STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245210	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lake Minnetonka Shores	4527 Shoreline Drive Spring Park, MN 55384

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 0578 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49035 Based on interview and document review, the facility failed to ensure resident advanced directives were accurately documented in the electronic medical record (EMR) and physician orders to ensure their wishes would be followed in the event of a cardiac arrest for 1 of 24 residents (R158) reviewed for advanced directives. The immediate jeopardy (IJ) began on [DATE] when R158 completed an updated Physician's Orders For Life Sustaining Treatment (POLST) to change code status to Do Not Resuscitate (DNR) and was identified on [DATE]. The administrator and director of nursing (DON) were notified of the immediate jeopardy at 12:18 p. m. on [DATE]. The immediate jeopardy was removed on [DATE] but noncompliance remained at the lower scope and severity level D, which indicated no actual harm with the potential for more than minimal harm that is not immediate jeopardy. Findings include: R158's EMR banner in Point Click Care (PCC) reviewed on [DATE] at 7:07 p.m., identified R158 was full code, meaning chest compressions would be started if the resident was found with no pulse and no respirations. On [DATE] at 7:07 p.m., R158's order summery report in the electronic medical record (EMR) included an order dated [DATE] for full code. R158's most current Physician's Orders For Life Sustaining Treatment (POLST) located in the scanned EMR, signed by R158 and nurse practitioner (NP)-A on [DATE], identified R158 wished to be do not resuscitate (DNR). R158's POLST located in hard chart dated [DATE], indicated a code status of DNR. Physician signed orders in hard chart dated [DATE], include notation to review new POLST. Orders were signed by LPN-C as reviewed. On [DATE] at 7:19 p.m., licensed practical nurse (LPN)-A stated she would look at the banner for code status. She stated if full code, she would start chest compressions. She stated staff were trained to look at the banner in the EMR for code status. (continued on next page)

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

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F 0578 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	On [DATE] at 7:20 p.m., LPN-B stated he would look at the EMR banner for code status. LPN-B looked at the banner for R158 and stated he would start chest compressions if he found the resident unresponsive. On [DATE] at 7:21 p.m., registered nurse (RN)-B stated he would look at the banner in the EMR for code status. RN-B stated if the banner indicated full code, chest compressions should be started. On [DATE] at 7:22 p.m., clinical coordinator (CC)-A stated code status was reviewed during admission, care conferences and with a change in condition. If a code status was changed during a provider visit, the new orders were entered into the EMR by the floor nurse. This included a change to code status/POLST. CC-A confirmed R158's banner indicated full code for code status. CC-A confirmed the most recent POLST dated [DATE], indicated R158 wished to be DNR. CC-A stated staff looked at the banner for guidance, however CC-A stated R158's documentation was inconsistent. On [DATE] at 7:31 p.m., director of nursing (DON) stated staff checked the EMR banner for code status. When a resident was listed as full code, chest compressions were started and another staff retrieved the POLST form for additional instructions. On [DATE] at 9:29 a.m., R158 stated she wished to be DNR and should not have CPR. The immediate jeopardy that began on [DATE], was removed when the facility developed and implemented a systematic removal plan. The removal plan was verified on [DATE] through interview and document review. The facility had corrected the code status for R158, completed a facility wide audit to ensure no other code status discrepancies, reviewed policies and procedures, implemented a double check practice for all new orders, and provided education for staff prior to start of shift.

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F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 49657 Based on interview and document review, the facility failed to ensure the required staffing information was posted daily. This had the potential to affect all 57 residents residing in the facility, staff and visitors who may wish to view this information. Findings include: During review of the staff posting documentation from 3/24/24 through 4/25/24, the facility failed to provide evidence of staff postings for the following dates: 3/24/24, 3/30/24, 3/31/24, 4/3/24, 4/6/24, 4/7/24, 4/13/24, 4/14/24, 4/21/24. On 4/24/24 at 3:11 p.m., the administrator acknowledged the facility had not completed nor posted the staffing information daily. On 4/25/24 at 11:22 a.m., the staffing coordinator (O)-D stated staffing information needed to be posted and updated daily. On 4/25/24 at 12:07 p.m., the director of nursing (DON) and the administrator stated staff postings were expected to be completed every day and was important to have the information available to those who wished to view it, and to ensure enough staff were on site. The facility's Nurse Hours Posting Policy, last modified in October 2022, indicated the staff data would be posted on a daily basis.

