STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44630 Based on interview, observation and document review, the facility failed to ensure care-planned interventions for communication with a Spanish speaking resident were consistently implemented to reduce alteration in psychosocial wellbeing, the risk of isolation, and barriers with communication for 1 of 1 resident reviewed for (R12) communication and activities. Findings include: R12's quarterly Minimum Data Set (MDS) dated [DATE], indicated R12 needed or wanted an interpreter to communicate with a doctor or health care staff, moderate cognitive impairment, no behaviors, nearly every day feeling down depressed or hopeless, nearly every day feeling tired or having little energy, always feeling social isolation, no rejection of care, utilized a walker and wheelchair, required partial/moderate assistance with toileting, shower, dressing, and mobility, and diagnoses included depression and insomnia. R12's care plan dated 5/1/24, indicated R12 does not speak English, but understands some English, Spanish speaking staff often help with translations especially for simple things, staff to use translator when speaking with R12, staff to assist with TV and make sure on Spanish translation, R12 is friendly, but there is a communication barrier as he does not speak English, talks very little English and understands very little English, use the interpreter on a stick outside by room to help me get my wants known to staff. Document titled Hall 2, 24 Hour Daily Nurse Report dated 5/10/24, indicated R12 was A-1 (assist one) 4ww (4 wheeled walker), Spanish speaking only. On 5/13/24 at 5:34 p.m., R12 was observed to walk out of his room with no walker, the walker remained in R12's room. The administrator approached and spoke English to R12 outside of his room and assisted R12 into a wheelchair in the hallway. While the administrator assisted R12 he spoke in English and asked do you want me to push you and R12 said ok ok ok and then R12 started pushing himself and used his hands to self propel the wheelchair through the hall, and administrator said again I can push you, and R12 did not answer back. R12 was observed to use his own hands to self propel himself through the hallway and to the dining room and the administrator walked away. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/14/24 at 8:00 a.m., during an interview with R12 and the assistance of the Language line, R12 stated he spoke Spanish, and did not understand English. R12 stated he did not understand the staff who did not speak Spanish. R12 stated he was stir crazy and stated the facility did not provide him activities, and just sits in his room all day and watched TV, and further stated what else can I do. R12 stated he wished there were activities to do and people to talk with. R12 stated he doesn't get to do activities often, because he speaks Spanish and that's why he wants to go to [named a different facility]. R12 stated the staff who do not speak Spanish ignore him, and again stated people at the facility don't speak Spanish to him and he does not understand the staff who speak English. A sign was posted on R12's wall that indicated tirar de la cuerda para pedir ayuda y [NAME]. [Pull the rope to ask for help and a bathroom, thank you.] No Spanish communication tools were observed in R12's room and color crayons were located at foot of R12's bed and not within reach of R12. R12 stated he did not know what activities he could do at the facility because the staff did not speak Spanish or understand him, and he did not understand the staff. On 5/14/24 at 8:07 a.m., R12 was observed in his room and stood up out of recliner and walked out of room independently towards his wheelchair located in the hallway that was approximately 12 feet from his door and did not use call light. Licensed practical nurse (LPN)-A was observed about 20 feet from R12 and stated un memento towards R12, R12 did not respond and continued to walk towards the wheelchair in the hallway. At 8:11 a.m., LPN-A walked down the hallway towards R12 and spoke in English and asked R12 .can I help you get your walker and R12 said no, and LPN-A continued to talk in English and R12 did not respond. R12 did not follow LPN-A commands, and facial expressions were confused and R12 said no to LPN-A as he brought the walker to R12, LPN-A continued to bring the walker to R12 and placed gait belt around R12's waist and assisted R12 to his wheelchair and pushed R12 through the hall. On 5/14/24 at 8:21 a.m., LPN-A stated he was an agency staff not familiar with R12 and stated R12 was independent with transfers and stated he was not sure what the sign on R12's wall stated. LPN-A verified he was not aware R12 spoke Spanish and was not provided information by the facility or tools to communicate with R12. On 5/14/24 at 8:25 a.m., nursing assistant (NA)-B stated he was not familiar with R12, and was not aware R12 was Spanish speaking and was not sure how he was to communicate with R12. On 5/14/24 at 8:31 a.m., NA-A stated R12 was Spanish speaking and did not understand English. NA-A stated she was fluent in Spanish and spoke Spanish with the R12. NA-A stated herself and assistant director of nursing (ADON) were Spanish speaking staff at the facility. NA-A stated she was not sure how R12 understood other staff and how other staff understood R12. NA-A stated it was very difficult for R12 to communicate with staff, and if he had visual aides that would help. NA-A stated R12 knew how to read Spanish, and the facility had not provided tools in Spanish for R12. On 5/14/24 at 8:40 a.m., activity aide (AA)-A stated there was a translator computer at the facility and she had not been trained to use or attempted to use it to participate in activities with R12. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/14/24 at 8:54 a.m., social services director (SS)-A stated R12 was Spanish speaking and understood limited English, and staff were expected to use the interpreter services located on the computer outside of R12's room. SS-A confirmed the translator computer was located in storage area out of sight from staff and was not located as expected outside R12's room. SS-A stated she was trained on the use of the translator computer, however usually relied on Spanish speaking staff to converse with R12. On 5/14/24 at 9:21 a.m., activity director (AD)-D stated activity staff were expected to communicate with R12 using the translator computer. AD-D stated the computer was not always located near R12's room. AD-D stated she thought R12 eventually catches on what staff saying in English, and stated she knows that because he will say yes or nod his head AD-D stated the computer translator was expected outside of R12's room readily accessible to staff, and stated there were a couple staff who were able to speak Spanish and translated if they were present at the facility. AD-D stated she was not sure how R12 understood staff when non-Spanish speaking staff. On 5/14/24 9:30 a.m., LPN-A confirmed the facility had not trained him how to use the translator computer and was not aware of any communication tools to be able to communicate with R12. On 5/14/24 at 9:33 a.m., NA-D stated she usually worked nights and does not frequently communicate with R12, and further stated R12 communicated in Spanish and she does not carry on conversations or full sentences with R12 due to the language barrier. NA-D stated she was not aware of any communication tools or interpreter computer services to use with R12. On 5/14/24 at 9:48 a.m., during a follow up interview NA-B sated he was not aware of a translator computer at the facility and had not been trained to use one or how to communicate with R12. On 5/14/24 at 1:49 p.m., during a follow up interview AA-A stated the communication she had with R12 was limited and he watched her play cards with the other residents but does not participate. AA-A confirmed she did use not the computer or communication tools to communicate with R12. On 5/14/24 at 3:21 p.m., R12 seated in recliner in room and television was on in English language. On 5/15/24 at 7:20 a.m., trained medication aide (TMA)-B stated R12 communicated in Spanish and stated due to herself and other staff not knowing Spanish and R12 not knowing English, it was likely there was a chance for miscommunication and misinterpretation of R12's wants and needs, that could make him feel lonely or frustrated. On 5/15/24 at 7:24 a.m., TMA-C stated R12 spoke Spanish and she knows what R12 might want based on routine and acknowledged she only spoke English with R12. TMA-C stated she was not sure if R12 understood her or not. TMA-C stated she had not been trained or had used the translator computer or other communication tools to be able to communicate with R12. On 5/15/24 at 7:49 a.m., NA-F stated R12 spoke Spanish, and stated R12 was not offered choices of meals, activities, and wants and needs in a form or language he could understand. NA-F confirmed she does not use the translator computer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/15/24 at 8:40 a.m., NA-H was instructed from staff to assist R12 to the bathroom, NA-H asked R12 in English do you use the EZ lift, R12 did not respond. NA-H was observed to continue to assist R12 to the bathroom and only communicated with R12 in English then and no attempt use computer in hallway and was observed to assist R12 to the bathroom. R12 did not respond to NA-H questions. On 5/15/24 at 8:53 a.m., the administrator stated when NA-A and ADON were at the facility they provided translation for R12. The administrator stated staff were expected to use the interpreter computer if it was available and working, and stated when the staff and R12 communicated with gestures and yes and no. On 5/15/24 at 9:43 a.m., the ADON stated R12 spoke Spanish and she acted as a translator and would assist with communication occasionally while at the facility and during R12's care conference. ADON stated she was not at the facility 24/7 and when she was at the facility she was not always available to act as the translator for R12. ADON stated she was not sure if the translator computer still worked, and stated if it worked staff should use the computer to communicate with R12. ADON stated R12 had not been provided other communication tools to utilize. On 5/15/24 at 10:52 a.m., NA-H and NA-G were observed in R12's room and attempted to converse in English with R12 as they changed the television from Spanish to English, NA-H and NA-G were not heard or observed to ask R12 choices of a television show. On 5/15/24 at 11:11 a.m., AA-B stated she does not have a communication tool to communicate with R12. On 5/15/24 at 11:51 a.m., the director of nursing (DON) stated staff were expected to use computer translator for communication with R12. The DON stated SS-A was responsible for staff education for the use of the computer translator and was not aware staff were not trained to use the computer. The DON discussed previously she wanted to provide visual aides for R12 as a communication tool and stated that was discontinued as she was told that was a dignity concern. The DON acknowledged she was not sure how staff communicated with R12 if the computer translator is not used. On 5/15/24 5:35 p.m., during a telephone interview with R12's emergency contact (EC)-A stated R12 was lonely at the facility because he did not have anyone that visited with him or communicated with him regularly. EC-A stated some staff at the facility spoke Spanish, and confirmed R12 does not speak English or understand English. EC-A stated the impression of Spanish speaking people was when they smiled or nodded it was thought they understood what a person was saying, but that is not always true. EC-A stated R12 was lonely at the facility. On 5/15/24 from 7:00 a.m.-1:00 p.m., the computer translator was observed outside R12's room and located in the hallway, however, was not observed utilized by staff. Facility assessment dated [DATE]. indicated: Our facility uses [NAME] Translation services to provide our non-English speaking /ASL residents with the ability to communicate their needs and preferences. We employ several bilingual direct care givers. We provide person-centered/directed care. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Person-centered care - This should include but not be limited to person-centered care planning Our admission process includes identifying these elements and understanding what is important for the individual. We believe this information is essential for a person-centered/person driven care delivery system/program. This knowledge allows us to determine the necessary skills/competencies our staff need along with what contracted services we may also need. This information has led the interdisciplinary team to develop specific services to assist individuals in achieving their highest practicable level of function while also enjoying living in our community of care. Cultural competency (ability of organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of residents)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide activities to meet all resident's needs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44630 Based on observation, interview and document review, the facility failed to ensure individualized activities and activities for a non-English speaking resident were provided for 1 of 3 residents (R12) reviewed for activities. Findings include: R12's quarterly Minimum Data Set (MDS) dated [DATE], indicated R12 needed or wanted an interpreter to communicate with a doctor or health care staff, moderate cognitive impairment, no behaviors, nearly every day feeling down depressed or hopeless, nearly every day feeling tired or having little energy, always feeling social isolation, no rejection of care, utilized a walker and wheelchair, required partial/moderate assistance with toileting, shower, dressing, and mobility, and diagnoses included depression and insomnia. R12's document titled Resident Mood (PHQ-9) dated 4/29/24, indicated nearly every day felt feeling down, depressed, or hopeless, sad and feeling tired or having little energy, and always feel lonely or isolated from those around you. R12's care plan dated 5/1/24, indicated R12 does not speak English, but understands some English, Spanish speaking staff often help with translations especially for simple things, staff to use translator when speaking with R12, he did very well using the translator during TR (therapeutic recreation) Assessment; at risk for psychosocial disruption/trauma r/t (related to) experiencing loneliness, staff to assist with TV and make sure on Spanish translation, staff to visit with resident, resident/family currently wishes to remain at facility until opening at Living Meadows at [NAME] - Madelia, please encourage to make my room homelike to my liking, R12 is friendly, but there is a communication barrier as he does not speak English, he does understand some English, but speaks only a couple words of English; Spanish Speaking Staff, who are willing to help with translating as needed, declines to sit in with group activities, but will often sit at a distance and observe, does not speak English, able to understand some English. enjoys Spanish/Mexican Music, staff to assist with the TV as needed, respond to question/statement with appropriate verbalization, explain each activity/care procedure to resident prior to beginning it, give resident simple choices that will not be overwhelming, talks very little English and understands very little English, use the interpreter on a stick outside by room to help me get my wants known to staff. R12's record review indicated no documentation of mood or behavior interventions related to R12's feeling down, depressed, or hopeless, sad and feeling tired or having little energy, and always feel lonely or isolated. Document titled Hall 2 24 Hour Daily Nurse Report dated 5/10/24, indicated R12 was A-1 (assist one) 4ww (4 wheeled walker), Spanish Speaking only. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Progress note dated 4/29/24, social services (SS)-D indicated BIMS (cognitive screening) and PHQ-9 (depression screening) were completed today with translation services. BIMS score was 11 indicating moderate impairment. PHQ-9 score was 6, indicating mild depression. R12 stated he was sad and had little energy daily. R12 wondering if they have any opening at Living Meadows in Madelia to be closer to his friends. R12's IDT Care Conference Form dated 4/30/24, indicated care conference was held today with Spanish translator, will occasionally comes out for dice game, socialize with staff in the facility, watches TV in his room, attends very few group activities, writer believes that it is language barrier that keeps him from participating in activities, but he will on rare occasion join in an activity, he does attend entertainment held in the facility, he will often come into the dining room when a group activity is going on and he appears to observing what is happening. Prefers to be in his room watching Spanish speaking Channels on TV. He sits in his recliner and rests or sleeps, has a roommate, but due to the language barrier there is little interaction, often self transfers or coming out into the hallway walking on his own, very pleasant with writer and other staff and will often ask how are you, appears to understand more English than he can speak, on occasion will receive visitors. Psychosocial concerns/vulnerability: stated he was sad and had little energy daily and another facility was assessing for possible placement to be closer to his friends. On 5/13/24 at 2:53 p.m., R12 was seated in a recliner in his room with the television on in Spanish, R12's roommates television was also on in English. R12's television could not be heard due to the loud volume of the roommates television. On 5/14/24 at 8:00 a.m., during an interview with R12 and the assistance of the Language line, R12 stated he spoke Spanish, and did not understand English. R12 stated he did not understand the staff who did not speak Spanish. R12 stated he was stir crazy and stated the facility did not provide him activities, and just sits in his room all day and watched TV, and further stated what else can I do. R12 stated he wished there were activities to do and people to talk with. R12 stated he doesn't get to do activities often, because he speaks Spanish and that's why he wants to go to [named a different facility]. R12 stated the staff who do not speak Spanish ignore him, and again stated people at the facility don't speak Spanish to him and he does not understand the staff who speak English. A sign was posted on R12's wall that indicated tirar de la cuerda para pedir ayuda y [NAME]. [Pull the rope to ask for help and a bathroom, thank you.] No Spanish communication tools were observed in R12's room an art with colors located at foot of R12's bed and not within reach of R12. R12 stated he did not know what activities he could do at the facility because the staff did not speak Spanish or understand him, and he did not understand the staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/14/24 at 8:31 a.m., NA-A stated R12 was Spanish speaking and did not understand English. NA-A stated she was fluent in Spanish and spoke Spanish with the R12. NA-A stated herself and assistant director of nursing (ADON) were Spanish speaking staff at the facility. NA-A stated she was not sure how R12 understood other staff and how other staff understood R12. NA-A explained R12 had voiced to her that he was not happy at the facility and wanted to go to a different facility. NA-A stated R12 had voiced he does not understand staff at the facility, and had a meeting about going to a different facility, but has not heard back about if he could go. NA-A stated it was very difficult for R12 to communicate with staff, and if he had visual aides that would help. NA-A stated R12 knew how to read Spanish, and the facility had not provided tools in Spanish for R12. NA-A stated R12 occasionally attended activities not involving speaking or words, and would go to more activities if he was given some that that did not involve words or word puzzles, or some type of activity in Spanish. NA-A stated she felt R12 was a little neglected and ignored because of language barrier and R12 had requested somewhere more calm for himself and with people to interact with. On 5/14/24 at 8:40 a.m., activity aide (AA)-A stated she invited R12 to attend activities through gestures and broken English. AA-A stated R12 frequently refused activities such as church and word puzzles. AA-A stated the church was in English and there was not a Spanish church offered. AA-A stated she knew some very limited Spanish such has hi, sun, hello, how are you and stated she also used gestures to communicate with R12. AA-A confirmed she did not have full conversations with R12 or offer one on one activities. AA-A stated the broken Spanish could cause confusion and frustration for the R12 if he did not know what she was saying. AA-A stated church in English may not be beneficial or meaningful for R12, if he did not understand English or music. AA-A stated when other residents are doing word puzzles as an activity R12 is not offered another activity because word puzzles was the facility activity scheduled. AA-A stated she was not aware of R12 having any individualized activities offered to meet his preferences and she was not sure what his activity preferences were. AA-A stated there was a translator computer at the facility and she had not been trained to use or attempted to use it to participate in activities with R12. On 5/14/24 at 8:54 a.m., social services director (SS)-A stated R12 was Spanish speaking and understood limited English, and staff were expected to use the interpreter services located on the computer outside of R12's room. SS-A stated R12 was on a waiting list to go to another facility to be closer to friends. SS-A confirmed the computer was not located outside R12's room as expected and further stated staff were expected to know where to find the computer and use the computer to communicate with R12. SS-A stated staff not communicating in full conversations may not provide the social interactions that a R12 would need and may become confused or not understood by staff. SS-A stated staff should be trained on orientation to use translator computer and not sure whose responsibility it was. SS-A stated she had limited interactions with R12, besides care conferences and other then that does not have frequent interactions or conversations with R12. SS-A could not articulate any specific interventions related to R12's sad mood or loneliness that was determined on the depression screening, and stated she had not provided R12 with any other interventions. SS-A confirmed the translator computer was located in storage area out of sight from staff and was not located as expected outside R12's room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/14/24 at 9:21 a.m., activity director (AD)-D stated activity staff were expected to communicate with R12 using the translator computer. AD-D stated the computer was not always located near R12's room. AD-D stated she thought R12 eventually catches on what staff saying in English, and stated she knows that because he will say yes or nod his head. AD-D stated R12 was offered happy hour and church which he declines. AD-D confirmed R12 was not offered a Spanish church at the facility. AD-D stated activities R12 participated in were TV in his room, occasional exercises and music entertainment. AD-D confirmed the language barrier was why R12 did not participate in activities because he can not understand what people were saying. AD-D stated Spanish activities or other tools to allow R12 to feel included had not been offered to R12. AD-D stated the computer translator was expected outside of R12's room readily accessible to staff, and stated there were a couple staff who were able to speak Spanish and translated if they were present at the facility. AD-D stated she was not sure how R12 understood staff when non-Spanish speaking staff. AD-D acknowledged there was a lack of individualized activities or interactions with R12 that would have meaning or individualizing to meet R12's needs. On 5/14/24 at 1:49 p.m., during a follow up interview AA-A stated the communication she had with R12 was limited and he watched her play cards with the other residents, but does not participate. AA-A confirmed she did use not the computer or communication tools to communicate with R12. AA-A stated she would make observations of what R12 does during the day and would document those as activities such as transferring himself in the wheelchair to meals, sitting in his chair looking out the window by himself with out interactions with others. AA-A stated she considers those as activities even though they might not be meaningful or individuated for R12 because they were options in the computer documentation . On 5/14/24 at 3:21 p.m., R12 seated in recliner in room and television was on in English language. On 5/15/24 7:15 a.m., R12 was seated in recliner and staring at the curtain that divided the shared room, and television was off. On 5/15/24 at 7:49 a.m., NA-F stated R12 spoke Spanish, and stated R12 was not offered choices of meals, activities, and wants and needs in a form or language he could understand. NA-F stated R12 mainly sat in his room and does not have much interaction with staff due to the language barrier. NA-F stated R12 had been at the facility for a long enough time that he should be given tools to be able to communicate with staff and the facility should be doing something so staff can communicate with him and give him activities he might like to do so he is just not sitting in his room all day. NA-F stated the language barrier and lack of activities for R12 would place him at risk for increased depression and loneliness. NA-F confirmed she does not use the translator computer. On 5/15/24 at 8:30 a.m., R12 was observed in his room with the television turned on in the English language. R12 gestured with fingers in circle towards head and pointed to roommate and stated loco [crazy]. On 5/15/24 at 8:53 a.m., the administrator stated when NA-A and ADON were at the facility they provided translation for R12. The administrator stated staff were expected to use the interpreter computer if it was available and working, and stated when the staff and R12 communicated with gestures and yes and no. The administrator acknowledged yes and no, were not meaningful conversations and did not provide social interaction or individualized care for R12. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/15/24 at 9:43 a.m., the ADON stated R12 spoke Spanish and she acted as a translator and would assist with communication occasionally while at the facility and during R12's care conference. ADON stated she was not at the facility 24/7 and when she was at the facility she was not always available to act as the translator for R12. ADON stated she was not sure if the translator computer still worked, and stated if it worked staff should use the computer to communicate with R12. ADON stated R12 does not go to activities due to the language barrier, and has not been provided other activities or communication tools to utilize. ADON stated she had discussed other activities were needed for R12 to provide social interaction and get him out of his room, and nothing had been done. ADON stated R12 struggled with his roommate due to the volume of the television, and the roommate was supposed to wear headphones and that was no longer taking place. ADON stated R12 would not be able to hear his TV with the volume level of his roommate's television, and caused R12 frustration. ADON confirmed R12 and his roommate were not a good match, and R12 really wanted to leave the facility to go to a different facility. ADON stated SS-A was working on transfer to a different facility, but have not heard an update. The ADON stated R12 had stated he was uncomfortable and miserable in his room because of his roommate and lack of interaction with others. ADON stated she had brought her Spanish speaking grandma in a few times for R12 to have someone to chit chat with and interactions, and that ended because her grandma got sick. ADON confirmed the lack of communication R12 has with others could cause loneliness and isolation. On 5/15/24 at 10:52 a.m., NA-H and NA-G were observed in R12's room and attempted to converse with R12 as they changed the television from Spanish to English, NA-H and NA-G were not heard or observed to ask R12 choices of a television show. On 5/15/24 at 11:11 a.m., AA-B stated R12 had attend three or four activities that she was aware. AA-B stated R12 did not activities involving words or speaking, and recently attended picture Bingo and a balloon game. AA-B explained R12 will say no no no about things and she would say yes yes yes and make a game out of saying no and yes. AA-B stated she was not sure if R12 fully understood her to have the activities provide socialization or met R12's needs, because R12 doesn't understand English. AA-B further stated she does not have a communication tool to communicate with R12. On 5/15/24 at 11:18 a.m., AA-D stated activities staff charted observation of residents throughout the day and if R12 was wheeling to and from meals in the wheelchair staff would document transfer in a wheelchair to a meal as an activity. AD-D stated activities staff chart what they see the residents do throughout the day even if its not a scheduled activity because that's what the computer charting had for selection. AD-D confirmed R12 self-propelling to the dining room would not be a activity provided by the activity department, however was still charted by the activity. AD-D stated she was not sure what activities were offered to R12 that provided him enrichment, enjoyment, and socialization, but will see him seated at a table by himself when others are participating in the activity in the dining room. AA-D stated there were no specific individualized activities to provide socialization for resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0679 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 5/15/24 at 11:51 a.m., the director of nursing (DON) stated staff were expected to use computer translator for communication with R12. The DON stated SS-A was responsible for staff education for the use of the computer translator and was not aware staff were not trained to use the computer. The DON discussed previously she wanted to provide visual aides for R12 as a communication tool and stated that was discontinued as she was told that was a dignity concern. The DON acknowledged she was not sure how staff communicated with R12 if the computer translator is not used, and would expect staff to be having meaningful conversations to prevent R12 does not experience increased loneliness and isolation. On 5/15/24 at 5:27 p.m., during an interview with the administrator, registered nurse (RN)-C known as the regional nurse consultant, and DON confirmed R12 was expected to have been offered activities that met his language and activities of interest. RN-C stated not having activities of interest could result in R12 withdrawing, loneliness and not wanting come out of room due to the language barrier. The administrator stated having broken conversations of English and Spanish between staff and R12 were not conversations that would fully assess R12 and may be an area that R12 would not fully be able to communicate his wants and needs. The DON stated visual aides would be beneficial to ensure R12 was getting what needed and wanted, and stated having a sign up on the wall that staff did not know what it meant did not do any good. RN-C confirmed the facility did not complete mood or behavior monitoring related to R12. On 5/15/24 5:35 p.m., during a telephone interview with R12's emergency contact (EC)-A, stated R12 was lonely at the facility because he did not have anyone that visited with him or communicated with him regularly. EC-A stated prior to admitting to the facility R12 was very active in the community and church. EC-A stated R12 voiced on multiple occasions he wanted to go to a different facility that was closer to friends and people who spoke Spanish and he understood. EC-A stated some staff at the facility spoke Spanish, and confirmed R12 does not speak English or understand English. EC-A stated the impression of Spanish speaking people was when they smiled or nodded it was thought they understood what a person was saying, but that is not always true. EC-A stated R12 was lonely at the facility. Facility assessment dated [DATE], indicated: Resident preferences 1.7.Our admission process includes identifying our residents' needs in therapeutic recreation, nutritional services, and religious services. We also consider our residents' preferences with regard to daily schedules including but not limited to waking, bathing, activities, naps, food, going to bed, etc. Our admission process includes identifying these elements and understanding what is important for the individual. Life Enrichment/Activities The Life Enrichment department consists of one activity director, one memory care coordinator, and three activity assistants. Life Enrichment departmental meetings are held subject to the discretion of the director. Education includes: Point of Care documentation, instructions how to perform certain programs, and annual mandatory training.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate pressure ulcer care and prevent new ulcers from developing. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44630 Based on observation, interview, and document review the facility failed to ensure weekly comprehensive skin assessments with measurements were completed for 1 of 1 resident (R35) reviewed for pressure ulcers. Findings include: Pressure Ulcer stages defined by the Minimum Data Set (MDS) per Center Medicare/Medicaid Services: Stage II pressure ulcers (Partial thickness loss of dermis presenting as a shallow open ulcer with a red-pink wound bed, without slough. May also present as an intact or open/ ruptured blister.) R35's significant change in status Minimum Data Set (MDS) assessment dated [DATE], indicated moderate cognitive impairment, no behaviors or rejection of care, dependent on staff for toileting, transfers, required substantial/maximal assistance with shower/bathe, dressing, personal hygiene, utilized a wheelchair, frequently incontinent of urine and bowel, diagnoses included: chronic venous hypertension with ulcer and inflammation of lower extremity, one stage two unhealed pressure ulcer, treatments included: pressure reducing device for chair and bed, nutrition intervention, pressure ulcer care, application of nonsurgical dressings, and hospice care. R35's Care Area Assessment (CAA) dated 4/22/24, indicated triggered due to bladder incontinence, R14 needing assist with bed mobility, and presence of stage 2 pressure ulcer on coccyx, Braden scale for predicting pressure sore risk on 4/17/24, scoring 13, indicating that she is at moderate risk for skin breakdown. R14's condition has declined significantly in the past month, she is weak, appetite is very poor, and she tires easily, unable to stand and now transfers with Hoyer lift and extensive assist of 2. On 4/21/24, hospice care for comfort measures, proceed to the care plan as before to ensure good skin integrity, promote healing of current coccyx wound, and prevention of any further skin breakdown. R35's care plan dated 4/24/24, indicated on 4/16/24, open area to coccyx (small triangular bone at the base of the spinal column) upon return from the hospital and the hospital had covered the area with a Mepilex (conformable and highly absorbent wound dressing) for additional protection and interventions included: assist of 1 to 2 with bed mobility and boosting up in bed, repositioned every 1 when in bed to keep her off of her bottom, use pillows to pad bony prominence's, between knees and ankles, keep her skin from rubbing on the sheets, dietary interventions as ordered, treatment to open areas per order, weekly skin inspections, inspect skin daily with cares and nursing assistant to report any concerns to the nurse, monitor for signs and symptoms of infection, pressure reducing air mattress for bed, pressure reducing cushion for wheelchair. R35's progress note dated 3/24/24 at 9:52 p.m., indicated R35 had an open sore on the coccyx area and should be repositioned and not sit for long. R35's document titled Weekly Skin Inspection indicated: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3/25/24, blanchable redness to buttocks. Small dimple area above coccyx area that looks intact, barrier cream applied, turned and repositioned. 4/1/24, small blanchable reddened area to the buttocks-small dimple area above coccyx that looks intact. Barrier cream applied, turned and repositioned. 4/15/24, small blanchable reddened area to the buttocks-small dimple area above coccyx that looks intact. 4/22/24, skin summary information as blank 4/29/24, blanchable redness to coccyx area, area is covered with Mepilex border dressing to prevent skin break down. R35's document titled Readmit Data Collection dated 4/8/24, indicated R35 returning from the hospital following a short stay for dehydration, hyponatremia (low sodium), UTI (urinary tract infection), R35 had a discolored coccyx a reddish color and has for a very long time, Mepilex dressing used to help protect skin. R35's document Skin & Wound Evaluation dated 4/16/24, indicated open lesion; area 1.2 cm (centimeters), length: 1.6 cm, width 1.0 cm, wound bed: slough (non-viable tissue), 100% of wound filled with slough, surrounding tissue: dark reddish brown, discoloration-black/blue, fragile skin that is at risk for breakdown, macerated, water logged tissue, primary dressing: foam, additional care: air flow pad, cushion, mattress with pump, moisture barrier, nutrition/dietary supplementation, turning/repositioning program, progress: new, PCP (primary care provider) notified for treat plan, and a color photograph was included in the assessment. The document failed to provide the location, acquired in house or present on admission, exudate (fluid that leaks out of blood vessels into nearby tissues), peri wound edges, and pain information. R35's wound evaluation form dated 4/21/24, indicated wound location: coccyx, pressure wound: yes, dressing change done using wound cleanser and gauzes and covered with Tegaderm dressing. Length 3.1 by width 1.3 (cm) there was reddening the surrounding, no slough ,the document failed to include unit of measurement, pressure stage, comprehensive description: depth, granulation. R35's document Skin & Wound Evaluation dated 5/14/24, indicated an open lesion, on the sacrum, in-house acquired, area <0.1 cm 2, length 0.3 cm, width 0.3 cm, progress improving, Cleansed area with wound dermal cleanser/normal saline. Pat dried with a gauze pad and applied Calmoseptime Ointment, practitioner notified, resident/responsible party notified, and color photograph was included in the assessment. R35's treatment administration record (TAR) on 5/13/24, dated 5/1/24-5/31/24, and 4/1/24-4/30/24 indicated: Weekly bath charting/Skin check Chart on mass left medial back every day shift every Mon for Facility Protocol with a start date of 12/25/23, and discontinued date of 5/13/24. The TAR failed to indicate chart on R35's coccyx. R35's order summary report reviewed 5/13/24, failed to indicate weekly skin checks of R35's coccyx and treatment orders. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R35's medical record lacked evidence of weekly comprehensive skin assessments since R35 returned from the hospital on 4/8/24, that included measurement of each area of skin breakdown's width, length, depth, type of tissue and exudate and any other notable changes or observations. On 5/13/24 at 4:32 p.m., R35 was lying on an air mattress in bed on and positioned on her back. R35 verified she will refuse to reposition and staff had educated her to reposition. On 5/14/24 at 11:41 a.m., family member (FM)-J stated R35 had a problem area on her coccyx for quite sometime. FM-J stated when R35 went to the hospital on 4/4/24, he was not sure if the area on R35's coccyx was opened or not, and stated when R35 returned from the hospital 4/8/24 and FM-J stated the facility notified him on 4/16/24, the area on R35's coccyx had opened, and was found during her bath. FM-J stated she did not have an air mattress prior to the wound opening, and stated she had a decline and would refuse repositioning at times and spent more time in bed. R35 was lying in bed with an air mattress and positioned towards her right side. On 5/15/24 at 11:35 a.m., licensed practical nurse (LPN)-B stated she was the nurse responsible for completing R35's weekly wound checks and documention. LPN-B confirmed R35's open area on the coccyx was a stage 2 pressure related. LPN-B confirmed a skin assessment was completed on 4/1/24, 4/15/24, 4/22/24, 4/29/24, and measurements were not completed as expected. LPN-B further confirmed the next wound assessment after 4/29/24, was not completed until 5/14/24. LPN-B stated she helped the facility on the floor pass medications and helped with other resident cares and was not always able to complete residents comprehensive wound assessments that included measurements and pictures. LPN-B stated R35's wound had improved and was unavoidable due to her decline in health, and refusal of R35 and family for repositioning. On 5/15/24 at 11:42 a.m. the director of nursing (DON) stated pressure ulcers should be measurement weekly with a comprehensive assessment. The DON stated the daily charge nurse was responsible for the wound assessments and were completed on the residents bath day. The DON stated wounds were discussed during IDT (interdisciplinary team) meetings. The DON stated R35 had improvement with her coccyx wound and was an unavoidable and returned from the hospital on 4/8/24, with the area opened. The facility Skin Assessment and Wound Management policy dated 3/24, indicated Weekly skin inspection will be completed by licensed staff. Pressure wounds New Skin Problem: When a pressure ulcer is identified, the following actions will be taken: 17. Notify Provider/Treatment Ordered 18. Notify resident representative. 19. Complete education with resident/resident representative including risks & benefits. 20. Initiate Skin and Wound Evaluation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0686 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	21. Notify Nurse Manager/Wound Nurse 25. Update resident care lists

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073 Based on observation, interview and document review, the facility failed to provide services to maintain and/or prevent loss of range of motion (ROM) for 2 of 3 residents (R4 and R32) reviewed for limited range of motion. Findings include: R4's facesheet printed on 5/15/24, included diagnoses of psychosis and blindness. R4's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R4 had moderately impaired cognition, clear speech, was understood and usually could understand. R4's vision was severely impaired. R4 was dependent upon staff for toileting; could walk 10 feet with supervision, and 50 feet with partial/moderate assistance. Walking 150 feet was not attempted. No rejection of care. R4's prior quarterly MDS assessment dated [DATE], approximately one month after a therapy referral to nursing to walk R4 daily, the MDS assessment indicated R4 was able to walk up to 150 feet with supervision. That was a change from the 5/4/24 MDS. R4's physician orders did not include an order for a walking program. R4's therapy referral to nursing dated 11/20/23, indicated: walk with R4 in halls daily with FWW (front wheeled walker), gait belt and wheelchair following behind. Needs assistance to avoid veering toward the wall. Benefits from encouragement. R4's care plan dated 11/22/23, indicated: assist of one with ambulating in hallway daily with wheeled walker, gait belt, and wheelchair following behind. Needs assistance to avoid veering towards the wall. Resident benefits from encouragement. During an interview on 5/13/24 at 4:41 p.m., R4, who resided on the memory care unit and who was blind, stated her balance was awful. R4 stated she walked with a walker or used a wheelchair to get around the unit. R4 stated she would like to walk in the hallway, but no one walked her. During an interview on the memory care unit on 5/14/24 at 2:15 p.m., trained medication aide (TMA)-I, who was also a nursing assistant (NA), stated NA's assisted residents who were on a walking program. TMA-I stated she didn't know if R4 was on a walking program and there was nothing written that staff should walk her. During an interview on 5/14/24 at 4:16 p.m., physical therapist (PT)-M stated R4 had been discharged from physical therapy on 11/20/23, with a referral to nursing to continue the walking program. PT-M provided a document titled Therapy Referral to Nursing dated 11/20/23, which indicated walk with resident in halls daily with FWW walker, gait belt and wheelchair following behind. Needs assistance to avoid veering toward the wall. Benefits from encouragement. PT-M stated the completed referral forms were put in a mailbox for the director of nursing (DON), the assistant DON, the MDS nurse, and the social services director to carry forward the referral instructions. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R32's face sheet printed on 5/15/24, included diagnoses of stroke and post-polio syndrome (a condition that affects people who have had polio causing a gradual decline in muscle and nerve function). R32's quarterly MDS assessment dated [DATE], indicated intact cognition, clear speech, could understand and be understood. R32 required substantial/maximal assist for toileting. No rejection of care. Once standing, R32 could walk 150 feet with supervision. Physician orders did not include an order for a walking program. R32's care plan dated 9/16/21, indicated assist of one with 4WW/belt (four-wheeled walker with gait belt) for pivot transfers/short distance ambulation, to maintain current mobility status. R32's therapy referral to nursing dated 11/9/23, indicated: walk with R4 for 15-20 minutes seven days a week. During an interview on 5/13/24 at 1:35 p.m., R32 was in her wheelchair in her room. R32 stated someone was supposed to walk her once a day, but they didn't - they're busy and she wasn't the type of person who pestered the staff. R32 stated she wanted to walk because if you don't use it, you lose it, adding she wanted to walk, even if not very well. During an interview on 5/14/24 at 9:20 a.m., on the memory care unit, TMA-E stated R32 was on a walking program, but she often refused to walk. TMA-E looked in the electronic medical record/point of care documentation and stated R32 was supposed to walk in her room and in the corridor. No other information was listed, such as what type of assistance was required or distance to walk. During an interview on the memory care unit on 5/14/24 at 2:15 p.m., TMA-I (who was also NA), stated NA's assisted residents who were on a walking program. TMA-I stated she didn't know if R32 was on a walking program and there was nothing written that staff should walk her. During an interview on 5/14/24 at 4:16 p.m., PT-M stated R32 had been discharged from physical therapy on 11/9/23, with a referral to nursing to continue the walking program. PT-M provided a document titled Therapy Referral to Nursing dated 11/9/23, which indicated walk with resident for 15-20 minutes, 7 days a week. PT-M stated the completed referral forms were put in a mailbox for the director of nursing (DON), the assistant DON, the MDS nurse, and the social services director to carry forward the referral instructions. These instructions were not added to R32's care plan. PT-M stated she had only been at the facility two weeks and had not followed up with nursing to see how R32 was doing. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/15/24 at 11:11 a.m., the DON was informed of findings for R4 and R32 wanting to walk, but not being walked. The DON was informed there was no documentation located to determine if either R4 or R32 had been walked. The DON stated she had difficulty with the staff on the memory care unit -- you can ask, and you can help -- whether they comply is another matter. The DON was shown a copy of the therapy referrals to nursing for both R4 and R32. The DON stated when she received a referral, the therapy instructions were added to the resident's care plan and put in tasks in the electronic medical record (EMR) for NAs to implement. The DON stated PT was supposed to show NA's how to do it, stating there was an education piece to it. The DON stated she couldn't recall if she had received the therapy referrals for R4 and R32. The DON stated for R32, walking 15 minutes/day wasn't realistic, but had not questioned therapy at the time or since then. The DON stated, you have to remember, they [residents on the memory care unit] have poor mentation, and stated staff, Will get to it when they finish their tasks, then they can walk residents. The DON stated staff had other things to do first, like skin and falls. The DON was informed of the concern that R4 and R32 were not being walked according to the therapy referrals. If a resident refused the offer to walk, the DON agreed she would expect the NA to inform the nurse, the nurse to document it and inform the DON if there was a pattern so that therapy could be notified. The DON was asked to provide documentation of R4 and R32 being walked and/or refusals documented. The DON stated she would do that. This documentation was not provided. During an interview on 5/15/24 at 1:35 p.m., in her room, R32 stated she had not recalled a time when asked to walk, that she had declined. During an interview on 5/15/24 at 2:53 p.m., registered nurse (RN)-C who was also the regional nurse consultant, was informed of findings and stated would look for documentation of R4 and R32 being walked according to their therapy referral instructions. This documentation was not provided. Policies on restorative nursing and/or PT referrals to nursing for a walking program was requested. According to the administrator, the facility did not have a policy defining that process nor a restorative nursing program.