 staff and an EZ Stand (standing mechanical lift)/standing lift. NA-A indicated they are trained to follow the Kardex on resident needs. On 1/08/25 at 12:59 p.m., licensed practical nurse (LPN)-E indicated R139 required total staff assistance. After reviewing R139's care plan, LPN-E indicated R139 transfers with assist of 2 staff and EZ Stand/standing lift. On 1/08/25 at 1:11 p.m., registered nurse (RN)-C verified they are familiar with R139. RN-C indicated R139 transfers with an EZ stand/standing lift and assist of 2 staff. RN-C indicated R139 was incontinent of bowel and bladder. RN-C indicated they attempted to transfer R139 to use the toilet but unable to recall when. RN-C indicated they offered R139 the use of the bed and indicated that was more than 6 months ago. RN-C indicated they would look for documentation regarding this. During a follow up interview on 1/08/2025 at 2:40 p.m., RN-C indicated they could not find any documentation around offering the use of the toilet or bedpan. RN-C indicated, most cognitively intact people want to use the toilet. On 1/08/25 at 1:30 p.m., physical therapist (PT)-A verified R139 currently receiving physical therapy services and was discharged from occupational therapy services on 12/20/24. PT-A stated, Generally speaking, if someone is able to sue an EZ-Stand [manual standing aid to allow patients to assist themselves in preparation for transferring], they can use a toilet, maybe not be left alone. PT-A verified during R139's last PT session, R139 transferred with an EZ stand/standing lift with moderate assistance. On 1/09/25 at 9:52 a.m., licensed practical nurse (LPN)-C indicated R139 transfers with a mechanical lift. LPN-C indicated they were unsure if R139 was offered the bedpan or toilet. LPN-C indicated R139 was on scheduled to have her incontinent pad check and changed. On 1/09/25 at 10:05 a.m., NA-C indicated R139 transfers with a Hoyer lift and assist of 2 staff and R139 does not use a bedpan or the toilet. NA-C indicated R139 will ask to be changed when needed as R139 was able to identify when they need to be changed. NA-C verified they have not offered R139 the bedpan or the use of the toilet. On 1/09/25 at 10:56 a.m., PT-B verified R139's last physical therapy was 1/6/24 and used the EZ stand. PT-B indicated, I don't know why that would be a problem if they can sit safely on the toilet, when asked about a resident using a toilet when transferring with a mechanical lift. PT-B indicated part of the physical therapy goal is using the EZ stand with staff. On 1/09/25 at 1:34 p.m., physical therapy assistant (PTA)-A verified they are familiar with R139. PTA-A verified R139 transfers with an EZ stand and indicated there have been no updates sent to nursing in 6-12 months, on recommendations changing how R139 transfers. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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	On 1/09/25 at 1:55 p.m., director of nursing (DON) verified nursing staff would look at the care plan/Kardex for resident needs (how they transfer, preferences, etc.). DON verified R139's care plan indicated R139 transfers with assist of 2 staff and EZ stand/standing lift. A facility policy titles Care Plans, Comprehensive Person-Centered, reviewed 11/30/21, indicated comprehensive, person -centered care plans will: - reflect the resident's expressed wishes regarding care and treatment goals - aid in preventing or reducing decline in the resident's functional status and/or functional levels Facility policy titled Care Plans, Comprehensive Person-Centered reviewed 11/30/21, also indicated a comprehensive, person-centered care plan that includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs is developed and implemented for each resident. The care plan interventions are derived from a thorough analysis of the information gathered as part of the comprehensive assessment.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care and assistance to perform activities of daily living for any resident who is unable. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on observation, interview, and document review, the facility failed to ensure routine personal hygiene cares (i.e., nail care) was completed to reduce the risk of complication (i.e., scratches, infection) for 1 of 3 residents (R47) reviewed for activities of daily living (ADL) and whom was dependent on staff for their nail care. Findings include: R47's admission Minimum Data Set (MDS), dated [DATE], identified R47 had severe cognitive impairment and demonstrated no rejection of care behaviors during the review period. Further, the MDS outlined R47 was dependent on staff for bathing, and required supervision or touching assistance with personal hygiene (i. e., shaving, combing hair). R47's most recent Weekly Bath Audit 020919 - V9, dated 1/2/25, identified R47 received a bed bath. The audit listed, Was nail care rendered? which was answered, 1. Yes. The audit also listed, Are nail beds clear of debris? which was answered, 1. Yes. Further, the audit outlined, Patient has scratches on his left side of his glute, patient states that he scratched himself recently. However, on 1/6/25 at 2:01 p.m. (four days later), R47 was observed lying in bed while in his room. R47 was dressed in a hospital-gown and was unable to recall what, if any, meal had been served for lunch nor how long he had been at the care center. R47's hands were visible and R47 had several nails on both hands, especially the thumb nails, which were multiple millimeters (mm) in length. Further, multiple nails had visible brown or black-colored debris present under them. R47 was questioned on his nails and held his hands up to look at them, however, had no verbal response on them. When asked if he'd like them clipped shorter or cleaned, R47 responded aloud, Yea. R47's care plan, dated 12/4/24, identified R47 was non-ambulatory due to an ankle fracture and outlined, Resident performance: Personal hygiene - Supervision/set-up help only. Further, the care plan outlined a section labeled, ADL self care needs ., which outlined, AM ROUTINE . - Dependent dressing. The care plan lacked any outlined nail length preference for R47 (i.e., long or short), nor evidence R47 was identified to refuse nail care. On 1/7/25 at 8:31 a.m., R47 was again observed while in his room. R47 continued to have the same long, soiled nails and nail beds as had been observed the day prior. Further, the following day on 1/8/25 at 8:23 a. m., R47 was again observed to have the same length fingernails including multiple ones with debris present underneath of them. R47's medical record was reviewed and lacked evidence R47 had nail care offered or provided despite being observed for multiple days with continued long, soiled nails and/or nail beds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0677 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/8/25 at 10:04 a.m., nursing assistant (NA)-F was interviewed. NA-F verified they were assigned care for R47 and had worked with him multiple times prior. NA-F described R47 as needing staff assistance with all cares except feeding adding, We do everything for him. NA-F stated R47 was generally accepting of cares and mostly just wanted to go back home. NA-F explained baths were done weekly and the nurses will help with nail care, if needed. At 10:07 a.m., NA-F observed R47's nails and verified their length and condition adding aloud, They need to be trimmed. NA-F stated the nails were kind of longer and [he] could scratch himself. R47 was asked if he'd like them clipped and responded, Yea. NA-F stated the nails should be clipped on bath day adding they were unaware of any preference for R47 to have longer, soiled nails. When interviewed on 1/8/25 at 10:57 a.m., registered nurse (RN)-H stated nail care should be completed every bath day and, if the resident is