

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at Chateau LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2106 Second Avenue South Minneapolis, MN 55404	

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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47264</b></p> <p>Based on interviews and document review the facility failed to ensure residents right to be free from abuse, provide adequate supervision, and develop a comprehensive care plan including interventions for two of two residents (R1, R2) reviewed for abuse. R1 and R2 had a history of resident-to-resident altercations while intoxicated and physically assaulted each other while under the influence of alcohol and intoxication.</p> <p>Findings Include:</p> <p>R1's care plan indicated on 1/24/24, R1 was involved in an altercation with another resident while intoxicated on 1/24/24. R1's care plan indicated R1 actively uses alcohol while living at the facility. R1's care plan instructed staff need to monitor R1 while intoxicated.</p> <p>R1's Minimum Data Set for facility entry dated 5/9/24 indicated R1 was admitted to the facility on [DATE]. R1's relevant diagnoses included acute pancreatitis, type 2 diabetes mellitus, and alcohol abuse. R1 was ambulatory without any adaptive equipment and was independent with his activities of daily living. R1 scored a 15 out of 15 on his Brief Interview for Mental Status (BIMS), indicating he was cognitively intact.</p> <p>R2's Discharge Instructions and Summary from transferring facility, dated 4/3/24, indicated R2 had a recent altercation with another resident due to her intoxication.</p> <p>R2's care plan on 4/5/24 indicated R2 had a history of resident altercations while intoxicated prior to arriving at the facility. R2's care plan indicated R2 chronically abuses alcohol. R2's care plan indicated staff need to monitor R2 while intoxicated.</p> <p>R2's MDS for facility entry dated 4/11/24 indicated R2 was admitted to the facility on [DATE]. R2's relevant diagnoses included alcohol dependence, alcohol abuse with delirium, bipolar disorder, aphasia, adult failure to thrive, and traumatic brain injury. R2 was ambulatory without any adaptive equipment and was independent with her activities of daily living. R2 scored a 14 out of 15 on her BIMS, indicating she was cognitively intact.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at Chateau LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2106 Second Avenue South Minneapolis, MN 55404	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's nursing note dated 4/27/24 at 4:33 p.m. indicated R2 had entered R1's room and had a conversation about money and cigarettes when R2 struck R1 on the face. The nursing note indicated this left a scratch underneath R1's left eye. The note indicated both residents were intoxicated during the altercation.</p> <p>R2's nursing note dated 4/27/24 at 5:57 p.m. indicated R2 had entered R1's room to give him a cigarette when R1 stuck her in the right cheek with a closed fist. The nursing note indicated R2 then struck R1 under the right eye, leaving a small laceration under his chin and neck.</p> <p>R2's skin evaluation dated 4/28/24 indicated R2 did not have any injuries following the physical altercation on 4/27/24.</p> <p>R1's skin evaluation dated 4/28/24 indicated R1 received a small laceration underneath his right eye on 4/27/24 during his physical altercation with R2. R1 refused treatment for this injury.</p> <p>During an interview on 5/2/24 at 10:53 a.m., R3 stated there are many residents in the facility who leave the facility to use illicit drugs or drink alcohol. R3 stated those residents come back inebriated and people know to stay away from them.</p> <p>During an interview on 5/2/24 at 11:02 a.m., R4 stated he was in R1's room when R2 entered on 4/27/24. R4 stated he saw R2 hit R1 under his eye, causing a laceration and moderate bleeding. R4 stated many residents leave the facility to use illicit drugs or alcohol and return inebriated.</p> <p>During an interview on 5/2/24 at 11:07 a.m., trained medication aide (TMA)-A stated on 4/27/24 at around 4:00 p.m., she heard yelling from R1's room. TMA-A stated both R1 and R2 were drunk during the assault. TMA-A stated she walked into the room and saw R2 restraining R1 by his wrists on his bed. TMA-A stated R2 reported being hit in the face by R1. TMA-A stated R1 and R2 do not have a history of resident-to-resident altercations. TMA-A stated history of violence and how to monitor them will be noted in the care plans.