

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245203	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/15/2025
NAME OF PROVIDER OR SUPPLIER  The Villas at Bryn Mawr LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  275 Penn Avenue North Minneapolis, MN 55405	

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide enough food/fluids to maintain a resident's health.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28598</b></p> <p>Based on interview and document review, the facility failed to implement admission physician's orders of daily weight checks for 1 of 1 resident (R1) who had a diagnosis of malnutrition and was alleged to have a significant weight loss.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated [DATE], indicated R1 had moderate cognitive impairment, diagnosis of anemia, malnutrition, hip fracture, difficulty swallowing, cavities or missing teeth. R1's admission MDS further indicated a weight of 102 pounds (lbs.), a mechanical soft diet and four pressure ulcers, all present upon admission, with two identified as unstageable with deep tissue injury.</p> <p>R1's Care Plan dated 3/24/25, indicated R1 had actual alteration in nutrition, malnutrition related to acute hospital stay for edema with polysubstance abuse, poor nutrition history, past gastric bypass, and inadequate intakes. The care plan further indicated increased protein needs related to altered skin as evidence by multiple wounds. Staff were directed to monitor and record to medical doctor signs and symptoms of malnutrition, muscle wasting, significant weight loss greater than three pounds in one week, obtain weight per policy/order, provide and serve supplements per order and registered dietician (RD) to evaluate and make diet changes and recommendations as needed.</p> <p>R1's After Hospital Discharge orders dated 3/18/25, indicated R1 was to receive a two gram sodium diet, house nutritional supplement between meals three times per day, has heart failure, staff to listen to lung sounds daily, assess for peripheral edema daily, measure oxygen saturations, and daily weights in the morning. In addition, the discharge orders indicated R1 had wounds that needed care, and was on a diuretic for edema.</p> <p>R1's medical record lacked evidence of daily weights as ordered. R1's weights from admission on 3/18/25 to 4/03/25 were documented as indicated below:</p> <p>-3/18/25 weight of 101.4 lbs. (done with wheelchair)</p> <p>-3/19/25 weight of 101.5 lbs. (done with wheelchair)</p> <p>-4/03/25 weight of 101.1 lbs. (done with lift)</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of hospital Discharge Orders and Information Form dated 3/23/25, indicated R1 was seen for back pain, and had scoliosis. The report indicated during visit R1 had a weight of 94 lbs.</p> <p>An ED (emergency department) to Hosp-Admission note dated 4/09/25, indicated R1's weight to be 77 lbs. (24.1 lb. weight loss from last weight at the facility on 4/03/25 of 101.1 lbs.)</p> <p>A RD note dated 3/19/25, indicated R1 received alternate magic cup, mighty shake nutritious juice three times a day (TID) 690 calories and twenty-one grams (g) protein a day. In addition, the RD acknowledged R1 received Lasix (diuretic), zinc, folic acid, and a prenatal tablet (dietary supplements). The RD further indicated R1 admitted to the facility after hospitalization for significant edema related to malnutrition due to substance abuse and had chronic wounds with increased protein needs for healing skin. RD reported R1 had oral intakes at 50-75% of meals and had difficulty swallowing due to missing teeth, adding R1 was offered and accepted a downgraded diet. RD further reported R1 indicated she had a good appetite and her ideal body weight was 90 lbs. with a current weight of 101.5 lbs.</p> <p>An additional RD note dated 3/25/25, indicated follow up wounds, R1 remains on 2-gram (g) sodium diet with thin liquids, weight on 3/19/25 was 101.5 (no new weight was obtained even though R1 was ordered to have daily weights). Oral intakes typically 50-100% of meals, occasionally 20-50% or meal refusal. Ongoing pressure wounds. Increased protein needs for healing skin, house supplement TID per orders for added 690 calories and 21 g of protein per day met with resident prior to breakfast, reviewed meals in facility and resident reports overall likes the food, reviewed menu with resident and alternatives, resident reported preference for lactose free milk. Discussed additional alternatives for added protein such as Pro-Stat (liquid protein drink) and resident agreed to try. RD to follow up as needed with any changes to meal intakes, skin, or weights. RD note lacked any direction for weight monitoring. This was the last RD note found in R1's medical record.</p> <p>During interview on 4/15/25 at 10:58 a.m., nursing assistant (NA)-A stated R1 ate in her room independently, and she would eat approximately 50% of her food and received a mechanical soft diet. NA-A stated R1 had missing teeth and did not notice any weight loss on her.</p> <p>During interview on 4/14/25 at 11:00 a.m., registered nurse (RN)-K from hospital stated R1 was sent to the hospital on 4/08/25 due to a fall at the nursing home, but had no injuries. RN-K stated R1 was placed on comfort care over the weekend due to sepsis from pressure ulcers and passed away on 4/14/25. RN-K stated R1 discharged from the hospital on 3/18/25, with a weight of 104 lbs. and when she arrived back at the hospital on 4/09/25 with a weight of 77 lbs. RN-K did state that was the only weight they had before her passing on 4/14/25, and she noticed a change in her condition with the weight loss and her increase in size of her pressure ulcers. In addition, RN-K stated she was able to see in the hospital records on 3/26/25, when R1 went to emergency department (ED) for back pain and her weight was documented at 94 lbs.</p> <p>During interview on 4/15/25 at 11:20 a.m., licensed practical nurse (LPN)-A stated R1 admitted with multiple wounds and received a mechanical soft diet and would eat but it did depend on how R1 felt. LPN-A stated he did not notice a weight loss on R1.</p> <p>(continued on next page)</p>		

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<p>F 0692</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 4/15/25 at 11:45 a.m., interim director of nursing (DON) stated R1 admitted to the facility so tiny and frail, and did not notice any size change in her, and looked the same size to her since her admission. In addition, the DON stated R1 always had snacks around her which she preferred to eat, and she loved her pillows around her. In addition, the DON stated staff did not put her orders in correctly to ensure her weights were taken daily. The DON stated the dietician is providing education today with staff on putting in orders correctly for daily weights.</p> <p>During interview on 4/15/25 at 1:15 p.m., wound care nurse practitioner (NP)-A stated she assessed R1's pressure ulcers weekly while she was at the facility. NP-A stated she noticed R1 was frail and recalled asking her to eat, and did not feel it would be possible to lose 24 lbs. in six days.</p> <p>During interview on 4/15/25 at 1:45 p.m., facility NP-B stated she last saw R1 at the facility on 3/24/25, and noted she was on Lasix for edema but had no documentation of significant edema. The NP stated R1 had orders for daily weights for her general nutrition and would want to be called within a week if there were a five lb. weight loss. NP-B stated she received no phone calls from the facility for a weight loss. The NP-B further stated she felt it would be impossible for R1 to lose 24 lbs. in five to six days. (time between her last weight at the facility of 101.1 lbs. and her weight at the hospital of 77 lbs.)</p> <p>Weight Policy dated 5/01/24, indicated it is the policy of Monarch Healthcare Management to obtain accurate weights and provide monitoring to ensure each resident's nutrition parameters are maintained within acceptable parameters to prevent avoidable decline in nutritional status, unless their clinical condition demonstrates that this is not possible. Policy Interpretation and Implementation.</p>		