not diabetic, then the NA can do it. RN-H stated each bath is done by the NA and the nurse then should follow-up afterward to ensure the list of things they do are done, including nail care. RN-H verified nail care could be completed in-between assigned bath days, too, if noticed it was needed. RN-H stated they were assigned care for R47 that day, however, had not noticed his nails being long adding, I will look at it later. RN-H verified R47 was not diabetic and was generally accepting of care. Further, RN-H stated any attempt to do nail care should be documented in the notes. On 1/8/25 at 11:55 a.m., the director of nursing (DON) was interviewed. DON verified nail care should be completed on assigned bath days but would also be done in-between if noticed. DON added, I do expect nurses to verify the charting is done. A provided Fingernails/Toenails, Care of policy, dated 2/2022, identified a procedure to ensure nail care was done adding, Nail care includes daily cleaning and regular trimming. The policy included, Proper nail care can aid in the prevention of skin problems around the nail bed. Further, the policy directed nail care, when done, should be documented in the medical record.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on interview, and document review, the facility failed to comprehensively reassess and, if needed or able, develop interventions to ensure activities-of-interest were advertised, offered and/or provided for 1 of 2 residents (R222) reviewed for activities and whom resided on the short-term unit (i.e., TCU). Findings include: R222's admission Minimum Data Set (MDS), dated [DATE], identified R222 had intact cognition and demonstrated no delusional thinking. The MDS outlined several questions with a response of importance to R222, including having reading materials, keeping up with the news, and doing her favorite activities. These were all coded with a response of, Somewhat important, or, Very important. R222's Therapeutic Recreation/Activity Evaluation, dated 11/27/24, identified R222's background information along with a section labeled, Recreation Interest/Needs, which contained checkmarks placed next to applicable items. These outlined R222 liked activities in groups, independently, in her room or day room, and marked her participation as, Independent/individual. The evaluation outlined R222's current interests as, television, music (rock), getting rest, card making, making Victorian ornaments, beading, family phone calls, and also outlined R222 needed assistance to get to/from activities areas. The evaluation concluded with a section labeled, Summary, which outlined, . plans on short stay and to return home. At this time she states she is not in the 'mood' to do anything, discouraged with health status. When she starts feeling better, she stated she may enjoy engaging in activities offered . Proceed to plan of care. The completed evaluation lacked what, if any, in room options for doing her identified interests were offered or provided (i.e., craft material, beads). On 1/6/25 at 12:54 p.m., R222 was interviewed while in her room on the TCU. R222 explained she had admitted in November 2024 and, upon admission, was non-weight bearing due to a boot placed on her leg adding, [it was] very difficult for me to get around, period. R222 stated she had not been attending much, if any, activities and explained it was due to multiple reasons including her immobility and feeling, at times, it was more depressing to be around elderly, confused people. R222 stated she knew there were some activities offered but didn't know what they were as there was no calendar posted in her room. R222 stated, I think there is one somewhere [posted] but not in here. R222 explained she was now no longer non-weight bearing and would be more open to activities, if offered, however, she stated nobody ever came and offered any activities to her, either, which she voiced, I would be receptive to that. R222 stated she recalled going to a music program once since admitting which was around Christmas adding, That was nice. R222's care plan, dated 12/12/24, identified R222 was able to verbalize her preferences and was independent in meeting her emotional, intellectual, social and physical needs. The care plan outlined a single intervention for this which read, Resident enjoys participating in their favorite activities - getting rest, watching television, card making, making Victorian ornaments, beading . The intervention was initiated and last revised both on 11/27/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When interviewed on 1/7/25 at 11:56 a.m., nursing assistant (NA)-G stated they worked with R222 over the past weekend along with stray lights here and there. NA-G stated R222 rarely left her room or attended activities adding, Not really. NA-G stated they felt the lack of attendance with activities was her choice adding, I think she keeps herself busy. NA-G stated the TCU did have a posted activities calendar outside the main elevators adding sometimes each resident' room will have them but they hadn't ever seen one in R222's room to their recall. NA-G stated nobody had directed them to ever offer activities or go through the calendar with her adding, Not specifically to her, no. R222's progress note, dated 12/11/24, identified R222 was advanced to weight-bearing as tolerated (WBAT) with use of the PRAFO boot; and on 12/20 could be WBAT without it applied. R222's activity attendance was requested. A provided Follow Up Question Report, printed 1/7/25, identified R222's recorded activities, level of participation and the corresponding date of each. This record identified R222 attended or had provided only four activities since admission to the care center in November 2024. These included: On 12/4/24, a chaplain visit was recorded with R222 having active participation. On 12/22/24, a music group was recorded with R222 having active participation. On 12/24/24, a party or special event along with friend/family visits were recorded with R222 having active participation. R222's medical record was reviewed and lacked any evidence R222 had been comprehensively reassessed to determine what, if any, activities needs were needed to promote quality of life despite R222 rarely attending services and having healed with no longer being non-weight bearing. There was no evidence what, if any, in-room activities were offered or provided despite R222 expressing interest in such when assessed upon admission. On 1/8/25 at 12:32 p.m., the therapeutic recreation coordinator (TRC) and chaplain (CH) were interviewed. TRC explained they don't typically program activities on the TCU as, from past experience, had not ever seen enough attendance to justify it. As a result, upon admission they meet with TCU residents' and explain they are welcome to attend the activities on the other floors for the LTC residents. TRC stated if someone expressed wanting to be involved, then they'd likely be given an in-room calendar. CH explained they round on the unit and do a scheduled program every other week, however, both CH and TRC verified they don't round on the units daily to invite residents on the TCU to activities. TRC stated any in-room activities would be offered on the initial evaluation adding if offered and declined, then such would also be indicated on the evaluation. When questioned on what, if any, re-evaluation process existed as people on the TCU are likely to have evolving health needs (i.e., get better, more energy), TRC explained the re-admission was not an automatic and they wouldn't typically re-visit it until the MDS cycle (i.e., quarterly) came due. A facility' activities programming policy was requested, however, none was received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48065 Based on observation, interview, and document review the facility failed to