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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245201 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 03/27/2026 |
| NAME OF PROVIDER OR SUPPLIER The Estates at Fridley LLC | | STREET ADDRESS, CITY, STATE, ZIP CODE 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) |
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| <p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to identify alternatives prior to installing or using grab bars (bars installed at the head of the bed for a resident to hold onto for bed mobility or transfers), ensure grab bars were comprehensively assessed to determine if they were appropriate and safe, discuss the risks and benefits, and obtain informed consent prior to use of grab bars for 1 of 3 residents (R1) who was observed to have grab bars on their bed. R1's diagnoses list dated 3/27/26 included spastic hemiplegia (stiff, weak muscles and involuntary movements on one side of the body) affecting left side and muscle weakness. R1's admission Minimum Data Set (MDS) dated [DATE] indicated moderate cognitive impairment. During an observation and interview on 3/27/2026 at 12:25 p.m., R1 was observed in her room sitting in a power chair. R1's bed was observed with bilateral grab bars. R1 stated she utilized the grab bars to roll in bed and for transfers. R1's care plan dated 1/23/26 indicated R1 required assistance with bed mobility to sit up, boost up and get feet in and out of bed, and was independent with transfers. R1's care plan did not mention or address the use of grab bars/side rails. R1's electronic medical record (EMR) did not include a grab bars/side rail assessment that had been completed to determine necessity, and whether R1 could safely use side rails. Additionally, it was not evident did not R1 or R1's representatives were educated on the risk of having a grab bar on the bed, and/or a consent form was completed. During an interview on 3/27/2026 at 2:25 p.m., licensed practical nurse (LPN)-A stated a bed mobility devise form needed to be completed prior to having grab bars installed on a resident's bed. LPN-A confirmed R1's electronic medical record (EMR) did not contain a completed bed mobility devise assessment. During an interview on 3/27/2026 at 3:26 p.m., assistant director of nursing (ADON) stated a bed mobility devise assessment determined a resident's need and safety prior to having grab bars installed on a resident's bed. ADON confirmed R1's electronic medical record (EMR) did not contain a completed bed mobility devise assessment.</p> |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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