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide enough food/fluids to maintain a resident's health. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073 Based on observation, interview, and document review, the facility failed to ensure 1 of 1 resident (R29) reviewed for nutrition had received a mechanically altered diet per physician orders. Findings include: R29's face sheet printed on 5/14/24, included diagnoses of dementia, adult failure to thrive (a syndrome that describes a general decline in older adults) and severe protein-calorie malnutrition (a condition that occurs when a body doesn't get enough nutrients to maintain its tissues and functions). R29's diet order dated 1/29/24, indicated a regular diet with mechanical soft texture (a type of texture-modified diet for people who have difficulty chewing and swallowing). R29's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated moderate cognitive impairment, no loose or ill-fitting dentures, no problems swallowing, no mouth or facial pain, discomfort, or difficulty with chewing. R29's care plan dated 1/30/24, indicated R29 had the potential for alteration in nutrition related to diagnoses of dementia, adult failure to thrive and severe protein-calorie malnutrition; was on regular, mechanical soft texture diet and would maintain adequate nutritional status. During an interview and observation of the lunch meal on 5/13/24 at 1:30 p.m., R29 who ate meals in his room, was observed in bed with his meal tray on his overbed table. Observed R29 had been served a whole hamburger on a bun and noticed a couple of bites taken out of it. R29 stated the hamburger was hard to eat. During an interview and observation of the dinner meal on 5/13/24 at 5:45 p.m., R29 was observed in bed with his meal tray on his overbed table. Observed R29 pick up a chicken strip and attempt to bite off a piece but could not. Same occurred with a potato wedge. R29 stated the food was too hard for him to bite. R29 had dentures in place. During an interview and observation on 5/14/24 at 11:50 a.m., R29 was resting in bed. Observed his dentures in a cup on his overbed table. R29 acknowledged he had trouble eating potato wedges and chicken strips the day before. R29 stated he always wore his dentures when he ate and stated his dentures fit well. During this observation, R29 put his dentures in his mouth from the cup, stating he didn't use a dental adhesive. During an interview on 5/14/24 at 11:53 a.m., dietary director (DD)-F was informed of a dinner meal observation on 5/13/24, where R29 was not able to bite into a whole chicken strip or a whole potato wedge. DD-F was also informed of R29 receiving a whole hamburger for lunch on 5/13/24. DD-F stated R29 was on a mechanically altered diet and kitchen staff should have cut up his food in the kitchen prior to it being served. DD-F could not explain why R29's food had not been mechanically altered by kitchen staff and would look into it and provide re-education. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0692 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 5/15/24 at 11:11 AM, the director of nursing (DON) stated she had been made aware of R29 receiving meals without food being cut up and stated DD-F had started re-educating dietary and nursing staff on mechanical diets. The facility Diet Manual and Diet Orders policy dated 12/1/23, indicated a diet order is a prescription written by the attending physician to establish or change a patient's diet. A therapeutic diet order may be necessary as part of a patient's medical nutrition therapy treatment. Foods that must be cut up for the resident will be done by nursing or other designated staff persons at the table.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40614 Based on observation, interview and document review, the facility failed to ensure BiPAP (a type of ventilator that delivers two levels of air pressure to the lungs) was utilized in accordance with physician orders to meet the individual needs for 1 of 1 resident (R38) reviewed for respiratory care and services. Findings include: R38's facesheet printed on 5/15/24, indicated diagnoses of obstructive sleep apnea (OSA) (sleep-related breathing disorder which causes a person to repeatedly stop and start breathing while sleeping), pulmonary fibrosis (lungs become scarred and damaged causing difficulty in breathing), chronic obstructive pulmonary disease (COPD) (airflow limitations) and recent pneumonia. R38's admission Minimum Data Set (MDS) assessment dated [DATE], indicated R38 was cognitively intact, hearing and vision were adequate, clear speech, and was able to make self understood and could understand others. The MDS indicated non-invasive mechanical ventilator, BiPAP use and oxygen therapy. R38 required partial to moderate assistance with toileting, and supervision with touching assistance for walking, and transfers. R38's plan of care dated 4/7/24, included an alteration in oxygen/gas exchange related to COPD and OSA. Interventions included administer oxygen as ordered and keep MD (medical doctor) informed of changes. A fall risk plan of care included diagnosis of pulmonary fibrosis, COPD and uses a bi-pap at hours of sleep as well as oxygen. The care plan did not include any further information on BiPAP or respiratory status. Physician orders dated 4/29/24, and related to BiPAP indicated: 1. BiPAP machine on at night daily for obstruction sleep apnea. 1. Change water on BiPAP daily. Empty and dry out chamber and fill water chamber with distilled water to fill line. 2. Clean BiPAP filter weekly and as needed every evening shift. 3. Clean BiPAP mask and tubing with gentle soap and warm water and let air dry. 4. Clean BiPAP water chamber with gentle soap and air dry weekly every shift on Monday. Physician orders dated 4/29/24, for oxygen included: 1. Oxygen continuous wean as able per nasal cannula to keep oxygen saturation greater than or equal to 88% every shift for oxygen. 2. Oxygen saturations every shift. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	3. Change oxygen tubing weekly every day shift on Monday. On interview and observation 5/13/24 at 1:14 p.m., R38 indicated has a BiPAP machine and hasn't been able to use it since she came to the facility because she needs oxygen and there is no adapter on her machine for that. R38 stated she stops breathing at night, which is why she needs her BiPAP machine. R38 indicated her machine is from home and she wasn't using oxygen at home prior to her recent hospitalization . R38 stated no one has done anything to solve the issue of adding oxygen to the BiPAP machine. A BiPAP machine (Resmed, Air Curve 10), mask and tubing was present on night stand. During observation 5/13/24 at 7:23 p.m., R38 was in her pajamas and placed call light on asking staff to put her oxygen on. Nursing assistant (NA)-B answered call light and turned on oxygen machine set at 2L and applied nasal cannula to R38's face and into her nose. NA-B turned off the lights and left the room leaving door 1/2 ajar. BiPAP machine remained on nightstand and was not applied or turned on or offered to R38. During interview on 5/14/24 at 9:20 a.m., R38 stated she can't wear her oxygen and BiPAP at the same time so has not worn it at night since she has been here. R38 indicated she always wears it at home but hasn't since being at the facility. R38's Treatment Administration Record (TAR) orders included BiPAP machine on at night, one time a day. On 5/1/24 through 5/11/24 and 5/13/24 and 5/14/24 a check mark was present indicating administration. The documentation for 5/12/24, included a 9 indicating other/see nurses notes. Other orders included clean BiPAP filter weekly and and as needed and change water on BiPAP daily, empty and dry out chamber then fill water chamber with distilled water to fill line included a check mark for 5/1/24 through 5/14/24 indicating administration. Review of R38's progress notes for 5/12/24 did not include documentation related to BiPAP machine or oxygen. During interview on 5/14/24 at 8:54 a.m., trained medication assistant (TMA)-A indicated R38 has a BiPAP ordered but the machine is not at the facility. When questioned TMA-A regarding machine on nightstand, TMA-A indicated she wasn't aware there was one there. During interview 5/14/24 at 9:14 a.m., licensed practical nurse (LPN)-B, also identified as care coordinator, indicated she was aware of orders for R38 to have BiPAP on at night and is unsure why they aren't using the BiPAP machine. LPN-B indicated the nurse is the one responsible to ensure R38 has BiPAP on at bedtime and the documentation on TAR indicates R38 has BiPAP on at bedtime. LPN-B indicated she was unsure why they (staff)are documenting that if she isn't wearing the BiPAP at night. LPN-B was not aware if BiPAP machine had an oxygen adapter or not. During interview on 5/14/24 at 4:01 p.m., R38 indicated her son brought her machine in when she was admitted to the facility a few weeks ago. R38 stated staff have not cleaned it, or offered to put it on her since she has been at the facility. R38 indicated she wore her oxygen through the night, but not her BiPAP machine. During interview 5/14/24 at 11:50 a.m., R38's medical doctor (MD) indicated he was not aware the BiPAP machine was not adaptable to be used with oxygen. The MD indicated he was not notified of this issue but should have been since there was an order for both oxygen and BiPAP. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview 5/14/24 at 4:18 p.m., registered nurse (RN)-A indicated he worked with R38 last evening until 11:30 p.m., and R38 did not have her BiPAP machine on when he left at 11:30 p.m. RN-A indicated R38 went to bed early in the evening around 8:00 p.m. During observation on 5/15/24 at 6:38 a.m., R38 was in bed with the lights off with oxygen on. BiPAP machine was on bedside table with mask and tubing hanging over machine and machine off. During interview on 5/15/24 at 6:42 a.m., registered nurse (RN)-B indicated staff are not putting on R38's BiPAP machine at night because it isn't here at the facility. During interview on 5/15/24 at 7:00 a.m., NA-C indicated R38 wears her BiPAP off and on throughout the night. NA-C indicated R38 is independent and does everything herself. During observation and interview on 5/15/24 at 7:27 a.m., R38 was sitting at the bedside and stated someone came and took her BiPAP machine a little bit ago, to see if they could find an adapter for oxygen hook up. During interview on 5/15/24 at 10:49 a.m., the director of nursing (DON) indicated R38 came from the hospital and she was told R38 refused to wear her BiPAP. The DON indicated when she was admitted to the facility on [DATE] she did not have her machine with her and is unsure when family brought it in for her. The DON indicated she took the BiPAP machine out of R38's room this morning and has contacted respiratory therapy to see if an adaptor can be purchased to be placed on the BiPAP machine for oxygen delivery. The DON confirmed the orders stated BiPAP on at bedtime and staff should have notified the provider or her that the machine did not have an adaptor for dual oxygen therapy. A policy and procedure for BiPAP use was requested and none received. The facility Medication and Treatment Orders policy and procedure dated 2/24, included orders for medications and treatments will be consistent with principles of safe and effective order writing. The facility Change of Condition policy and procedure dated 3/2024, included it is the policy of this facility that changes in a residents condition or treatment be shared with the resident and/or the resident representative, according to their authority and reported to the attending physician or delegate (hereafter designated as the physician).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide enough nursing staff every day to meet the needs of every resident; and have a licensed nurse in charge on each shift. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44630 Based on interview and document review, the facility failed to provide sufficient staffing to ensure residents received care and assistance with activities of daily living (ADL's) as needed and requested and timely response to call lights for 11 of 20 residents (R7, R10, R13, R14, R18, R19, R24, R30, R33, R35, R47) with concerns for sufficient staffing. These deficient practices had the potential to affect all 20 residents who resided on Hall 2 of the facility. Finding include: Refer to F679: The facility failed to ensure individualized activities and activities for a non-English speaking resident were provided for 1 of 3 residents (R12) reviewed for activities. Refer to F686: The facility failed to ensure weekly comprehensive skin assessments with measurements were completed for 1 of 1 resident (R35) reviewed for pressure ulcers. Refer to F688: The facility failed to provide services to maintain and/or prevent loss of range of motion (ROM) for 2 of 3 residents (R4 and R32) reviewed for limited range of motion. Refer to F809: The facility failed to ensure nutrient and/or calorie substantive snacks were offered after the evening meal and before bedtime, for 17 of 17 residents residing on the memory care unit and 1 of 1 resident (R14) residing on hallway 2, when there was more than a 14-hour lapse between the dinner meal and breakfast the following day. R7's quarterly Minimum Data Set (MDS) assessment dated [DATE], moderate cognitive impairment, no rejection of care, required assistance with personal hygiene and shower/bath, utilized a wheelchair. R7's care plan dated 3/1/24, indicated trigger in ADL's because I have preferences and other items of need listed in my interventions and interventions included: assistance to transfer on/off toilet, assist for bathing, and supervise/assist with dressing/undressing. R10's quarterly MDS assessment dated [DATE], identified R10 had moderate cognitive impairment, no behaviors or rejection of care, required substantial/maximal assistance with activities of daily living and utilized a wheelchair for mobility. R10's care plan dated 5/13/24, indicated trigger in ADL's because I have preferences and other items of need listed in my interventions and interventions included: extensive assist of one with bed mobility, toileting, transfers, and bathing. R13's quarterly MDS assessment dated [DATE], indicated R13 was cognitively intact, no behaviors or rejection of care, substantial/maximal assistance with activities of daily living and utilized a wheelchair for mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R13's care plan dated 4/25/24, indicated R13 was at risk for falls be sure call light is within reach and encourage to use it for assistance as needed, prompt response to all requests for assistance; trigger in ADL's because preferences and other items of need listed in my interventions included require one assist with transfers with ez stand, and making sure personal needs are met: toileting needs. R14's quarterly MDS assessment dated [DATE], indicated R14 had moderate cognitive impairment, no behaviors or rejection of care, required substantial/maximal assistance with eating, oral hygiene, shower/bathe, dressing, dependent on staff for toileting, mobility, personal hygiene, and used a wheelchair for mobility. R14's care plan dated 4/3/24, indicated R14 trigger in ADL's because I have preferences and other items of need listed in my interventions and included 2 assist with hoyer lift, if resident is awake please perform AM cares R/T (related to) fall risk, need extensive to total staff assist with personal hygiene and grooming, two assist to use the toilet, 15 minute checks, Be sure call light is within reach and encourage to use it for assistance as needed, prompt response to all requests for assistance R18's annual MDS assessment dated [DATE], indicated R18 was cognitively intact, no behaviors or rejection of care required substantial/maximal assistance with activities of daily living and transfers, and used a wheelchair for mobility. R19's annual MDS assessment dated [DATE], indicated R19 was cognitively intact, no behaviors or rejection of care, utilized a walker and wheelchair, required substantial/maximal assistance with required substantial/maximal assistance with activities of daily living and transfers, and used a wheelchair for mobility. R19's care plan dated 4/5/24, interventions included need assistance to transfer on/off toilet, use the sit to stand up lift for all transfers, require one assist for toileting using the sit to stand up lift for all transfers on and off the toilet, will request to be taken to the bathroom or for help placing the urinal, need staff assist with personal hygiene and grooming, establish daily routine, prompt response to all requests for assistance. R24's