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F 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 49657 Based on observation, interview, and document review the facility failed to ensure all medications and biologicals were locked in compartments which only allowed authorized personnel to have access. This had the potential to affect all the residents residing on the third floor of the facility. Findings include: During continuous observation on 4/23/24 from 3:10 p.m. until 3:50 p.m. medication cart 1 on third floor remained unlocked. Registered nurse (RN)-C left the cart unlocked and out of eyesight at 3:10 p.m., 3:19 p. m., 3:28 p.m., 3:34 p.m., 3:41 p.m. to complete medication passes. During this time residents, visitors and unlicensed staff walked by the unattended cart. On 4/23/24 at 3:50 p.m., the clinical coordinator (RN)-A approached the medication cart, and locked the cart when RN-C was not present. On 4/24/24 at 4:12 p.m., RN-C stated the cart should have been locked when left unattended and out of eyesight. On 4/23/24 at 4:19 p.m., the clinical coordinator RN-A stated staff were expected to lock the medication cart when unattended and out of their view. RN-A stated this was an issue. On 4/25/24 at 12:07 p.m., the director of nursing (DON) stated staff were expected to lock the medication cart when not in range of sight of the cart. DON stated it was important to lock unattended medication carts to prevent diversion, and safety of the residents and staff. The facility's Medication Ordering and Receiving from Pharmacy Policy, undated, indicated only licensed nurses, pharmacy personal and those authorized to administer medications were permitted access to them. Medication rooms, carts, and medication supplies are to be locked when not in attendance by persons with authorized access.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. 44645 Based on observation, interview and document review, the facility failed to follow food safety guidelines to thaw raw chicken to prevent the spread of cross-contamination. Furthermore, the facility failed to ensure appropriate hand hygiene was performed for 1 of 1 staff observed preparing food in the kitchen. These deficient practices had the potential to affect all 57 residents who ate in the facility. Findings include: During a kitchen observation on 4/25/24 at 11:55 a.m., cook-A stated chicken was being thawed for supper. Cook-A was working at a two-compartment stainless steel prep sink, and the right-side sink compartment was approximately 75% full of cloudy, pink-gray water, with cold water running from the faucet into the cloudy water, and the contents of the sink were not visible. A stainless draining pan, positioned over the left-side sink compartment, contained approximately 12 pieces of boneless, skinless chicken pieces. However, no water was running over the raw chicken in the left-side compartment. Cook-A submerged gloved hands passed the wristband of the gloves into the cloudy water, removed raw, frozen chicken pieces from the cloudy water, pulled the frozen pieces apart under the running water, and placed the separated pieces into the draining pan. After approximately five minutes, cook-A removed gloves, moved to the handwashing sink, applied liquid soap to hands, rubbed hands together for approximately 10 seconds, turned water on, rinsed hands, dried hands with paper towel, and used the same paper towel to turn off the faucet. Cook-A applied clean gloves, placed the chicken pieces from the draining pan onto two lined baking pans, and placed the pans on a rack located in the prep area. Cook-A then returned to the prep sink and continued to separate frozen chicken pieces in the same manner. After approximately another five minutes, cook-A removed her gloves, turned off prep sink faucet, turned the right-side drain lever, and moved to the handwashing sink. Cook-A applied liquid soap to hands, rubbed hands together for approximately 10 seconds, turned faucet on, rinsed hands, dried hands with paper towel, used the same paper towel to turn off the faucet, applied clean gloves, submerged gloved hands, past the wristband of the gloves, into the cloudy water, removed approximately 10-12 pieces of raw, frozen chicken pieces from the cloudy water, placed them into the draining pan, turned the cold water back on over the drain pan of chicken, separated the remaining frozen chicken pieces under the cold running water, and placed them on a lined baking pan. After approximately five minutes, cook-A removed gloves, placed the baking sheet on the rack, turned the right-side drain lever, ran the disposal until the water emptied, and moved to the handwashing sink. Cook-A applied liquid soap to hands, rubbed hands together for approximately 10 seconds, turned faucet on, rinsed hands, dried hands with paper towel, and used the same paper towel to turn off the faucet. The dietary manager (DM) told cook-A she needed to wash hands longer, for at least 20 seconds, needed to scrub with soap and water, and instructed cook-A to wash hands again the correct way. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	On 4/25/24 at 12:21 p.m., the DM stated raw chicken should never be thawed unwrapped in a filled sink of water. The chicken should have been pulled from the freezer the previous day, to thaw by the preferred method in the refrigerator overnight. If meat was not thawed by the preferred method, it needed to remain in leak-proof packaging, in a bin with cold water running continuously to prevent cross-contamination. Additionally, DM stated staff were expected to wash hands for at least 20 seconds, and staff needed to scrub with soap and water, not just soap and then rinse with water. DM stated proper handwashing had been reviewed multiple times and proper handwashing procedure signs were posted over all sinks. The facility's Proper Thawing of Frozen Foods policy, revised 7/19, indicated proper food handling procedures needed to be followed in regard to the thawing of all frozen foods. The facility's Handwashing Policy, updated 5/19, indicated hands and exposed portions of arms needed to be washed for at least 20 seconds by the following method: 1) rinse under warm, running water, 2) apply soap and rub all surfaces of hands and arms, 3) rinse thoroughly with warm, running water, 4) dry hands and exposed portions of arms with single-use paper towels, 5) use a clean barrier, such as a paper towel, to turn off faucet.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. 49035 Based on observation, interview and record review, facility failed to follow proper use of personal protective equipment (PPE) for 1 of 1 residents (R1) reviewed for contact precautions. This had the potential to affect all 57 residents, staff and visitors. Findings include: R1's wound culture lab collected 4/2/24, indicated resident's right foot wound was infected with methicillin-reistant staphylococcus aureus (MRSA). Lab report included MRSA required contact precautions. R1's diagnosis report printed 4/25/24, included diagnoses of non-pressure chronic ulcer of other parts of left foot, non-pressure chronic ulcer of other parts of right foot, and dementia. R1's order summary report printed 4/25/24, included an order for wound care on right lateral foot. Clean with normal saline. Cover heel and medial wound with foam dressing. Observation on 4/24/24 at 7:13 a.m., license practical nurse (LPN)-C completed wound care on R1. LPN-C donned PPE outside of R1's room. PPE included a short sleeve, fabric gown tied around neck and disposable gloves. LPN-C cleansed wound by squirting normal saline onto wound bed and drying with gauze, which created an opportunity for splashing. During interview on 4/24/24 at 10:25 p.m., infection preventionist (IP) stated R1 had a wound culture that came back positive for MRSA and needed to be on contact precautions. She expected staff to wear a long sleeve gown with cuffs and gloves whenever coming in contact with the resident. IP confirmed short sleeved fabric gowns outside R1's room did not meet the criteria for contact precautions. During interview on 4/24/24 at 10:29 a.m., registered nurse (RN)-A stated he expected staff to wear long sleeve gowns with cuffs while providing wound care to a resident on contact precautions. RN-A stated it was important to protect clothing and skin that may come in contact with the wound during cares and could be spread to other residents. Undated facility policy titled Infection Prevention and Control Manual, included instructions on gown use. Policy indicated the gown should be a clean, non-sterile gown with long sleeves will be worn for direct care or when contact with secretions or excretions.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49035 Based on interview and document review, the facility failed to ensure 2 of 5 residents (R1, R17) reviewed for immunizations were offered and/or provided the pneumococcal vaccine series as recommended by the Center for Disease Control (CDC) to help reduce the risk of associated infection(s). Findings include: A CDC Pneumococcal Vaccine Timing for Adults feature, dated 3/15/2023, identified various tables when each (or all) of the pneumococcal vaccinations should be obtained. This identified when an adult over [AGE] years old had received the complete series (i.e., PPSV23 and PCV13; see below) then the patient and provider may choose to administer Pneumococcal 20-valent Conjugate Vaccine (PCV20) for patients who had received Pneumococcal 13-valent Conjugate Vaccine (PCV13) at any age and Pneumococcal Polysaccharide Vaccine 23 (PPSV23) at or after [AGE] years old. R1's admission record printed 4/25/24, indicated an age of 90 and diagnoses of severe protein-calorie malnutrition, immunodeficiency, and type 2 diabetes. R1's electronic medical record (EMR) failed to include proof of offering of PVC20 vaccine. R1's care plan printed 4/25/24, included focus of potential for infection related to history of infection and use of immuno-suppressant medication. R17's admission report printed 4/25/24, indicated an age of 80 and diagnoses of morbid (severe) obesity, unspecified asthma, and type 2 diabetes. Facility document titled Pneumococcal Vaccination Consent, was signed as completed 2/18/24. Section on shared clinical decision making was not filled out. A notation was made appears to be up to date. R17's Order Summary Report, printed 4/25/24, included an order dated 2/17/24, resident may receive pneumococcal vaccinations if not already received. During interview on 4/24/24 at 2:42 p.m., director of nursing (DON) stated R1's EMR indicated eligibiltiy, however, lacked evidence of shared clinical decision-making with the physician for PCV20 at least 5 years after the last pneumococcal dose. During interview on 4/24/24 at 2:42 p.m., director of nursing (DON) stated R17's EMR did include a document stating the resident appeared up to date on pneumococcal vaccinations, however, R17 was eligible for the PCV20 vaccine. R17's record lacked evidence of shared clinical decision-making with the physician for PCV20 at least 5 years after the last pneumococcal dose. Facility policy Pneumococcal Vaccination Policy dated July 2023, included residents should be vaccinated in accordance with the CDC's pneumococcal vaccine recommendations and if a resident declined the vaccine, it should be documented in their medical record.