</p> <p>During an interview on 5/2/24 at 12:33 p.m., TMA-B stated on the afternoon of 4/27/24, she was working on R2's floor when she heard about the assault. TMA-B stated she helped separate R1 and R2 after the assault. TMA-B stated she believed both R1 and R2 were intoxicated. TMA-B stated R2 told her R1 had hit her on the cheek. TMA-B stated she saw redness and felt warmth on R2's cheek and provided her with an ice pack for the injury. TMA-B stated she believed R1 had struck R2. TMA-B stated R1 is verbally abusive towards staff when he is intoxicated. TMA-B stated following this event, R1 calls R2 rude names, such as bitch, and crazy. TMA-B stated R2 is intoxicated most days and wanders around the facility to socialize. TMA-B stated she is unaware if R1 or R2 have a history of assaulting other residents.</p> <p>During an interview on 5/2/24 at 12:58 p.m., R2 stated on 4/27/24, she entered R1's room to ask for a cigarette. R2 stated R1 slapped her in the face, and she scratched him in response. R2 stated R1 had never assaulted her previously. R2 stated she does not feel safe at this facility and would like to live somewhere else.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245222	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/02/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at Chateau LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  2106 Second Avenue South Minneapolis, MN 55404	
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 0600</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/2/24 at 1:11 p.m., NA-A stated all history and plans around assaults would be noted in the care plan. NA-A stated he was unaware if R1 or R2 had a history of assaulting other residents. NA-A stated if a resident returns to the facility intoxicated, they do their best to monitor them and take vitals as needed. NA-A stated if an intoxicated resident is presenting abnormally, they have to report those findings to the nurse.</p> <p>During an interview on 5/2/24 at 1:15 p.m., registered nurse (RN)-A stated when R1 and R2 assaulted each other on 4/27/24, they were both drunk. RN-A stated she was unaware if R1 and R2 had a history of assaulting other residents. RN-A stated she began 15-minute checks on both R1 and R2 for 24 hours to ensure their safety. RN-A stated if a resident is intoxicated without an instance of assault, the staff monitors them intermittently to ensure they are stable. RN-A stated if there are any abnormal findings with a resident who is intoxicated, they are to notify the physician immediately and provide care as directed.</p> <p>During an interview on 5/2/24 at 3:23 p.m., the director of nursing (DON) stated no reeducation was provided to staff regarding monitoring of intoxicated residents.</p> <p>During an interview on 5/2/24 at 3:34 p.m., the administrator R2 is alcohol dependent and resistant attending chemical dependency treatment. The administrator stated R2 is intoxicated nearly every single day. The administrator stated following the assault, both residents were placed on 15 minute checks for 24 hours, staff and residents involved were interviewed, a random sample of the facility's residents were interviewed to identify safety concerns, both residents were scheduled to be seen by their respective psychiatrists, R2 was placed on a medication to manage her assaultive behaviors, the assault was reviewed by the interdisciplinary team, and the resident's care plans were updated on 5/2/24. The administrator stated there was no reeducation completed with staff regarding monitoring of intoxicated residents. The administrator stated no root cause analysis was completed for the assault.</p> <p>The Monarch Healthcare Management policy titled Abuse Prohibition/Vulnerable Adult Policy dated 8/2023 indicated the philosophy of the facility is to provide quality long-term care in a loving and caring atmosphere with the policy written to comply with Minnesota State Statute 626.557 and Federal Guidelines for the prevention of maltreatment. The purpose was to protect residents against abuse by anyone including resident to resident abuse. Abuse was defined as the willful infliction of injury with resulting physical harm, pain, or mental anguish. Prevention included employee screening by conducting a background check and training. Residents were to be assessed for abuse by others or their risk for abusing others, and self-abuse developing plans and measures taken to minimize risk along with ongoing assessments. The Interdisciplinary Care Plan Team reviews residents requiring behavioral interventions at least quarterly during target behavior meetings to develop individual behavior plans.</p>		