comprehensively assess, care plan, and implement interventions to prevent recurrent pressure ulcers for 2 of 2 resident (R39 and R142) who had a history of pressure ulcers. Findings include: R142 The Centers for Medicare (CMS) State Operations Manual (SOM) Appendix PP, dated 8/8/2024, identified definitions for pressure ulcer care and treatment. This included, Avoidable, being outlined as, . the resident developed a pressure ulcer/injury, and that the facility did not do one or more of the following: evaluate the resident's clinical condition and risk factors, define and implement interventions that are consistent with resident needs . monitor and evaluate the impact of the interventions; or revise the interventions as appropriate. In addition, the guidance provided several stages of injury definition which included, Stage II Pressure Ulcer: Partial-thickness skin loss with exposed dermis . presenting as a shallow open ulcer. Adipose (fat) is not visible and deeper tissues are not visible. This stage should not be used to describe moisture associated skin damage including incontinence associated dermatitis . During interview on 1/7/25 at 1:51 p.m., R142 was observed seated on his recliner, watching television. R142 stated he had a bed sore on his bottom. R142 stated the bed sore was going to get worse because the area was not covered with a dressing, and the staff only applied a cream. R142 stated the staff is supposed to get me up or turn me every two hours, but they don't. R142 stated he was also concerned about having to wait too long for staff to help him when he is incontinent of bowel. R142 stated yesterday, 1/6/25, he returned from a doctor's appointment and informed the nurse on duty he had a bowel movement and needed to be changed. R142 stated he waited one hour and 15 minutes before he was cleaned. R142's quarterly Minimum Data Set (MDS) dated [DATE], indicated R142 was cognitively intact, had no behaviors, did not refuse cares, needed set-up for oral hygiene and eating, and required maximal assistance with mobility and all activities of daily living (ADL). The MDS also indicated R142 had no pressure ulcers. R142's Clinical Diagnosis report printed on 1/8/24, indicated F142 had diagnoses of encounter for orthopedic aftercare following surgical amputation, type II diabetes (a condition in which the pancreas doesn't make enough insulin causing the body to have trouble controlling blood sugar and using it for energy), local infection of the skin and subcutaneous tissue, atherosclerotic heart disease (damage or disease in the heart's major blood vessels), essential hypertension (abnormally high blood pressure that's not the result of a medical condition) , chronic kidney disease, induced constipation, occlusion and stenosis of right carotid artery (narrowing of the right carotid artery), right buttock pressure ulcer, anxiety disorder, irritable bowel syndrome (a digestive condition that causes pain, gas, diarrhea, and constipation), benign prostatic hyperplasia (enlargement of the prostate gland that causes problems with urination), retention of urine, hemorrhoids, and lower back pain. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R142's Clinical Orders report, printed on 1/8/25 indicated orders for weekly bath audits, Pro-source liquid 30 milliliters (ml) every day, nurse to monitor APM mattress pump (pressure relieving speciality mattress) is well functioning every shift. R142's report did not include skin care orders. R142's Braden scale (a tool used to assess a patient's risk of developing pressure ulcers, or pressure injuries) dated 11/12/24, indicated a score of 15, which indicated R142 was at risk to develop a pressure area. R142's care plan initiated on 8/6/24, indicated R142 had impairment to skin integrity. R142's care plan goal indicated the resident will develop clean and intact skin by the review date. The goal also indicated Pressure ulcer stage 2 right intergluteal cleft, healed 12/7/24. Care plan interventions indicated: - Intervention dated: 8/26/24: Apply barrier cream after each incontinent episode with a revision date of 8/6/24. - Intervention dated: 8/26/24: Keep skin clean and dry. Use lotion on dry skin with a revision date of 8/6/24. - Intervention dated: 8/26/24: The resident needs pressure reducing cushion to protect the skin while in wheelchair. Revision date 8/6/24. - Intervention dated: 8/26/24: The resident needs a pressure relieving mattress, APM, pillows to protect the skin while in bed. Revision date 11/21/24. - Intervention dated: 12/9/24: Encourage good nutrition and hydration to promote healthier skin. No revision dates. - Intervention dated: 12/9/24: Monitor/document location, size, and treatment of skin injury. Report abnormalities, failure to heal, s/sx [sign and symptoms] of infection, maceration, etc., to MD. No revision dates. - Intervention dated: 12/9/24: Treatment per order. Revision date 1/8/24. R142's care plan listed no further updates following 12/9/24. On 12/24/24 R142's transferred to the hospital emergency department for evaluation due to blood in the stool. The emergency department's Summary report dated 12/24/24, indicated lower gastric bleed was ruled out and included the following laboratory reports: Hepatic Function Panel: Albumin 3.8 low (normal 4.0-4.9) Complete blood count (CBC): red blood count 4.11 low (normal 4.30-5.90), hemoglobin 11 low (normal 13. 5-17.5). R142's progress note authored by R142's primary physician dated 1/9/25, indicated the following laboratory tests results dated 7/29/24: red blood count 3.7 low, and hemoglobin 9.8 low. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R142's weekly bath audits completed between 12/7/24 and 1/1/25 indicated no skin impairments. R142's progress note dated 1/4/25 at 3:04 p.m. indicated R142 had a shower, his skin was checked and appears intact with no signs of concerns or abnormalities. R142's progress note dated 1/5/24 at 8:25 p.m. stated patient is breaking down on the coccyx area due to refusing to be repositioned while sitting in his chair. During observation and interview on 1/7/25 at 2:38 p.m., R142 stated he had a bowel movement and requested to be changed. Nursing assistant (NA)-D applied R142's prosthetic leg and assisted him to stand up. NA-D cleaned R142 perineal (rectal area) area and R142 moaned in pain and said, it hurts! RN-C came into the room and verified the two pressure areas but said she didn't feel comfortable staging affected area, RN-C observed a pressure area, on each buttock; she measure the pressure area on the left buttock measured about two centimeters (cm) in length and one cm in width, and the pressure area on his right buttock measured one by one cm. During observation and interview on 1/7/25 at 3:06 p.m., registered nurse (RN)-E verified R142 skin breakdown. RN-E stated his bottom had healed but stated every time R142 takes antibiotics, he gets diarrhea, and his bottom opens. RN-E proceeded to cleanse the area and applied alginate powder and Vitamin A and D cream. Duirng interview on 1/7/25 at 3:17 p.m., NA-E stated all nursing assistants received training about how to care for him. We use a barrier cream for this bottom. Everytime we go to his room he is on the phone. He is busy and asks us to come back. We use the Kardex. During interview on 1/7/25 at 3:20 p.m., nurse manager RN-C stated she was not aware of any documentation on R142's progress notes about the skin breakdown on his coccyx (bottom) area. RN-C stated she would look at R142's skin later in the afternoon. During interview on 1/7/25 at 3:42 p.m., NA-D stated since yesterday, R142 complained of buttocks' pain during toileting cares. NA-D stated they always apply barrier cream after they clean him up. NA-D stated R142 often refuses to reposition and likes to sit down on his recliner chair for most of the day. NA-D stated his Kardex indicated repositioning every two hours and walking once a day. NA-D stated R142 used his call light to request help. NA-D stated the nursing assistants would inform the nurses of R142 refusal of cares. During interview on 1/7/25 at 3:55 p.m., licensed practical nurse (LPN)-D stated he worked on January 5th and when he cleaned R142's coccyx and buttocks, R142 complained of pain. LPN-D stated he observed R142 had a new pressure area on his right buttock and the skin in both buttocks was red. LPN-D documented in the progress notes, R142's skin had started to breakdown. LPN-D stated when he moved from the 1st floor TCU unit to the current unit, he had a pressure area on his right buttock which healed a few weeks ago. LPN-D stated on 1/5/24, he performed the same treatment used for his previous pressure area. LPN-D left a voice mail for the nurse manager, RN-C because he knew the next day [Monday] the facility's wound team would make rounds. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 1/8/25 at 8:47 a.m., RN-C stated R142 had a pressure area on his right buttock that healed. RN-C stated when a resident developed a new pressure area, the nurse needed to complete a Braden Scale, a wound evaluation, and determine what happened and how to prevent future occurrences. RN-C verified R142's skin care plan did not include any turning and reposition schedule, RN-C said I missed it. RN-C veirifed there was no consistent documentation of resident's refusal to turn and reposition, and added that should have been considered when R142 was re-assessed after his previous pressure ulcer healed. RN-C stated on 1/7/24 she visualized R142's skin and obtained an order to apply collagen powder over affected area and Vitamin A and D cream over affected area. RN-C stated he had not measured the affected areas and was going to request the assistance of their lead wound nurse to classify R142's coccyx skin breakdown. During observation and interview on 1/8/25 at 12:17 p.m., R142 was sitting on recliner and NA-D assisted him to lay down in bed. The director of nursing (DON), RN-C and lead wound nurse/RN-D were present in the room to observe affected areas. RN-C and DON verified R142 had a stage II pressure area on each buttock. RN-C used a digital program to measure the pressure areas. The pressure area on his left buttock measured 2.3 cm in length by 1.9 cm in width, and the pressure area on his right buttock measured one by one cm. During interview on 1/8/25 at 12:43 p.m., the director of nursing (DON) stated when a pressure area heals, the facility continues to monitor the wound for two more weeks. The monitoring is done by the Integrated Wound practitioner. The facility then implements measures to prevent re-occurrence which includes the use of a barrier cream, repositioning resident, the use of a specialty mattress, and a cushion for his chair. DON added, changes to the existing care plan are made if indicated. The DON stated when a new skin impairment area was identified, she expected the nurses to do a skin assessment, educate the resident to lay down and reposition, call the physician to obtain orders to start a treatment, complete a Braden scale and an Incident Report on the resident's electronic record which would alert the nurse manager and her (DON) about any new skin impairment. During interview on 1/0/25 at 10:34 a.m., physician assistant (PA)-A stated when a resident develops a pressure area he needs to be notified as soon as possible, so a resident can be re-assessed by the wound care team. PA-A stated when a pressure area is not addressed right away the ulcers can increase in size, cause pain, also pressure areas are an avenue for infections. PA-A stated he was not notified about the new pressure areas. During interview on 1/9/25 at 11:58 a.m., registered dietician (RD)-A stated on Monday morning during their interdisciplinary team meeting (IDT), the nurse manager, RN-C reported R142 had a new area of skin impairment associated with moisture. RD-A stated on 1/8/25 she re-assessed R142 and kept him on Pro-source nutritional supplement. RD-A stated she had not been informed about R142's new pressure wounds areas and even with this R142's Pro-Sources orders would not need adjustment. RD-A stated R142's intake was adequate and his weight was stable, and she felt R142 had what he needed to heal his pressure area. RD-A stated she had not reviewed R142's most recent albumin level because the level could be affected by inflammation and other medical conditions. RD-A stated she trusted the hemoglobin and oxygenation levels more. R142's Nutrition Assessments dated 8/7/24, 11/12/24, and 12/2024 lacked documentation of hemoglobin and/or albumin levels. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 1/9/25 at 12:19 p.m., lead wound nurse, RN-D stated R142 risked further skin breakdown if action is delayed after a new skin impairment area is identified. RN-D stated if a pressure area goes unchecked, it will get worse. RN-D stated the development of a new pressure area represents a change in condition and the physician needed to be notified right away. 44656 R39 R39's quarterly Minimum Data Set (MDS) dated [DATE], identified R39 with severe cognitive impairment, did exhibit rejection of cares, had an indwelling catheter (tube and bag to drain urine from the bladder), diagnoses of kidney disease, neurogenic bladder (nerve damage to bladder), obstructive uropathy (blockage of urine flow) , dementia, Parkinson's disease, malnutrition, and chronic obstructive pulmonary disease (damaged lungs that limit airflow in and out of lungs). In addition, R39 was indentified as at risk for pressure ulcers, had one stage 2 pressure ulcer acquired at the facility, had two stage 3 pressure ulcers that were present upon admission/entry or reentry to facility, utilized pressure reducing device for chair and bed, and received pressure ulcer/injury care. R39's physician orders (PO) with a start date of 11/15/2024, documented the following order for R39 Pillow between knees when in bed for comfort and another order with a start date of 5/20/24, R39 is to have blue wedge abductor [device to prevent tissue breakdown] with strap in place when in w/c [wheelchair] on days/evening to help separate knees and to between position feet. R39's nursing assistant care sheet (Kardex) dated 1/8/25, identified R39 required the following: The resident needs assistance to turn/reposition at least every 2 hours, more often as needed or requested; Encourage Resident to frequently shift weight; Extensive assist/one-person physical assist One Person assist with turning and repositioning when in bedTwo [sic] persona assist to boost up in bed; Application of pillow between knees when in bed; Lower blue knee abductor wedge with strap to be used when up in w/c to help separate knees and to better position feet. During observation on 1/6/25 at 5:38 p.m., R39 was observed seated in a Broda chair (specialized positioning wheelchair) in dining room watching television without the ordered protection between his knees. During observation on 1/7/25 at 8:05 a.m., R39 was observed in bed without padding between the knees. During observation on 1/7/25 at 3:41 p.m., R39 was observed seated in a Broda chair in the dining room watching television without the ordered blue wedge abductor in place. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During observation on 1/8/25 at 8:43 a.m., R39 was observed lying in bed, positioned on his right side with no pillow or padding between knees. During interview with NA-A on 1/8/25 at 12:58 p.m., NA-A stated, I get report from the previous shift verbally and look at kardex to tell me what they [residents] need. NA-A stated every resident has a kardex and [it tells us] what we need to do. We also look in the computer care plan to tell what needs to be done. During observation and interview with nurse manager registered nurse (RN-A) on 1/9/25 at 10:46 a.m., RN-A identified R39 was lying in bed with no pillow between his knees. RN-A stated, [R39's] care plan says to have pillow between knees when in bed. His legs are contracted enough to be touching and we want to eliminate or reduce pressure injuries to the area. During observation and interview with LPN-A on 1/9/25 at 10:54 a.m., LPN-A verified there was no pillow or padding between R39's knees while he was lying in bed. LPN-A stated, yeah, [R39] is on a turning schedule. [R39] can't move himself unless we help him. He is a high skin breakdown risk. And Padding or something should be between [R39] knees. It says so in the care plan and should be done. His knees bed inwards to touch so there needs to be something between them when he is in bed and in the wheelchair. During observation and interview with NA-A on 1/9/25 at 10:55 a.m., NA-A stated, [R39] is a skin breakdown risk, a pillow should be between the knees when in bed and it is not. During interview with assistant director of nursing (IPCP) on 1/8/25 at 2:29 p.m., IPCP stated the expectation of facility direct care staff is to follow the kardex and care plan for positioning and applying the blue wedge pillow between R39's knees when up in wheelchair and pillow between knees when in bed. IPCP stated R39 was identified as high risk for pressure ulcers with interventions in place. Facility's policy titled Pressure Ulcers/Skin Breakdown-Clinical Protocol dated 7/12/22 indicated the nursing staff and practitioner will assess and document an individual's significant risk factor for developing pressure ulcers, for example, immobility, recent weight loss, and a history of pressure ulcers. In addition, the nurse shall describe and document/report the following: a. Full assessment of pressure sore including location, stage, length, with and depth, presence of exudates or necrotic tissue. b. Pain assessment. c. Patient's mobility status. d. Current treatments, including support surfaces; and e. All active diagnoses.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48065 Based on observation, interview and document review, the facility failed to ensure bladder and bowel incontinence was comprehensively assessed and interventions developed to promote continence for 2 of 2 resident (R142, R139) reviewed for incontinence cares. Findings include: R142 R142's quarterly Minimum Data Set (MDS) dated [DATE], indicated R142 was cognitively intact, had no behaviors, did not refuse cares, needed set-up for oral hygiene and eating, and required maximal assistance with mobility and all activities of daily living (ADL). The MDS outlined R142 was always incontinent of bowel. A trial of toileting program (e.g., scheduled toileting) had not been attempted since admission to this facility. Furthermore, the toileting program and bowel pattern section of the MDS was left blank. R142's Clinical Diagnosis report printed on 1/8/24 indicated, resident had diagnoses of encounter for orthopedic aftercare following surgical amputation, type II diabetes (a condition in which the pancreas doesn't make enough insulin causing the body to have trouble controlling blood sugar and using it for energy), local infection of the skin and subcutaneous tissue, atherosclerotic heart disease (damage or disease in the heart's major blood vessels), essential hypertension (abnormally high blood pressure that's not the result of a medical condition) , chronic kidney disease, induced constipation, occlusion and stenosis of right carotid artery (narrowing of the right carotid artery), right buttock pressure ulcer, anxiety disorder, irritable bowel syndrome (a digestive condition that causes pain, gas, diarrhea, and constipation), benign prostatic hyperplasia(enlargement of the prostate gland that causes problems with urination), retention of urine, hemorrhoids, and lower back pain. R142's physician orders printed 1/9/24, included orders for polyethylene Glycol 3350 (medication for constipation) oral packet 17 grams once a day and sennosides-docusate sodium (medication for constipation) oral tablets 8.6-50 milligrams, one tablet once a day. Both medications are used for constipation. R142's care plan dated 10/7/24, indicated R142 has bowel incontinence with a goal for R142 to be continent during daytime through the review date. Care plan's intervention dated 10/7/24, indicated taking resident to the toilet upon request with a revision date of 10/7/24. Other interventions dated 12/17/24, indicated checking resident every two hours and assisting with toileting, and to provided pericare after each incontinence episode. R142's Bowel and Bladder Program Screener dated 12/26/24 indicated resident was a candidate for a bowel training program. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 1/7/24 at 1:51 p.m., R142 stated he requests to use the toilet to sit down and try to have a bowel movement in the toilet and added especially when I have a pressure sore. R142 stated, sometimes I can't wait 15 or 20 minutes and I just go in my pants and it upsets me. R142 stated sometimes after having an incontinent episode of bowel, he waits over one hour to be changed and it will be easier if they help him sit down in the toilet. During interview on 1/7/25 at 2:38 p.m., nursing assistant (NA)-D stated R142 used his call light when he needs assistance to be changed or to be transferred to the toilet. NA-D stated usually R142 was incontinent of bowel. During interview on 1/8/25 at 8:57 a.m., registered nurse (RN)-C stated R142 doesn't feel when he has a bowel movement, and he is assisted to the toilet upon request. RN-C added, I think when he gets stronger it will be easier for him to transfer to the toilet. RN-C stated she had not monitored R142 to establish a possible pattern and had not considered a bowel schedule or program for the resident. During interview on 1/8/24 at 1:09 p.m., director of nurses (DON) stated if a patient has bowel incontinence and they are not happy about it, I will expect the team to talk to the patient and find out his goals. This will improve the patient's quality of life and meet the goals he/she has set for themselves. 49339 R139 R139's quarterly Minimum Data Set (MDS), dated [DATE], identified R139 was cognitively intact and required substantial/maximal staff assistance with toileting care. Further, the MDS outlined R139 as being always incontinent of urine, however, a trial of a toileting program (e.g., scheduled toileting, prompted voiding, or bladder training) had not been attempted on admission/reentry or since urinary incontinence was noted in this facility. Furthermore, the current toileting program or trial section was left blank. During interview on 1/06/25 at 1:12 p.m., R139 stated she can sense when she has to urinate and stated she would like to be able to use the toilet instead of going in her incontinence pad. R139 stated staff do not offer to bring her to the bathroom to use the toilet and this would be her preference. During a follow up interview on 1/09/25 at 9:41 a.m., R139 was observed lying in bed. R139 once again, expressed a desire to be able to use the toilet. R139 stated, I don't like to go in my underwear. R139 stated most of the time she can feel when she has to urinate. R139 stated staff do not offer to bring her to the bathroom or to use a bedpan [a device used as a receptacle for the urine and/or feces of a person who is confined to a bed] and added they just change my pad. R139 stated she feels confident that she can sit on the toilet with support as she has been working with physical therapy for a long time. R139 stated, they offered me a bedpan a long time ago, which wasn't the best, but they don't even offer that let alone the toilet. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R139's care plan, printed 1/9/25, identified R139 requires extensive assist x 1 staff for toilet use. Furthermore, the care plan identified R139 is incontinent of bladder, impaired mobility and listed a goal which read, INCONTINENT: Check (with cares every AM, PM, Before or after meals and on first and third rounds at night and as required for incontinence. Wash, rinse and dry perineum. Change clothing PRN [as needed] after incontinence episodes. The care plan lacked evidence, or subsequent interventions of a current or past toileting program (scheduled toileting, prompted voiding or bladder training), or preference to use the toilet. R139's progress notes, dated 9/9/24 to 1/9/25, were reviewed and lacked evidence of a toileting program attempted. Furthermore, the progress notes lacked evidence of offering R139 the use of a toilet or a bedpan. R139's Order Summary Report, printed 1/9/25, lacked evidence of toileting program. R139's Kardex, printed 1/8/25, indicated TOILET USE: Resident requires extensive assist x 1 staff. On 1/07/25 at 3:50 p.m., nursing assistant (NA)-B stated they are familiar with R139. NA-B stated R139 was incontinent of bowel and bladder. NA-B stated they know of R139 using the bedpan once previously, about 2-3 months ago but not since. NA-B stated they do not offer to put R139 on the toilet and just provide incontinent cares for R139. NA-B indicated that R139 was able to identify when she needs incontinence cares completed. On 1/08/25 at 12:34 p.m., NA-A verified they are familiar with R139 and indicated R139 was on incontinence checks. NA-A indicated they have not offered R139 to use the toilet or the bedpan. NA-A verified they refer to the Kardex for resident needs. On 1/09/25 at 10:05 a.m., NA-C indicated R139 does not use a bedpan or the toilet. NA-C indicated R139 will ask to be changed when needed as R139 was able to identify when they need to be changed. NA-C verified they have not offered R139 the bedpan or the use of the toilet. On 1/09/25 at 9:52 a.m., licensed practical nurse (LPN)-C indicated they were unsure if R139 was offered the bedpan or toilet. LPN-C indicated R139 was on scheduled to have her incontinence pad check and changed. On 1/08/25 at 1:11 p.m., registered nurse (RN)-C verified they are familiar with R139. RN-C indicated R139 was incontinent of bowel and bladder. RN-C indicated they attempted to transfer R139 to use the toilet but unable to recall when. RN-C indicated they offered R139 the use of the bedpan and indicated that was more than 6 months ago. RN-C indicated they would look for documentation regarding this. During a follow-up interview on 1/08/2025 at 2:40 p.m., RN-C indicated they could not find any documentation around offering the use of the toilet or bedpan. RN-C indicated, most cognitively intact people want to use the toilet. On 1/08/25 at 1:30 p.m., physical therapist (PT)-A verified R139 was currently receiving physical therapy services and was discharged from occupational therapy services on 12/20/24. PT-A stated, Generally speaking, if someone is able to use an EZ-Stand [manual standing aid to allow patients to assist themselves in preparation for transferring], they can use a toilet, maybe not be left alone. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 1/09/25 at 10:56 a.m., PT-B verified R139's last physical therapy was 1/6/24 and R139 used the EZ stand. PT-B indicated, I don't know why that would be a problem if they can sit safely on the toilet, when asked about a resident using a toilet when transferring with a mechanical lift. On 1/09/25 at 1:34 p.m., physical therapy assistant (PTA)-A verified they are familiar with R139. PTA-A verified R139 transfers with an EZ stand and indicated there have been no updates sent to nursing in 6-12 months, on recommendations changing how R139 transfers. On 1/09/25 at 1:55 p.m., director of nursing (DON) indicated a toileting program/schedule that is implemented is based on individual needs of resident that would include potential, preferences and the needs of the patient. DON indicated R139 has some has an impaired awareness of what is happening with her body and indicated there was question regarding trunk support to support her on the toilet. DON stated they were going to look for additional documentation. On 1/09/25 at 2:45 p.m., DON provided a occupational therapy discharge summary for dates of service 7/5/24-9/17/24. The goal indicated pt will have appropriate toileting program in place with nursing follow thru to increase quality of life and manage incontinence was discontinued on 9/17/24 noting pt not tolerating. No success when on toilet previously and not motivated for goal. The document lacked evidence of interventions attempted. No other documentation was provided of any toileting schedule attempted during R139's admission. No documentation was provided on offering R139 a bedpan or commode (bedside portable toilet). A facility policy on toileting programs was request but not received. Facility's policy titled Bowel (Lower Gastrointestinal tract) Disorders - Clinical protocol dated 9/2017, indicated as part of the initial assessment, the staff and physician will help identify individuals with previously lower gastrointestinal tract conditions and symptoms. Policy also indicated the nurse shall assess and document/report abdominal assessment, all current diagnosis, all current medications, active diagnosis, and recent labs. Further, the policy indicated the staff and physician will identify risk factors related to bowel dysfunction; for example, severe anxiety disorder, use of medications that are used to treat, or may cause or contribute to gastrointestinal erosion, bleeding, diarrhea, dysmotility, etc. Furthermore, the policy indicated the staff and physician will characterize symptoms related to bowel function, for example, time relationship to meals, presence of cramps and bloating, etc.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49034 Based on interview and document review, the facility failed to ensure an antibiotic without an end date was monitored and evaluated for the appropriateness of its continued use for 1 of 1 residents (R107) reviewed for antibiotic administration. Findings include: R107's quarterly Minimum Data Set (MDS) dated [DATE], indicated R107 had intact cognition, no wound infection, and had a hip fracture. The MDS indicated R107 was taking an antibiotic. R107's order summary dated 12/6/24, indicated R107 was taking 500 milligrams (mg) of cephalexin (an antibiotic) four times a day for infections starting on 12/6/24 with no end date. R107's hospital note dated 12/6/24, indicated R107 was admitted to the hospital on 12/3/24, had a planned hip surgery, and was discharged back to the facility on [DATE]. The note indicated R107 was to follow up with the orthopedic trauma clinic in two weeks but could call the office before that time with any additional questions or concerns. R107's hospital discharge orders dated 12/6/24, indicated R107 was to take 500 milligrams of cephalexin four times a day for prophylaxis for a closed hip fracture. The order did not indicate when the medication when the medication was to be discontinued. R107's Antibiotic Time Out dated 12/6/24, indicated physician's assistant (PA)-A (the facility provider) had ordered 500 milligrams of cephalexin four times a day. The document indicated, under the evaluate the antibiotic section, that PA-A was notified of R107's current clinical status and the current antibiotic order was reviewed with PA-A who indicated R107 should continue with current antibiotic therapy. The document section titled verify the total length of antibiotic treatment had other selected with no further indication of what the total length of antibiotic treatment should have been. R107's orthopedic clinic note dated 12/17/24, indicated R107 had been seen by the orthopedic provider but did not mention or include further instructions regarding antibiotic use. R107's progress note dated 12/17/24 at 1:20 p.m., indicated R107 had her staples removed at the orthopedic clinic appointment and the hip incision looked dry with no s/s [signs/symptoms] of infection. R107's medical record was reviewed and did not indicate when or if the Cephalexin was to be discontinued. During an interview on 1/6/25 at 12:59 p.m., R107 stated she was on an antibiotic because of her hip surgery. R107 stated she didn't think she had an infection and thought the antibiotic should have been stopped previously but staff kept bringing it to her, so she kept taking it. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 7:56 a.m., the infection control preventionist (IPCP) stated the facility got in touch with the orthopedic provider team who had ordered the antibiotic yesterday. The IPCP stated the orthopedic provider told them to discontinue the antibiotic immediately as it was only supposed to be given for 18 days. The IPCP stated a case was supposed to be created for antibiotic tracking but as this had not happened, they had missed the medication did not have a stop date. The IPCP stated it was important residents are not given antibiotics longer than necessary as this can weaken their immune system and make them more likely to have infections such as C. diff (Clostridioides difficile, an infection of the colon causing extensive diarrhea). During an interview on 1/9/25 at 11:27 a.m., PA-A stated he had not been the ordering provider for the cephalexin, this had been ordered by the hospital on 12/6/24. PA-A stated he had not been notified by the facility that R107 had been started on this antibiotic otherwise he would have ensured there was a stop date. PA-A stated that R107's daily dose of cephalexin was higher than a usual prophylactic dose making it even more important that it was discontinued. PA-A stated he would have expected the facility to reach out to him or the hospital when they first saw the order so an end date could have been determined. The facility's Antibiotic Stewardship policy dated 10/4/21, indicated the facility would review antibiotic utilization, as part of antibiotic stewardship, for specific situations that are not consistent with the appropriate use of antibiotics. The policy indicated at the conclusion of this review, the provider would be notified of review findings.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide or obtain laboratory tests/services when ordered and promptly tell the ordering practitioner of the results. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47495 Based on interview and document review, the facility failed to ensure an order for laboratory services was followed through and completed for 1 of 1 resident (R145) reviewed for laboratory services who had Clostridium difficile (C. diff; bacteria which can cause diarrhea, abdominal pain and cramping, fever, nausea, and dehydration.) Findings include: R145's significant change Minimum Data Set (MDS), dated [DATE], indicated R145 was admitted to the facility on [DATE], was cognitively intact and required substantial/maximum assistance with toileting and partial to moderate assistance with personal hygiene. R145's Orders contained two orders to test for C-diff, one dated 12/16/24 and another dated 12/31/24. On 12/17/24, it was documented in R145's progress notes, Collected stool specimen, called lab for pick up today. On 12/30/24, it was documented in R145's progress notes that R145 continued to report having 4-9 stools daily. On 12/30/24, it was documented in R145's progress notes that the lab informed that previous C-diff rest was incorrectly collected. New order placed to complete C-diff stool test again due to ongoing frequent BMs [bowel movements]/diarrhea. On 1/5/25, it was documented in R145's progress notes that R145 tested positive for C-diff. During an interview on 01/06/25 at 5:41 p.m., R145 stated she had been having diarrhea for about a month, stating she was unable to control her bowel movements because of the frequency and urgency of her bowel movements. R145 stated she was supposed to start an antibiotic for C-diff tomorrow. During an interview on 1/9/24 at 9:04 a.m., licensed practical nurse (LPN)-C stated if there was an order to collect a specimen, it would be an order placed on the MAR, the nurse would call the lab to see how best to collect the specimen and it would be collected as soon as possible. LPN-C stated the lab would then be called to pick up the specimen. LPN-C stated she was unsure of the process if results were not received from the lab. During an interview on 1/9/25 at 9:20 a.m., hospice registered nurse (RN)-I stated he had ordered the original test for C-diff back on 12/16/24. RN-I stated he rewrote the order for the c-diff test on 12/30/24 when he noticed the results had not been received from the lab and due to R145's ongoing diarrhea. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245189	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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 0773 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/9/25 at 9:25 a.m., clinical nurse manager and RN-C stated the initial stool specimen for R145's c-diff test was collected in the wrong container, and it would have been expected for the nurses to follow up with the lab in 24-48 hours after not receiving results. During an interview on 1/9/25 at 11:10 a.m., the director of nursing (DON) stated when an order was received that required a specimen to be collected, it was expected that nursing staff collect the specimen as soon as possible, watch for the lab results to be returned and follow up with the lab if no results are received. The DON confirmed she would have expected the nursing staff to follow up with the lab after the specimen was sent to the lab on 12/17/24 and no results were recieved to ensure quicker testing and treatment for R145.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER: Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives and the facility provides food prepared in a form designed to meet individual needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49034 Based on observation, interview, and document review, the facility failed to provide the ordered drink consistency for 1 of 1 residents (R82) reviewed for dining. Findings include: R82's admission Minimum Data Set (MDS) dated [DATE], indicated R82 had intact cognition with diagnoses of heart failure, kidney disease, and malnutrition. The MDS indicated R82 required setup help with eating. R82's progress note dated 12/31/24 at 1:07 p.m., indicated R82 had declined in status upon hospital return and the speech therapist recommended a diet change to a pureed texted and nectar thick liquids. R82's care plan dated 1/3/25, indicated R82 had a diagnosis of dysphagia and a 12/24 diagnosis of Respiratory Syncytial Virus (RSV) and pneumonia. R82's order summary report dated 1/6/25, indicated R82 was on a mechanical soft (soft easy to chew and swallow foods) textured diet with all liquids thickened to a nectar consistency. R82's Speech Therapy Treatment Encounter Note dated 1/7/25, indicated R82 was being seen by speech-language pathologist (SLP)-A for a session targeting swallowing. SLP-A attempted a thin water trial that resulted in a frequent wet vocal quality that was cleared given max verbal cues from SLP-A. During an observation and interview on 1/8/25 at 10:31 p.m., R82 was observed sitting at a table in the dining room with a glass of water with ice and a mug that appeared filled with black coffee. R82 had no menu or meal ticket observed on the table. Nursing assistant (NA)-A was observed pouring R82 orange juice and milk. NA-A was then observed moving to the next table and pouring drinks for other residents. During an interview and observation on 1/8/25 at 10:36 a.m., NA-A was interviewed and stated he would check the meal slip that was given to each resident with their meal to see what consistency of liquids was needed. NA-A acknowledged that when he passed liquids before meals were delivered to residents, he did not have the meal slips to reference but knew based on memory what residents could have non-thickened liquids. NA-A stated that R82 could have non-thickened liquids and confirmed the liquids he had given R82 were not thickened. R82 was then observed to take a large drink of orange juice and immediately proceeded to cough a wet-sounding cough. During an interview and observation on 1/8/25 at 10:43 a.m., the director of nursing (DON) confirmed R82 was supposed to receive nectar-thick liquids per his orders. The DON stated she had examined R82's liquids and she was unsure if the orange juice was thickened or not but the water, coffee, and milk, did not appear to be. The DON was observed removing the liquids from R82's table. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Southview Acres Healthcare Center	2000 Oakdale Avenue West Saint Paul, MN 55118

