STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245201	A. Building B. Wing	11/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Fridley LLC	5700 East River Road Fridley, MN 55432

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 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and document review, the facility failed to develop a baseline care plan for 1 of 4 (R2) residents reviewed for care plans. R2 had a cervical fracture and cervical collar but did not have relevant interventions in the care plan for the management of the collar. Findings include:A cervical collar is a medical device used to support and protect the neck and spinal cord.R2's face sheet dated 11/19/25 indicated R2 was admitted on [DATE] and had diagnoses of other displaced dens fracture (cervical spine fracture), subsequent encounter for fracture with routine healing, type II diabetes with diabetic nephropathy, depression, chronic pain, anxiety, need for assistance with personal care, and dorsopathy (back pain).R2's Medicare 5-day Minimum Data Set (MDS) assessment dated [DATE] indicated R2 was cognitively intact, had no behaviors and required moderate assistance with activities of daily living. The care area assessment was signed 11/12/25.R2's hospital Discharge summary dated [DATE] included the following directions for cervical collar care:-Strictly follow all recommended collar use guidelines and activity restrictions provided from the hospital. In general, the Aspen collar (C-collar) will need to remain on at all times unless otherwise indicated.-Care of the skin under a cervical collar should be performed and documented every 8 hours. Conduct a neurological assessment and document after initial collar application, then every 8 hours (and as needed), or per provider orders.-Providing skin care to a patient in a cervical collar:1. Place the head of the bed flat.2. A second caregiver will secure the head and neck to maintain alignment.3. A third caregiver will stand by to assist with log rolling turns.4. Note neurological assessment of extremities. Remove the front portion of the collar and assess the visible skin condition carefully. Assess for areas of redness, rashes or skin breakdown.5. Cleanse face and neck with soap and water. Gently dry skin thoroughly.6. The pads on an Aspen collar should be changed daily and as needed.R2's care plan dated 11/19/25 included a section for skin integrity. Interventions included monitor skin integrity daily during cares, weekly skin inspection by nurse, monitor for skin breakdown. The self-care deficit section had interventions including assist with bathing (specify), assist with dressing (specify), assist with personal hygiene (specify). The care plan did not address C-collar or any specific interventions related to the care of the C-collar.R2's November treatment administration record (TAR) did not include treatment orders or related care interventions for the C-collar, changing or removing the C-collar, assessing the skin or neck under the C collar or when to notify a physician for concerns.R2's Weekly Skin Inspection dated 11/15/25 indicated R2 had no new skin issues but did not specify if her C-collar was removed to assess the skin.R2's Weekly Skin Inspection dated 11/8/25 indicated R2 declined a bed bath, shower and skin inspection.R2's hospital discharge paperwork dated 11/6/25 included the following directions for cervical collar care:-Strictly follow all recommended collar use guidelines and activity restrictions provided from the hospital. In general, the Aspen collar (C-collar) will need to remain on at all times unless otherwise indicated.-Care of the skin under a cervical collar should be performed and documented every 8 hours. Conduct a neurological assessment and document after initial collar application, then every 8 hours (and as needed), or per provider orders.-Providing skin care to a patient in a cervical collar:1. Place the head of the bed flat.2. (continued on next page)

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F 0655 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A second caregiver will secure the head and neck to maintain alignment.3. A third caregiver will stand by to assist with log rolling turns.4. Note neurological assessment of extremities. Remove the front portion of the collar and assess the visible skin condition carefully. Assess for areas of redness, rashes or skin breakdown.5. Cleanse face and neck with soap and water. Gently dry skin thoroughly.6. The pads on an Aspen collar should be changed daily and as needed. During an interview on 11/19/25 at 12:14 p.m., R2 stated staff have not washed the skin underneath her C-collar. Her C-collar was supposed to be on 24/7, she had been there for almost two weeks and staff have not removed the collar to assess the site or change the padding. It had been itchy all the time. Tearfully, she stated I understand this is scary and it's scary for me too, but I need help with it.During an interview on 11/19/25 at 12:39 p.m., registered nurse (RN)-A stated she was R2's nurse for the day. When a new resident is admitted with a brace, the admissions staff will enter the documentation into the electronic health record (EHR). Information about brace should be in the order set. Anytime the brace comes off and when residents have showers it should be documented. The opportunity to check their skin underneath would be during showers and if the brace is taken off at night or if they complain of discomfort. RN-A had worked with R2 several times and had never removed her C-collar. RN-A documented the skin assessment from 11/15/25 but didn't assess the skin underneath the collar and stated the nursing assistant who gave the bed bath also wouldn't have removed the collar.During on observation on 11/19/25 at 2:21 p.m., RN-A entered R2's room at the request of the surveyor to remove the C-collar and assess the skin. R2 reminded RN-A that removing the C-collar r required two staff. RN-A called in a nursing assistant (NA)-A to assist, NA-A held R2's head and neck straight while RN-A removed the C-collar. The skin underneath was red but had no open areas. After RN-A and NA-A left the room, R2 reported staff had just come in before the surveyor to remove the C-collar and change the pads.During an interview on 11/19/25 at 2:52 p.m., R2's nurse manager RN-B stated admission staff would put in the C-collar orders when a resident comes from the hospital and nurses on the floor would double check the orders.During an interview on 11/19/25 at 2:52 p.m., the director of nursing (DON) stated C-collar are managed by doing an assessment and changing it on shower day. When asked if interventions for managing the C-collar should be in the care plan, the DON did not answer but stated the nurse manager is responsible for the care plan. She stated there should be orders in the order set for managing the C-collar. When asked what areas for improvement there were for managing R2's C collar, the DON only mentioned that there should have been orders in the EHR.The neurosurgery clinic that was managing R2's cervical fracture did not respond to the interview request.A facility policy or procedure pertaining to braces or collars was requested but not received.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident?s preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, observation and document review, the facility failed to properly assess and monitor skin conditions for 1 of 4 (R2) residents reviewed for medical braces and quality of care. R2 had a cervical collar (C-collar) for a cervical fracture and the facility failed to document orders, complete skin assessments, assess the site and change the brace padding.Findings includeA cervical collar is a medical device used to support and protect the neck and spinal cord.R2's face sheet dated 11/19/25 indicated R2 was admitted on [DATE] and had diagnoses of other displaced dens fracture (cervical spine fracture), subsequent encounter for fracture with routine healing, type II diabetes with diabetic nephropathy, depression, chronic pain, anxiety, need for assistance with personal care, and dorsopathy (back pain).R2's Medicare 5-day Minimum Data Set (MDS) assessment dated [DATE] indicated R2 was cognitively intact, had no behaviors and required moderate assistance with activities of daily living.R2's hospital Discharge summary dated [DATE] included the following directions for cervical collar care:-Strictly follow all recommended collar use guidelines and activity restrictions provided from the hospital. In general, the Aspen collar (C-collar) will need to remain on at all times unless otherwise indicated.-Care of the skin under a cervical collar should be performed and documented every 8 hours. Conduct a neurological assessment and document after initial collar application, then every 8 hours (and as needed), or per provider orders.-Providing skin care to a patient in a cervical collar:1. Place the head of the bed flat.2. A second caregiver will secure the head and neck to maintain alignment.3. A third caregiver will stand by to assist with log rolling turns.4. Note neurological assessment of extremities. Remove the front portion of the collar and assess the visible skin condition carefully. Assess for areas of redness, rashes or skin breakdown.5. Cleanse face and neck with soap and water. Gently dry skin thoroughly.6. The pads on an Aspen collar should be changed daily and as needed. Review of R2's baseline care plan did not include the aforementioned hospital instructions according to the hospital discharge summary. R2's November treatment administration record (TAR) did not include treatment/care for the C- collar, changing or removing the C-collar, assessing the skin or neck under the C collar or when to notify a physician for concerns. R2's Weekly Skin Inspection dated 11/15/25 indicated R2 had no new skin issues but did not specify if her C-collar was removed to assess the skin.R2's Weekly Skin Inspection dated 11/8/25 indicated R2 declined a bed bath, shower and skin inspection.During an interview on 11/19/25 at 12:14 p.m., R2 stated staff have not washed the skin underneath her C-collar. Her C-collar is supposed to be on 24/7, she had been there for almost two weeks and staff have not removed the collar to assess the site or change the padding. It had been itchy all the time. Tearfully, she stated I understand this is scary and it's scary for me too, but I need help with it.During an interview on 11/19/25 at 12:39 p.m., registered nurse (RN)-A stated she was R2's nurse for the day. When a new resident was admitted with a brace, the admissions staff would enter the documentation into the electronic health record (EHR). Information about brace should be in the order set that would come across to the treatment administration record to alert nursing the treatment needed to be completed. Anytime the brace comes off and when residents have showers it should be documented. The opportunity to check their skin underneath would be during showers and if the brace was taken off at night or if a resident complained of discomfort. RN-A had worked with R2 several times and had never removed her C-collar. RN-A documented the skin assessment from 11/15/25 but didn't assess the skin underneath the collar and stated the nursing assistant who gave the bed bath also wouldn't have removed the collar.During an interview on 11/19/25 at 1:36 p.m., R2's physical therapist (PT)-A stated PT would only be responsible for adjusting the fit of the C-collar and nurses should be managing the collar. Everyday the skin should be washed as there could be a lot of sweating underneath the C collar. Pads should be changed at least every shower day. All care for the C-collar should be documented. PT-A was not aware of any concerns with managing the care of R2's C-collar.During on observation on (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	11/19/25 at 2:21 p.m., RN-A entered R2's room at the request of the surveyor to remove the C-collar and assess the skin. R2 reminded RN-A that removing the C-collar required two staff. RN-A called in a nursing assistant (NA)-A to assist, NA-A held R2's head and neck straight while RN-A removed the C-collar. The skin underneath was red but had no open areas. After RN-A and NA-A left the room, R2 reported staff had just come in before the surveyor to remove the C-collar and change the pads.During an interview on 11/19/25 at 2:52 p.m., R2's nurse manager RN-B stated residents who have a C-collar should have daily skin assessments and should be documented in a progress note. The pads should be changed weekly and as needed. admission staff would put in the C-collar orders when a resident comes from the hospital and nurses on the floor would double check the orders. RN-B stated R2 refused the weekly skin check at least twice but was unable to provide supporting documentation for both refusals.During an interview on 11/19/25 at 2:52 p.m., the director of nursing (DON) stated C-collar are managed by doing an assessment and changing it on shower day. The DON went on to explain that R2 had been refusing a lot of cares such as getting out of bed, eating and seeing the physician. When documenting in the skin assessment form, nurses should remove the C-collar to assess and document the findings. When asked what areas for improvement there were for managing R2's C-collar, the DON only mentioned that there should have been orders in the EHR.The neurosurgery clinic that was managing R2's cervical fracture did not respond to the interview request.A facility policy or procedure pertaining to braces or collars was requested but not received.