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 0805 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 1/8/25 at 10:55 a.m., with SLP-A, dietician (D)-A, and the DON, SLP-A stated she had trialed non-thickened liquids with R82, but she continued to recommend he receive nectar thick liquids as ordered. The DON stated the nursing assistants should use the meal tickets to see what consistency the liquids should be. The DON stated if it was before meal service, the aides could use a report with all resident's diets on it, but she didn't usually see this used other than when snacks were passed between meal services. At 11:56 a.m., the DON confirmed the facility had completed an audit and all residents were receiving liquids of the correct consistency for resident safety, and staff were educated on where to find this information. The facility's Therapeutic Diet policy dated 12/29/21, indicated a therapeutic diet, including a mechanically altered diet, would be prescribed to a resident to support the resident's treatment and plan of care in accordance with his or her goals and preferences.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44656 Based on observation and interview the facility failed to follow infection control standards of practice for the cleaning of hard surfaces in the resident room for 1 of 1 residents (R39) on enhanced barrier precautions (EBP) reviewed for infection control practices. Findings include: According to the Centers for Disease Control (CDC) March 19, 2024, article titled Healthcare-Associated Infections (HAIs), the cleaning of patient care areas includes, Potential for exposure to pathogens: High touch surfaces (e.g., bed rails) require more frequent and rigorous environmental cleaning than low-touch surfaces (e.g., walls). The CDC article titled Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-resistant Organisms (MDROs) dated 4/2/24, indicated MDRO transmission in skilled nursing facilities was common and contributed to substantial resident morbidity. EBP is an infection control intervention to reduce transmission of MDROs by using gowns and gloves during high contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing that lead to indirect transfer of MDROs from resident to resident. The article indicated EBP should be implemented (when contact precautions did not apply) for residents who are high risk for acquiring infections with wounds or indwelling medical devices (central lines, urinary catheter, feeding tube, and ventilator dependent) regardless of MDRO colonization status. R39's quarterly Minimum Data Set (MDS) dated [DATE], identified R39 with severe cognitive impairment, did not reject care, had an indwelling catheter (tube and bag to drain urine from the bladder), diagnoses of kidney disease, neurogenic bladder (nerve damage to bladder), obstructive uropathy (blockage of urine flow) , dementia, Parkinson's disease, malnutrition, pneumonia, and chronic obstructive pulmonary disease (damaged lungs that limit airflow in and out of lungs). In addition, R39 was documented as at risk for pressure ulcers, had one stage two pressure ulcer acquired at the facility, had two stage 3 pressure ulcers that were present upon admission/entry or reentry to facility, utilized pressure reducing device for chair and bed, and received pressure ulcer/injury care. During observation on 1/6/25 at 1:29 p.m., the door frame to resident room had a posted Enhanced Barrier Precautions (EBP) sign and a personal protective equipment (PPE) cart outside resident room. During observation and interview with LPN-A on 1/8/25 at 8:51 a.m., LPN-A pointed to R39's black foam-covered side rails and identified, [R39's] coverings [are] shredded and broken in appearance so that the metal portion of the side rails is present of visible. Also, the foam was taped to portions of the side rail with thick black tape or duct tape. During observation and interview on 1/8/25 at 2:10 p.m., with licensed practical nurse (LPN)-A, LPN-A looked at R39 side rails and stated, [those] black coverings have been here forever. LPN-A stated she was unaware of when they were applied to R39's side rails and verified, they look shredded and shabby. LPN-A was unable to describe if or how R39's side rails were able to be cleaned and disinfected. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245189	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Southview Acres Healthcare Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 Oakdale Avenue West Saint Paul, MN 55118	

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During observation and interview with RN-A on 1/8/25 at 2:14 p.m., RN-A looked at R39 side rails and stated, [they are] peeling. They have been on there since I have been here [several months]. And, pointing to the foam-covered side rails, Disrepair [in appearance]. Not sanitary. Could not clean that because it is frayed and porous. RN-A unable to describe if or how R39's side rails were able to be cleaned and disinfected. During interview with infection control preventionist (IPCP) on 1/8/25 at 2:29 p.m., ICPC stated regarding the siderail padding, it is a pool noodle to help cushion [R39] skin from hitting it. Yes, it should be replaced. It is unable to be cleaned appropriately. [R39] is vulnerable and on EBP. Not sanitary to be able to clean it. During interview with housekeeper (HK)-C on 1/8/25 at 1:46 p.m., HK-C stated the expectation of housekeepers was to clean, all hard surfaces in resident rooms daily, including side rails. During interview with HK-A on 1/8/25 at 1:57 p.m., HK-A stated the expectation of housekeepers was to wipe the side rails of resident rooms daily. During observation and interview with HK-B on 1/8/25 at 2:00 p.m., HK-B stated she was assigned to clean R39's room daily. HK-B stated the expectation was to clean, side rails too. I can't ensure the cover to the side rail [pointing to the black foam covering] can be cleaned. HK-B pointed to black foam covering of R39's side rails, not in good condition verifying black strapping tape or duct tape used to wrap/secure the foam to the side rail. Also, HK-B stated she, cannot confirm I ever tried to wipe that down. During interview with HK-B on 1/9/25 at 10:36 a.m., HK-B stated the expectation was housekeeping, look at the yellow sign [EBP] posted outside the door [to inform all staff of what to do when entering resident room]. Facility policy titled Cleaning and Disinfection of Resident-Care Items and Equipment, reviewed 10/18/2022 state, Resident-care equipment, including reusable items and durable medical equipment will be cleaned and disinfected according to current CDC recommendations for disinfection. The policy identified, non-critical environmental surfaces [to] include bed rails.