quarterly MDS assessment dated [DATE], indicated R24 had moderate cognitive impairment, no behaviors or rejection of care had clear speech, required staff assistance for activities of daily living and transfers. R24's care plan dated 3/13/24, indicated need assistance to transfer on/off toilet, choices to transfer self and take self to the bathroom using her walker, client refuses to call for assistance when in her room, assist of one for all mobility with gait belt and wheeled walker, very impulsive and need frequent checks, fall risk, prompt response to all requests for assistance. R30's annual MDS dated [DATE], indicated 30 was cognitively intact, no behaviors or rejection of care, required staff assistance with ADL's and transfers, and utilized a wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R30's care plan dated 3/15/24, indicated need assistance to transfer on/off toilet, extensive to total staff assist with personal hygiene and grooming, and prompt response to all requests for assistance. R33's quarterly MDS assessment dated [DATE], indicated severe cognitive impairment, no behaviors or rejection of care, required staff assistance with activities of daily living and transfers. R33's care plan dated 5/7/24, indicated dependent on staff for ambulation/locomotion, one person for transfers, require one assist for toileting, dependent on staff for toilet use, prompt response to all requests for assistance. R35's significant change in status MDS assessment dated [DATE], indicated moderate cognitive impairment, no behaviors or rejection of care, required staff assistance with activities of daily living and transfers, and utilized a wheelchair. R35's care plan dated 4/24/24, indicated need assistance with repositioning every two hours, offered to lay down in bed as well, extensive staff assist with personal hygiene and grooming. R47's quarterly MDS assessment dated [DATE], indicated R47 was cognitively intact, no behaviors or rejection of care, required staff assist with activities of daily living and utilized a wheel chair. R47's care plan dated 4/25/24, indicated use one person for locomotion/ambulation--resident is impulsive and often self transfers and ambulates on his own without notice due to cognition, staff to try to anticipate his need, on checks throughout the day minimum of every 15 minutes. Document titled Hall 2, 24 hour daily nurse report dated 5/10/24, indicated there were 20 residents on hall two, 6 residents required assist of two staff, and 10 residents required mechanical lifts. Resident and Family Interviews: On 5/13/24 at 3:24 p.m., R35's family member (FM)-I stated family routinely visited the facility and stated family pressed the call light for assistance and staff would enter the room and then turned off the call light and staff would state they will be back and will not return for 30 minutes and sometimes up to two hours. FM-I further stated she had concerns the facility was short staffed due to comments staff made regarding the facility not having enough staff and the amount of time staff took to answer the call lights. On 5/13/24 at 3:39 p.m., R30 stated the facility did not have enough staff and she waited too long for staff assistance and stated she consistently waited 30 minutes or more for staff to respond to her call light. R30 stated she had had to urinate and have a bowel movement in her pants because staff do not assist her timely, and stated what good would it do if she reported it, there are not enough staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/13/24 at 4:02 p.m., R18 stated she waited up to one hour for staff to answer the call light, and stated last weekend the facility was short staffed and she waited over an hour several times for staff to answer her call lights. R18 stated the agency staff were not familiar with the care she needed and took longer for pool staff to respond to her call light when she needed assistance. R18 stated had urinated and had a bowel movement in her pants due to the delay in staff answering her call light. R18 stated the delay in call lights were worse on the weekend, but happened at any time and staff would tell her she was not the only one that needs help when she voiced her concern. R18 further discussed when staff answered her call light at times they explained to her they needed someone to help with the lift and then not return. On 5/14/24 at 7:21 a.m. R14 was observed lying in bed and asked licensed practical nurse (LPN)-A help getting out of bed, and LPN-A stated to the R14 he would find assistance and was overheard and told NA-A R14 needed assistance to get out of bed. On 5/14/24 at 9:36 a.m., R14 was seated in a Broda chair in her room with her breakfast located on a cart outside of her room. R14 stated she was angry, wanted breakfast and could not reach it, was very hungry and frustrated. On 5/14/24 at 9:44 a.m., FM-J stated R35 had not been offered breakfast or morning cares from staff. FM-J stated he would expected R35 morning cares and breakfast offered and completed. FM-J stated he had observed delayed cares due to the inconsistent staff and staff not aware of R35's routine or specific needs. On 5/14/24 at 9:49 a.m., NA-B was observed and attempted to enter R14's room and prior to him entering NA-A asked NA-B for assistance in R35's room with a transfer. NA-A asked NA-B to bring a Hoyer lift to R35's room. NA-B was then observed to look for a mechanical lift and assisted NA-A with R35's morning cares. On 5/14/24 10:10 a.m., R14 food continued to sit outside of her room and R14 stated she had not ate since supper last night, and wanted to know why she hadn't ate yet, and stated she did not have a snack last night and would had been nice to had been offered one [snack]. On 5/14/24 at 10:15 a.m., human resources director (HR)-K stated she was also also a nursing assistant and stated R14 was expected to have had breakfast by this time, and her breakfast was delayed. On 5/14/24 at 12:12 p.m., R14's was lying in bed and her meal tray sat on chair next to her bed. On 5/14/24 at 12:28 p.m. NA-A entered R14's room and assisted R14 with her meal. On 5/14/24 at 3:02 p.m., R30 as seated in her wheelchair in her room, and stated today staff were late to get her dressed and morning cares completed. R30 explained she goes home with bus transportation on Tuesdays and Thursdays at 9:30 a.m., and staff were expected to have her ready by then and further stated when the bus came to the facility today she was not ready and the bus had to come back. R30 stated the two people who routinely work and keep things in order around here were not working today and then staff were not sure what to do and takes staff longer. On 5/15/24 at 9:12 a.m., R14 was lying in bed eyes closed and opened eyes when spoken to, R14 she had not been offered to get up today or had breakfast. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/15/24 at 10:17-10:35 a.m., during resident council meeting, R7, R10, R13, R19, R24, R30, R33, and R47 voiced concerns and voiced agreement regarding staffing concerns of the facility and long wait times for call lights to be answered. R7, R10, R13, R19, R24, R30, R33, and R47 stated delay in receiving staff assistance was mainly agency staff that usually were not familiar with the care and assistance needed. R7 and R13 stated when staff were not familiar with their care, they had to tell staff what to do. R7, R10, R13, R19, R24, R30, R33, and R47 stated staff would enter their room shut the call light off, exit the room and did not assist them, and further discussed they would put the call light back on again, because staff did not provide the assistance. Staff Interviews: On 5/14/24 at 8:20 a.m., NA-B stated he was an agency NA had worked at the facility for three days and today was his first time he worked on hall two. NA-B stated he was training on hall two today as he was not familiar with specific resident cares on hall two and acknowledged he was not sure of the resident's care plans on hall two. NA-B stated it was himself and NA-A on hall two today. On 5/14/24 at 10:01 a.m., NA-A stated the facility consistently utilized agency nursing who were not familiar with resident cares, and stated there was not consistent staff to provide timely and consistent resident care per the resident's care plan. NA-A stated two staff on hall two were not able to complete timely care routines, and answer call lights timely. NA-A stated the inconsistent staff caused a delay in answering call lights, delayed meals, delay in morning cares and baths and was due to staff not familiar with resident routines and interventions. NA-A stated two NA's on hallway two were not enough staff due to the increased number of residents who required two people transfers with mechanical lifts. NA-A stated residents were required to wait for extended periods of time to have their needs met such as toileting, and stated staff would answer the call light and tell the resident they would be back and residents consistently waited for 20-30 minutes for staff to go back into their room. NA-A confirmed residents had bowel and bladder accidents due to the delay in call lights answered. On 5/14/24 at 12:22 p.m., during a follow up interview NA-A stated the hall sheets indicated how residents transferred and stated agency staff were not familiar with how residents transfer and the specific care residents required. NA-A stated today was NA-B's first time working on hall two and had worked on hall three before and was expected to know to use the care sheet and stated NA-B was not using the care sheet to ensure resident's transferred per their care plan. NA-A stated NA-B should not have been scheduled on hall two because of the heavier workload and increased staff assistance residents required . NA-A stated another NA came to work on hall two late morning, and NA-B was moved to hall three because he was not trained enough to work on hall two. NA-A stated she had observed agency staff dress residents in their roommates clothes and had residents urinate in their brief versus on the bed pan because agency staff were not familiar with the residents. On 5/14/24 at 2:00 p.m. trained medication aide (TMA)- stated weekend staffing was pretty rough and short staffed due to the call ins, facility was primarily staffed with agency staff on the weekends, that were not familiar with the residents or residents care and would cause a delay in call lights answered timely. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/14/24 at 2:11 p.m., the dietary director (DD)-F stated R14 required staff assistance with meals and confirmed R14 had missed meals due to staffing. DD-F stated last Saturday the facility was short staffed and she was at the facility to work and at 11:00 a.m., R14 stated she had not been fed. DD-F stated she made a phone call to HR-K to voice her concerns over the shortage of staff and residents cares not provided. DD-F stated short staffing was not a rare occurrence, occurred more frequently on the weekends and the majority of the staff who filled the schedule were agency staff who were not familiar with the resident routines and caused a delay in care. On 5/14/24 at 2:30 p.m. LPN-B stated due to the facility being short staffed she routinely stayed late two-three times per week and stated the facility consistently utilized agency staff to fill the gaps in staffing. LPN-A stated pool staff were not familiar with resident routines and may cause delay in call lights answered timely. On 5/14/24 at 3:13 p.m., NA-G stated agency staff required more guidance from facility staff and residents may have a delay in morning and night cares due to more agency staff working at the facility then facility staff. NA-G stated more agency staff and inconsistent staff caused delay in meal times and morning resident routine. NA-G stated the residents would benefit with three NA's on hall two to assist with morning cares and meals to prevent the delays. On 5/15/24 at 7:32 a.m., NA-H stated he was still in his training period and was his first day on hall two, however was by himself today because someone called in sick On 5/15/24 at 7:54 a.m., NA-F stated hall two had two NA's scheduled and explained two consistent staff on hall two were able to meet the needs of the residents, however agency staff made it hard to meet the needs of the residents and answer call lights timely. NA-F stated agency staff were not familiar with the routines of the residents and don't know what they are doing and stated their had been occurrences when residents have a bowel or bladder accident in their brief related to staffing. NA-F stated hall two residents required more staff assistance and required more staff time. NA-F stated she was not sure how agency staff were supposed to know what to do and stated NA-H was supposed to still be on orientation and got thrown in today to work. On 5/15/24 at 8:43 a.m., Health unit coordinator (HUC)-L stated she also is a NA and stated she assisted at the facility with resident care when it was really busy and staff were behind. HUC-A stated today was extremely busy with unexpected stuff and stated two NA's on hallway two made it difficult for the NA's to provide timely resident care. HUC-A stated she assisted on the floor a few times a month. On 5/15/24 at 9:02 a.m., the administrator stated he believed the facility had enough staff to answer call lights timely, and the delay in call lights answered timely were due to other things happening in the facility and more how the staff choose to utilize their time. The administrator stated the facility utilized a lot of agency staff who don't always know the routine and specific care needs of the residents and caused delay in resident care. The administrator stated two staff were enough staff on hallway two and stated delay in resident care was related to the inconsistency of staff and due to agency staff not knowing routines of residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/15/24 at 9:27 a.m., HR-K stated she was also a NA and was helping hall 2 today because NA-H was new to the facility and new to hall two and was struggling with timely care for residents. HR-K stated she assisted the facility when staffing was short or staff needed assistance. HR-K confirmed yesterday R14's breakfast was late due to NA-B struggling on hall 2 and not familiar with hall two resident cares and today NA-H was struggling so things are behind again. HR-K was observed to enter R14's room and offered her breakfast and stated R14 slept often and was not sure of her typical breakfast routine. On 5/15/24 at 9:38 a.m., the assistant director of nursing (ADON) stated NA-H was technically in training and stated the facility had a call in on hall two which made the facility short staffed and required NA-H working by himself and not with someone orientating him. The ADON stated two staff on hall two were not enough staff today to meet the needs of the residents and provide timely care. ADON explained hall two had more residents who required staff assist of two, required extensive staff assistance, and two staff weren't enough staff for the acuity of the residents on hall two. ADON confirmed she was aware hall two residents had urine and bowel accidents due to staffing. The ADON stated the facility expected nursing to help NA's on the floor in the morning with call lights, morning cares, however that was not realistic as the nurse was busy with medication pass and treatments. The ADON stated the facility ensures there were two NA's on hall two, and then hall three might work with one NA, if there was a staff who called in or a hole in the schedule. The ADON stated management helped when they were at the facility bring residents to breakfast, pass meal trays, and answer call lights. ADON stated since January 1st staffing had not been manageable and had been a concern to meet the residents needs. On 5/15/24 at 10:44 a.m., NA-B stated today was his fourth day at the facility and stated two NA's were not enough staff on hall two for morning cares, to answer call lights timely, and meet the needs of the residents on hall two. NA-B stated he was not familiar with the residents routines which caused the delay and further stated hall two needed three people to provide timely care. On 5/15/24 at 10:52 a.m., TMA-D stated she was originally scheduled on hall one on the medication cart today and was removed from hall one and moved to hall two because NA-H was working by himself and still was in orientation. On 5/15/24 at 11:35 a.m., LPN-B stated today she was pulled from her charge nurse role to work as a TMA on hall one and stated the facility did not have enough staff for her to complete all her work including comprehensive skin and wound assessments. LPN-B verified she was responsible for R35's weekly skin assessments and when she is pulled to work on the floor there were not enough staff and the skin assessments were not completed as expected. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/15/24 at 12:02 p.m., the director of nursing (DON) stated hall two was a hall with higher acuity residents, many residents required mechanical lifts and more extensive staff assistance. The DON stated staff were expected to utilize hall sheets which indicated how residents transferred. The DON confirmed the hall sheets indicated resident's transfer assistance required, however did not indicate other information about the residents such as diet, specific cares, and stated those things would be on the Kardex in the computer. The DON stated staff were expected to look at the Kardex in the computer before going into a resident's room. The DON stated NA-B struggled on hall two yesterday because of the heavy resident cares, and stated hall two would be staffed sufficient with two NA's who were seasoned and had been at the facility for longer then six months. The DON explained two staff who were not seasoned would struggle with completing timely care for the residents, answering call lights timely and familiarity of resident routines. The DON confirmed NA-H was still on orientation and was not supposed to be working by himself, and NA-H did not know the facility or resident routines and struggled this morning and was not fair to the residents. The DON confirmed the facility was currently taking admits and was not aware residents were not toileted timely or having bowel and bladder accidents due to the delay in staff answering the call lights, and staff not returning timely when the call light was turned off. The DON acknowledged hall two was a busy hall and agency staff required longer time with resident cares, the inconsistent staff caused delay in answering resident call lights and completing resident cares timely. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/15/24 at 1:44 p.m., during an interview with HR-K stated she was the human resources director and assisted the scheduling coordinator who was recently hired at the facility. HR-K stated staffing was determined by a combination of census and acuity. The schedules for the past month were reviewed with HR-K and stated there were consistently call ins and holes and the schedule however the schedule was filled by herself, the ADON, or the DON. HR-K stated the day and evening shift was staffed with two NA's on each of the three hallways. HR-K stated the facility would be short staffed if there was less then two NA's on the hall. The schedules were reviewed with HR-K, and revealed an a * next to times, and HR-K stated that was the staff who were mandated for the next shift, and stated there was not always a staff designated for mandating as the staff working have already worked a double shift or were mandated the day before. HR-K stated mandating staff to stay was a problem because and the policy and procedure needed to be reviewed because there were so few staff and the mandate was not used consistently. HR-K discussed agency staff were not dependable to show up for their shift and then the gaps in the schedule get filled by herself, the ADON, or DON. HR-K stated herself and the DON routinely come in on the weekends due to agency staff not showing up for their shift or sick calls. HR-K confirmed NA-H was still in orientation and the NA he was supposed work with called in sick and stated NA-H was not expected to work by himself today as he was still in orientation. HR-K stated hall two was a busy hall with residents that required assist of two with mechanical lifts and heavier care needs. HR-K stated when consistent facility staff worked hall two, two NA's were able to meet the needs of the residents, HR-K stated agency staff or staff that frequently do not work on hall two would not be familiar with the resident cares and routines, and HR-K confirmed that would cause a delay in call lights, delay in meals, and routines of residents not met. HR-K stated there is a problem with staff call ins because the facility had no back ups or anyone willing to pick up. HR-K stated the facility was hiring and included NA open full time positions were two on night shift, four-five on evening shift, and two-three on days, and have multiple NA part-time shifts opened. HR-K stated skilled nursing shifts the facility was hiring included three-four on day shift , three on evenings, and one night opening. HR-K stated the night shift had consistent staff. HR-K stated the facility currently had two skilled nursing staff that worked the floor, and explained the facility had a total of nine nurses and only two nursing staff were floor staff that filled the schedule the other ones were four administrative nursing and three on call nursing. HR-K stated the rural location of the facility and non competitive wages were problematic for hiring staff, and the facility made attempts for staff recruitment through social media, schools and job fairs. Review of the facility's staffing schedules for 5/1/24-5/15/24. The schedules lacked required nursing assistants for the following: 5/15/24: 8 hours on the day shift 5/13/24: 4 hours on the evening shift 5/13/24: 8 hours on the day shift 5/12/24: 8 hours on the day shift 5/11/24: 8 hours on the day shift 5/2/24: 4 hours on the evening shift. Call light logs: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 5/14/24 at 11:00 a.m., the call light logs were requested and the DON stated the facility did not have ability to produce call light logs and DON stated no audits had been done on call light times. Call light observations: On 5/15/24: 8:29 a.m., R205;s call light illuminated above door 8:34 a.m., R205 overheard can someone help me 8:43 a.m., HUC-L entered R 205's room and call light answered, and when exited the room stated to NA-F R205 was on the toilet. 8:34 a.m., R13's call light illuminated over door . 8:34 a.m. NA-F entered R13's room and stated it will be a couple minutes and we will be back. 9:07 a.m., R13's call light illuminated over door again and ADON entered room and stated to NA-F R13 requested to use the bathroom. 9:09 a.m., during an interview R13 was seated in her wheelchair in her room, and stated she had to go to the bathroom very badly and stated she had been waiting a long time. 9:10 a.m., ADON entered R13's room and assisted R13 into the bathroom and was overheard and told R13 to put light on when she is done in the bathroom Facility assessment dated [DATE], indicated: The individuals for which we provide care often have one or more co-morbid and/or chronic conditions. While residing in our community, we provide individualized self-care education for the management of the co-morbid conditions and/or chronic conditions to the individual or individual's representative. This is an essential component which can help reduce unnecessary re-hospitalization s. Social Services communicates with hospice, home health, and other community providers who are willing to provide education and/or support with various conditions and diagnoses. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0725 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	We take care in making decisions regarding approving admissions or continuing care for persons that have diagnoses or conditions that our facility is less familiar with or have not previously supported. When this unique care is required, we prepare for the new diagnoses by reviewing the patient's medical record looking not only at the new situation but the other conditions and diagnosis the patient may have to determine the complexity. We evaluate our resources and/or our ability to secure the necessary resources to provide care and support for the person. While we believe our orientation/competency process covers considerable skill areas, we consult with the medical director, the admitting doctor or the resident's primary care practitioner, CDC resources, and our own Company policy and procedure manuals to identify any new knowledge and skills the staff may need. Staff are given training as needed on best practices for the residents/new admission. This training may be informational, it may involve reviewing a skills procedure, and/or it may involve return demonstration. Records are kept of this training in individual training files and with Staff Development. We believe in living with chronic/co-morbid conditions verses dying. For our long-term care residents, we place the resident/resident representative at the [NAME] as to what is important for their remaining time. These individuals are not going to be cured, but can still fulfill goals they want to attain. Our staff are trained in person-centered care Having the right clinical capacity (competency) is essential in providing excellence care and services to those we serve. We specialize in and prepare our staff to deliver care and services utilizing evidenced based practices and competency-based training and education. This means staff are equipped with the knowledge, skills, and attitude (confidence) to perform the needed services Staffing needs are determined based on the census and acuity of our residents. Additionally, we utilize the Monarch Staffing hour excel tool to determine the appropriate staffing for each shift based upon current census. Daily nursing hours are posted. At times staffing is increased beyond the budgeted amount in order to provide the necessary care for our residents. Having the right clinical capacity is essential in providing excellence care and services to those we serve. We specialize in and prepare our staff in the use of evidenced based practices. Staff are provided the knowledge, skills, and attitudes of competency-based training and education

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	Provide medically-related social services to help each resident achieve the highest possible quality of life. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44630 Based on observation, interview and document review the facility failed to provide a method to communicate effectively with a non-English speaking resident and educate staff on identified communication needs for 1 of 1 resident (R12) reviewed for communication. This resulted in harm for R12 who suffered loneliness, depression, isolation when describing how staff failed to allow him an opportunity to communicate in a meaningful manner and did not assure that critical information could be conveyed, such as explanation of routine care, and the ability to refuse care and services. Further, the facility failed to provide sufficient guidance for staff, including temporary staff, on how to communicate and deliver care for the R12. Findings include: R12's quarterly Minimum Data Set (MDS) dated [DATE], indicated R12 needed or wanted an interpreter to communicate with a doctor or health care staff, moderate cognitive impairment, no behaviors, nearly every day feeling down depressed or hopeless, nearly every day feeling tired or having little energy, always feeling social isolation, no rejection of care, utilized a walker and wheelchair, required partial/moderate assistance with toileting, shower, dressing, and mobility, and diagnoses included depression and insomnia. R12's document titled Resident Mood (PHQ-9) dated 4/29/24, indicated nearly every day felt feeling down, depressed, or hopeless, sad and feeling tired or having little energy, and always feel lonely or isolated from those around you. R12's care plan dated 5/1/24, indicated R12 does not speak English, but understands some English, Spanish speaking staff often help with translations especially for simple things, staff to use translator when speaking with R12, he did very well using the translator during TR (therapeutic recreation) Assessment; at risk for psychosocial disruption/trauma r/t (related to) experiencing loneliness, staff to assist with TV and make sure on Spanish translation, staff to visit with resident, resident/family currently wishes to remain at facility until opening at [named another facility], please encourage to make my room homelike to my liking, R12 is friendly, but there is a communication barrier as he does not speak English, he does understand some English, but speaks only a couple words of English; Spanish Speaking Staff, who are willing to help with translating as needed, declines to sit in with group activities, but will often sit at a distance and observe, does not speak English, able to understand some English. enjoys Spanish/Mexican Music, staff to assist with the TV as needed, respond to question/statement with appropriate verbalization, explain each activity/care procedure to resident prior to beginning it, give resident simple choices that will not be overwhelming, talks very little English and understands very little English, use the interpreter on a stick outside by room to help me get my wants known to staff; alteration in mood and behavior related to depression and primary language is Spanish, monitor and document mood state/behaviors upon occurrence, encourage resident to verbalize feelings, approach in a calm manner and provide resident with choices as able, provide emotional support to resident and family. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	R12's record review indicated no documentation of mood or behavior interventions related to R12's feeling down, depressed, or hopeless, sad and feeling tired or having little energy, and always feel lonely or isolated. Document titled Hall 2, 24 Hour Daily Nurse Report dated 5/10/24, indicated R12 was A-1 (assist one) 4ww (4 wheeled walker), Spanish speaking only. Progress note dated 4/29/24, social services (SS)-D indicated BIMS (cognitive screening) and PHQ-9 (depression screening) were completed today with translation services. BIMS score was 11 indicating moderate impairment. PHQ-9 score was 6, indicating mild depression. R12 stated he was sad and had little energy daily. R12 was wondering if they have any opening at [named other facility] to be closer to his friends. IDT Care Conference Form dated 4/30/24, indicated R12's care conference was held today with Spanish translator, will occasionally comes out for dice game, socialize with staff in the facility, watches TV in his room, attends very few group activities, writer believes that it is language barrier that keeps him from participating in activities, but he will on rare occasion join in an activity, he does attend entertainment held in the facility, he will often come into the dining room when a group activity is going on and he appears to observing what is happening. Prefers to be in his room watching Spanish speaking channels on TV. He sits in his recliner and rests or sleeps, has a roommate, but due to the language barrier there is little interaction, often self transfers or coming out into the hallway walking on his own, very pleasant with writer and other staff and will often ask how are you, appears to understand more English than he can speak, on occasion will receive visitors. Psychosocial concerns/vulnerability: stated he was sad and had little energy daily and another facility was assessing for possible placement to be closer to his friends. On 5/13/24 at 2:53 p.m., R12 was seated in a recliner in his room with the television on in Spanish, R12's roommates television was also on in English. R12's television could not be heard due to the loud volume of the roommates television. On 5/13/24 at 5:34 p.m., R12 was observed to walk out of his room with no walker, the walker remained in R12's room. The administrator approached and spoke English to R12 outside of his room and assisted R12 into a wheelchair in the hallway. While the administrator assisted R12 he spoke in English and asked do you want me to push you and R12 said ok ok ok and then R12 started pushing himself and used his hands to self propel the wheelchair through the hall, and administrator said again I can push you, and R12 did not answer back. R12 was observed to use his own hands to self propel himself through the hallway and to the dining room and the administrator walked away. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	On 5/14/24 at 8:00 a.m., during an interview with R12 and the assistance of the Language line, R12 stated he spoke Spanish, and did not understand English. R12 stated he did not understand the staff who did not speak Spanish. R12 stated he was stir crazy and stated the facility did not provide him activities, and just sits in his room all day and watched TV, and further stated what else can I do. R12 stated he wished there were activities to do and people to talk with. R12 stated he doesn't get to do activities often, because he speaks Spanish and that's why he wants to go to [named a different facility]. R12 stated the staff who do not speak Spanish ignore him, and again stated people at the facility don't speak Spanish to him and he does not understand the staff who speak English. A sign was posted on R12's wall that indicated tirar de la cuerda para pedir ayuda y [NAME]. [Pull the rope to ask for help and a bathroom, thank you.] No Spanish communication tools were observed in R12's room and color crayons were located at foot of R12's bed and not within reach of R12. R12 stated he did not know what activities he could do at the facility because the staff did not speak Spanish or understand him, and he did not understand the staff. On 5/14/24 at 8:07 a.m., R12 was observed in his room and stood up out of recliner and walked out of room independently towards his wheelchair located in the hallway that was approximately 12 feet from his door and did not use call light. Licensed practical nurse (LPN)-A was observed about 20 feet from R12 and stated un memento towards R12, R12 did not respond and continued to walk towards the wheelchair in the hallway. At 8:11 a.m., LPN-A walked down the hallway towards R12 and spoke in English and asked R12 .can I help you get your walker and R12 said no, and LPN-A continued to talk in English and R12 did not respond. R12 did not follow LPN-A commands, and facial expressions were confused and R12 said no to LPN-A as he brought the walker to R12, LPN-A continued to bring the walker to R12 and placed gait belt around R12's waist and assisted R12 to his wheelchair and pushed R12 through the hall. On 5/14/24 at 8:21 a.m., LPN-A stated he was an agency staff not familiar with R12 and stated R12 was independent with transfers and stated he was not sure what the sign on R12's wall stated. LPN-A verified he was not aware R12 spoke Spanish and was not provided information by the facility or tools to communicate with R12. On 5/14/24 at 8:25 a.m., nursing assistant (NA)-B stated he was not familiar with R12, and was not aware R12 was Spanish speaking. NA-B stated it was his first time working on hall two. NA-B stated R12 was independent with transfers. NA-B stated he was not sure what the sign indicated on the wall next to R12's bed, and was only coming to help R12's roommate, and stated not sure of R12's care plan or care needed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	On 5/14/24 at 8:31 a.m., NA-A stated R12 was Spanish speaking and did not understand English. NA-A stated she was fluent in Spanish and spoke Spanish with the R12. NA-A stated herself and assistant director of nursing (ADON) were Spanish speaking staff at the facility. NA-A stated she was not sure how R12 understood other staff and how other staff understood R12. NA-A explained R12 had voiced to her that he was not happy at the facility and wanted to go to a different facility. NA-A stated R12 had voiced he does not understand staff at the facility, and had a meeting about going to a different facility, but has not heard back about if he could go. NA-A stated it was very difficult for R12 to communicate with staff, and if he had visual aides that would help. NA-A stated R12 knew how to read Spanish, and the facility had not provided tools in Spanish for R12. NA-A stated R12 occasionally attended activities not involving speaking or words, and would go to more activities if he was given some that that did not involve words or word puzzles, or some type of activity in Spanish. NA-A stated she felt R12 was a little neglected and ignored because of language barrier and R12 had requested somewhere more calm for himself and with people to interact with. On 5/14/24 at 8:40 a.m., activity aide (AA)-A stated she invited R12 to attend activities through gestures and broken English. AA-A stated R12 frequently refused activities such as church and word puzzles. AA-A stated the church was in English and there was not a Spanish church offered. AA-A stated she knew some very limited Spanish such has hi, sun, hello, how are you and stated she also used gestures to communicate with R12. AA-A confirmed she did not have full conversations with R12 or offer one on one activities. AA-A stated the broken Spanish could cause confusion and frustration for the R12 if he did not know what she was saying. AA-A stated church in English may not be beneficial or meaningful for R12, if he did not understand English or music. AA-A stated when other residents are doing word puzzles as an activity R12 is not offered another activity because word puzzles was the facility activity scheduled. AA-A stated she was not aware of R12 having any individualized activities offered to meet his preferences and she was not sure what his activity preferences were. AA-A stated there was a translator computer at the facility and she had not been trained to use or attempted to use it to participate in activities with R12. On 5/14/24 at 8:54 a.m., social services director (SS)-A stated R12 was Spanish speaking and understood limited English, and staff were expected to use the interpreter services located on the computer outside of R12's room. SS-A stated R12 was on a waiting list to go to another facility to be closer to friends. SS-A confirmed the computer was not located outside R12's room as expected and further stated staff were expected to know where to find the computer and use the computer to communicate with R12. SS-A stated staff not communicating in full conversations may not provide the social interactions that a R12 would need and may become confused or not understood by staff. SS-A stated staff should be trained on orientation to use translator computer and not sure whose responsibility it was. SS-A stated she had limited interactions with R12, besides care conferences and other then that does not have frequent interactions or conversations with R12. SS-A could not articulate any specific interventions related to R12's sad mood or loneliness that was determined on the depression screening, and stated she had not provided R12 with any other interventions. SS-A confirmed the translator computer was located in storage area out of sight from staff and was not located as expected outside R12's room. SS-A stated she was trained on the use of the translator computer, however usually relied on Spanish speaking staff to converse with R12. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	On 5/14/24 at 9:21 a.m., activity director (AD)-D stated activity staff were expected to communicate with R12 using the translator computer. AD-D stated the computer was not always located near R12's room. AD-D stated she thought R12 eventually catches on what staff saying in English, and stated she knows that because he will say yes or nod his head. AD-D stated R12 was offered happy hour and church which he declines. AD-D confirmed R12 was not offered a Spanish church at the facility. AD-D stated activities R12 participated in were TV in his room, occasional exercises and music entertainment. AD-D confirmed the language barrier was why R12 did not participate in activities because he can not understand what people were saying. AD-D stated Spanish activities or other tools to allow R12 to feel included had not been offered to R12. AD-D stated the computer translator was expected outside of R12's room readily accessible to staff, and stated there were a couple staff who were able to speak Spanish and translated if they were present at the facility. AD-D stated she was not sure how R12 understood staff when non-Spanish speaking staff. AD-D acknowledged there was a lack of individualized activities or interactions with R12 that would have meaning or individualizing to meet R12's needs. AD-A stated she had not used the translator computer to communicate with R12. On 5/14/24 9:30 a.m., LPN-A confirmed the facility had not trained him how to use the translator computer and was not aware of any communication tools to be able to communicate with R12. On 5/14/24 at 9:33 a.m., NA-D stated she usually worked nights and does not frequently communicate with R12, and further stated R12 communicated in Spanish and she does not carry on conversations or full sentences with R12 due to the language barrier. NA-D stated she was not aware of any communication tools or interpreter computer services to use with R12. NA-D stated not knowing what R12 may need or want could be a potential problem. On 5/14/24 at 9:48 a.m., during a follow up interview NA-B sated he was not aware of a translator computer at the facility and had not been trained to use one or how to communicate with R12. On 5/14/24 at 1:49 p.m., during a follow up interview AA-A stated the communication she had with R12 was limited and he watched her play cards with the other residents, but does not participate. AA-A confirmed she did use not the computer or communication tools to communicate with R12. AA-A stated she would make observations of what R12 does during the day and would document those as activities such as transferring himself in the wheelchair to meals, sitting in his chair looking out the window by himself with out interactions with others. AA-A stated she considers those as activities even though they might not be meaningful or individuated for R12 because they were options in the computer documentation . On 5/14/24 at 3:21 p.m., R12 seated in recliner in room and television was on in English language. On 5/15/24 7:15 a.m., R12 was seated in recliner and staring at the curtain that divided the shared room, and television was off. On 5/15/24 at 7:20 a.m., trained medication aide (TMA)-B stated R12 communicated in Spanish and stated due to herself and other staff not knowing Spanish and R12 not knowing English, it was likely there was a chance for miscommunication and misinterpretation of R12's wants and needs, that could make him feel lonely or frustrated. TMA-A stated she was not aware of any activities R12 participated in and usually stayed in his room. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	On 5/15/24 at 7:24 a.m., TMA-C stated R12 spoke Spanish and she knows what R12 might want based on routine and acknowledged she only spoke English with R12. TMA-C stated she was not sure if R12 understood her or not. TMA-C stated she had not been trained or had used the translator computer or other communication tools to be able to communicate with R12. On 5/15/24 at 7:49 a.m., NA-F stated R12 spoke Spanish, and stated R12 was not offered choices of meals, activities, and wants and needs in a form or language he could understand. NA-F stated R12 mainly sat in his room and does not have much interaction with staff due to the language barrier. NA-F stated R12 had been at the facility for a long enough time that he should be given tools to be able to communicate with staff and the facility should be doing something so staff can communicate with him and give him activities he might like to do so he is just not sitting in his room all day. NA-F stated the language barrier and lack of activities for R12 would place him at risk for increased depression and loneliness. NA-F confirmed she does not use the translator computer. On 5/15/24 at 8:30 a.m., R12 was observed in his room with the television turned on in the English language. R12 gestured with fingers in circle towards head and pointed to roommate and stated loco [crazy]. On 5/15/24 at 8:40 a.m., NA-H was instructed from staff to assist R12 to the bathroom, NA-H asked R12 in English do use the EZ lift, R12 did not respond. NA-H was observed to continue to assist R12 to the bathroom and only communicated with R12 in English then and no attempt use computer in hallway and was observed to assist R12 to the bathroom. R12 did not respond to NA-H questions. On 5/15/24 at 8:53 a.m., the administrator stated when NA-A and ADON were at the facility they provided translation for R12. The administrator stated staff were expected to use the interpreter computer if it was available and working, and stated when the staff and R12 communicated with gestures and yes and no. The administrator acknowledged yes and no, were not meaningful conversations and did not provide social interaction or individualized care for R12. On 5/15/24 at 9:43 a.m., the ADON stated R12 spoke Spanish and she acted as a translator and would assist with communication occasionally while at the facility and during R12's care conference. ADON stated she was not at the facility 24/7 and when she was at the facility she was not always available to act as the translator for R12. ADON stated she was not sure if the translator computer still worked, and stated if it worked staff should use the computer to communicate with R12. ADON stated R12 does not go to activities due to the language barrier, and has not been provided other activities or communication tools to utilize. ADON stated she had discussed other activities were needed for R12 to provide social interaction and get him out of his room, and nothing had been done. ADON stated R12 struggled with his roommate due to the volume of the television, and the roommate was supposed to wear headphones and that was no longer taking place. ADON stated R12 would not be able to hear his TV with the volume level of his roommate's television, and caused R12 frustration. ADON confirmed R12 and his roommate were not a good match, and R12 really wanted to leave the facility to go to a different facility. ADON stated SS-A was working on transfer to a different facility, but have not heard an update and R12 and herself were waiting for update on facility move from SS-A. The ADON stated R12 had stated he was uncomfortable and miserable in his room because of his roommate and lack of interaction with others. ADON stated she had brought her Spanish speaking grandma in a few times for R12 to have someone to chit chat with and interact, and that ended because her grandma got sick. ADON confirmed the lack of communication R12 has with others could cause loneliness and isolation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	On 5/15/24 at 10:52 a.m., NA-H and NA-G were observed in R12's room and attempted to converse with R12 as they changed the television from Spanish to English, NA-H and NA-G were not heard or observed to ask R12 choices of a television show. On 5/15/24 at 11:11 a.m., AA-B stated R12 had attend three or four activities that she was aware. AA-B stated R12 did not participate in activities involving words or speaking, and recently attended picture Bingo and a balloon game. AA-B explained R12 will say no no no about things and she would say yes yes yes and make a game out of saying no and yes. AA-B stated she was not sure if R12 fully understood her to have the activities provide socialization or met R12's needs, because R12 doesn't understand English. AA-B further stated she does not have a communication tool to communicate with R12. On 5/15/24 at 11:18 a.m., AA-D stated activities staff charted observation of residents throughout the day and if R12 was wheeling to and from meals in the wheelchair staff would document transfer in a wheelchair to a meal as an activity. AD-D stated activities staff chart what they see the residents do throughout the day even if its not a scheduled activity because that's what the computer charting had for selection. AD-D confirmed R12 self-propelling to the dining room would not be a activity provided by the activity department, however was still charted by the activity. AD-D stated she was not sure what activities were offered to R12 that provided him enrichment, enjoyment, and socialization, but will see him seated at a table by himself when others are participating in the activity in the dining room. AA-D stated there were no specific individualized activities to provide socialization for resident. On 5/15/24 at 11:05 a.m., SS-A stated ADON mentioned on Monday, R12 not liking his roommate and wanting to switch rooms. SS-A further stated she wanted to wait to see if the other facility would accept R12 before changing rooms, SS-A was not sure if this was communicated to R12 as the ADON brought it to her attention so she did not follow up with the R12 and his concerns. On 5/15/24 at 11:51 a.m., the director of nursing (DON) stated staff were expected to use computer translator for communication with R12. The DON stated SS-A was responsible for staff education for the use of the computer translator and was not aware staff were not trained to use the computer. The DON discussed previously she wanted to provide visual aides for R12 as a communication tool and stated that was discontinued as she was told that was a dignity concern. The DON acknowledged she was not sure how staff communicated with R12 if the computer translator is not used, and would expect staff to be having meaningful conversations to prevent R12 does not experience increased loneliness and isolation. On 5/15/24 at 5:27 p.m., during an interview with the administrator, registered nurse (RN)-C known as the regional nurse consultant, and DON confirmed R12 was expected to have been offered activities that met his language and activities of interest. RN-C stated not having activities of interest could result in R12 withdrawing, loneliness and not wanting to come out of room due to the language barrier. The administrator stated having broken conversations of English and Spanish between staff and R12 were not conversations that would fully assess R12 and may be an area that R12 would not fully be able to communicate his wants and needs. The DON stated visual aides would be beneficial to ensure R12 was getting what needed and wanted, and stated having a sign up on the wall that staff did not know what it meant did not do any good. RN-C confirmed the facility did not complete mood or behavior monitoring related to R12. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	On 5/15/24 5:35 p.m., during a telephone interview with R12's emergency contact (EC)-A stated R12 was lonely at the facility because he did not have anyone that visited with him or communicated with him regularly. EC-A stated prior to admitting to the facility R12 was very active in the community and church. EC-A stated R12 voiced on multiple occasions he wanted to go to a different facility that was closer to friends and people who spoke Spanish and he understood. EC-A stated some staff at the facility spoke Spanish, and confirmed R12 does not speak English or understand English. EC-A stated the impression of Spanish speaking people was when they smiled or nodded it was thought they understood what a person was saying, but that is not always true. EC-A stated R12 was lonely at the facility. On 5/15/24 from 7:00 a.m.-1:00 p.m., the computer translator was observed outside R12's room and located in the hallway, however was not observed utilized by staff. Facility assessment dated [DATE]. indicated: Ethic, cultural, or religious factors While our population is comprised of 98% English-speaking, Caucasian residents, 2-4% of our population is Hispanic. Our facility uses [NAME] Translation services to provide our non-English speaking /ASL residents with the ability to communicate their needs and preferences. We employ several bilingual direct care givers. We conduct assessments, provide for early identification of problems/deterioration, management of medical and psychiatric symptoms and conditions such as heart disease, diabetes, COPD, gastroenteritis, and infections. Our facility offers PT, OT, and ST services. We offer hospice, ostomy care, palliative care, and end of life care. We offer individualized dietary requirements, liberal diets, specialized diets, tube feeding, cultural or ethnic dietary needs, assist devices, fluid monitoring or restrictions. We provide person-centered/directed care. We build relationships with residents and provide psycho-social/spiritual support. Our admission process includes identifying these elements and understanding what is important for the individual. We believe this information is essential for a person-centered/person driven care delivery system/program. This knowledge allows us to determine the necessary skills/competencies our staff need along with what contracted services we may also need. This information has led the interdisciplinary team to develop specific services to assist individuals in achieving their highest practicable level of function while also enjoying living in our community of care. We provide an environment that respects the culture of person-centered care, the inclusion of individual preferences, a just culture for safe reporting, and one that respects and includes the various ethnic, religious, and cultural considerations important to those we serve. Cultural competency (ability of organizations to effectively deliver health care services that meet the social, cultural, and linguistic needs of residents) The facility Interpreter Policy dated 2/24, indicated (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0745 Level of Harm - Actual harm Residents Affected - Few	It is the policy of Monarch Healthcare Management to see that residents and their family members with limited English proficiency (LEP) are provided the opportunity to participate in the plan of care. According to Title VI of the Civil Rights Act of 1964, language access services must be provided to patients with LEP free of charge. Medicare does not provide funding for interpreter services and medical assistance allows reimbursement in Minnesota.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure meals and snacks are served at times in accordance with resident's needs, preferences, and requests. Suitable and nourishing alternative meals and snacks must be provided for residents who want to eat at non-traditional times or outside of scheduled meal times. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073 Based on observation, interview and document review, the facility failed to ensure nutrient and/or calorie substantive snacks were offered after the evening meal and before bedtime, for 17 of 17 residents residing on the memory care unit and 1 of 1 resident (R14) residing on hallway 2, when there was more than a 14-hour lapse between the dinner meal and breakfast the following day. Findings include: During observations on the memory care unit on 5/14/24 at 9:15 a.m., and 5/15/24 at 9:06 a.m., observed breakfast trays delivered by dietary staff via an enclosed cart on wheels. According to a facility mealtime schedule, breakfast was offered from 7:30 a.m., to 10:00 a.m., and supper (also known as dinner) was offered from 6:00 p.m., to 7:00 p.m. Snacks were passed/available at 10:00 a.m., 3:00 p.m., and 7:00 p.m. Based on observations, residents on the memory care unit went 15 hours (5/13/24, at 6:00 p.m. to 5/14/24, at 9:00 a.m.) between meals. During an interview on 5/14/24 at 11:40 a.m., dietary director (DD)-F was informed residents on the memory care unit went 15 hours between their dinner meal on 5/13/24, to breakfast on 5/14/24. DD-F stated residents received a big snack on 5/13/24, around 7:30 p.m. Snacks observed on the snack cart consisted in part of individual packages of crackers, cookies, peanut butter crackers and pudding. During an interview on 5/15/24 at 9:21 a.m., registered dietician (RD)-H was informed of observations for meal service on the memory care unit exceeding 14 hours. RD-H stated it would be acceptable if a substantial snack was offered. RD-H defined a substantial snack as one with a protein and a carbohydrate. During an interview on 5/15/24 at 9:33 a.m., with DD-F and RD-H, DD-F confirmed that on the memory care unit, dinner was served at 6:00 p.m., and breakfast at 9:00 p.m., and stated residents received a substantial snack in the evening, however, admitted residents were offered a carbohydrate, but no protein. RD-H suggested the facility may need to alter mealtimes if residents could not be offered a substantial snack after dinner and before bedtime. During an interview on 5/15/24 at 5:55 p.m., the director of nursing (DON) stated she had been informed by DD-F of the 15-hour lapse between dinner and breakfast the next day. The DON was aware the time between dinner and breakfast should not exceed 14 hours without residents being offered a substantial snack, and stated this would be discussed with the leadership team. 44630 R14's quarterly MDS assessment dated [DATE], indicated R14 had moderate cognitive impairment, no behaviors or rejection of care, and required substantial/maximal assistance with eating, and used a wheelchair for mobility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0809 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R14's care plan dated 4/3/24, indicated R14 trigger in ADL's preferences and other items of need listed interventions: two assist with hoyer lift, needs extensive to total staff assist with personal hygiene and grooming,15 minute checks, be sure call light is within reach and encourage to use it for assistance as needed, prompt response to all requests for assistance On 5/13/24 at 6:07 p.m., R14 was observed in bed and licensed practical nurse (LPN)-D was observed and provided R14 with assistance with eating her supper meal. On 5/14/24 10:10 a.m., R14's meal was observed on a tray outside of her room and R14 stated she had not ate since supper last night. R14 wanted to know why she hadn't ate yet, and further stated she did not have a snack last night and would had been nice to had been offered one [snack]. On 5/14/24 at 10:15 a.m., human resources director (HR)-K stated she was also a nursing assistant and stated R14 had not been offered or assisted with breakfast today. HR-K stated R14 was expected to have had breakfast by this time and her breakfast was delayed. HR-K entered R14's room and provided R14 assistance with eating her breakfast meal. On 5/14/24 at 3:12 p.m., the DON stated she delivered snacks on hall two last night and confirmed R14 was not offered a snack as R14 was already asleep . The DON stated R14 was expected to had been offered breakfast between 9:00 a.m. and 9:30 a.m. The facility Meal Times policy dated 9/2012, indicated it was the policy to serve meals to meet the standards of the surveying agencies specifying no more than 14 hours between the evening meal of one day and the breakfast meal of the next day. The Hospitality Services Manager was responsible to monitor the system to assure adherence to the schedule. All staff were responsible for following the schedule.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 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. 42073 Based on interview and document review, the facility failed to follow manufacturer's instructions for cleaning and sanitizing 1 of 1 ice machines used for resident consumption. This had the potential to affect all 53 residents who resided in the facility. Findings include: During an interview on 5/14/24 at 9:08 a.m., maintenance director (MD)-A, stated the facility had one ice machine used for resident consumption and identified its location near the dining room. MD-A stated he cleaned the ice machine once a year using distilled water. The manufacturer's user's manual was requested. During an observation on 5/14/24 at 9:12 a.m., the ice machine was observed to be in a small room off the main dining room. It was a Scotsman brand, counter-top style ice machine. The manufacturer's user's manual provided by MD-A was reviewed for Scotsman brand ice machine, model number HID540. The recommended time between cleanings was a minimum of six months. The recommended process to clean the ice machine included use of hot water (110-120 degrees Fahrenheit) and a solution of an ice machine scale remover. To sanitize the ice machine, the recommended process was to mix a sanitizing solution with warm water to a concentration of 100 parts per million (ppm). During an interview 05/14/24 at 2:00 p.m., with MD-A and corporate maintenance director (CMD-G), MD-A stated he had been in his role for about three years and had been instructed by his former supervisor how to clean the ice machine and to clean it annually. MD-A admitted he had not followed the manufacturer's recommendations. CMD-G stated he would assist MD-A to implement cleaning and sanitization of the ice machine according to manufacturer's recommendations. MD-A was aware failure to clean and disinfect the ice machine according to manufacturer's recommendations could result in residents consuming contaminated ice. Scotsman Ice Systems Installation and User's Manual for Meridian Ice Maker-Dispensers for model HID540 with date of March 2015, pages 18 and 19, indicated the following, in part: Recommended minimum time between cleanings was six months. Remove both front panels. Push On/Off button to shut ice making off. Shut water supply off. Drain water from ice making system. Remove reservoir cover and fill with hot water . mix a solution of four ounces of ice machine scale remover and 16 ounces of potable water. Use solution to washout the water reservoir cover, ice discharge chute, ice chute cover, ice delivery chute, storage bin cover and inside of the ice storage bin. Wash the sink / drip tray and grill with solution. To sanitize, mix a two-gallon solution of sanitizer. A recommended sanitizer solution is one two-ounce packet of Stera Sheen [NAME] Label and two gallons of warm potable water, or an equivalent sanitizer at a concentration of 100 parts per ppm. The facility Sanitization policy with revised date of October 2008, indicated: Ice machines and ice storage containers will be drained, cleaned and sanitized per manufacturer ' s instructions and facility policy.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40614 Based on observation and interview staff failed to ensure a mechanical transfer lift was cleaned after resident used for 1 of 1 residents (R23) observed for infection control practices. In addition, the facility failed to ensure proper glove use and hand hygiene was preformed between resident use and proper infection prevention practices was observed when sorting soiled laundry. Findings Include: Mechanical lift R23's face sheet printed 5/15/24 included diagnoses of right humerus (upper arm), diabetes mellitus and heart failure. R23's plan of care indicated assist with transfer using 2 assist and patient lift. During observation on 5/15/24 at 7:35 a.m., nursing assistant (NA)-D and NA-C with the assist of a mechanical lift, transferred R23 from her bed to her chair. NA-D removed the lift from the room and parked it in hallway along the wall. NA-D did not clean the lift with sanitizer. NA-D then went into another resident room. NA-C exited R23's room and went to the dirty utility room. During interview on 5/15/24 at 7:36 a.m., registered nurse (RN)-D indicated all lifts should be sanitized after each use and for sure before parking in the hallway otherwise it could contaminate anyone who touches it (lift). During interview on 5/15/24 at 7:50 a.m., NA-D confirmed he didn't disinfect the lift after use but should have. Laundry During observation and interview on 5/15/24 at 7:10 a.m., housekeeping (H)-A was observed in the room off the main laundry room where dirty laundry requiring laundering was brought and placed in bins. H-A was wearing gloves that covered her hands and no gown and was placing dirty laundry in colored and white containers. Multiple times H-A touched her clothing with the dirty linen while sorting. H-A then brought sorted laundry into the main laundry room and placed her hand and arm into multiple pieces of dirty clothes to ensure sleeves and pant legs were not inside out before being put in the washer. During this process, H-A arms were not covered from wrist to above her elbow. H-A also touched her clothing multiple times with the dirty clothes. H-A indicated she does not wear a gown when sorting clothes unless they have the flu or infections in the building. Hand hygiene was not observed throughout the sorting and placing clothes in the washer. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During observation on 5/15/24 at 8:13 a.m., H-A was picking up dirty laundry from a bath/shower room. The dirty linen was in hampers and was bagged. H-A was wearing gloves but no gown and picked up dirty clothes, towels and washcloths one by one from the hamper bag and was placing them in a cart. H-A then went across the hall to the dirty utility room and again picked up dirty linens one by one out of the hamper bags and placed in her cart. H-A then took dirty unbagged laundry to the laundry room. During interview on 5/15/24 at 1:43 p.m., the director of nursing confirmed all patient lifts should be disinfected after use if going to be placed in the patient hallway. The DON confirmed laundry staff should be wearing a gown when sorting dirty laundry and laundry should be transported in plastic bags to the laundry room and not sorted in the patient care area. Review of the Infection Prevention and Control Program, dated 3/13/24 included the facility has established policies and procedures regarding infection control and the facility provides personal protective equipment and checks for its proper use. 44630 Hand hygiene On 5/15/24 at 7:32 a.m. NA-H was observed on hall two and exited room [ROOM NUMBER] wearing blue plastic gloves and entered room [ROOM NUMBER] without removing the gloves or completing hand hygiene. NA-H then exited room [ROOM NUMBER] and reentered room [ROOM NUMBER] with the same gloves and failed to perform hand hygiene and then exited room [ROOM NUMBER] and carried a clear plastic bag of soiled linen with the same gloves. NA-H discarded the plastic bag in the soiled room at the other end of the hall. NA-H exited the soiled utility room with the same gloves and then entered room [ROOM NUMBER] and was observed to start morning cares with R11 and failed to complete hand hygiene throughout the observation. On 5/15/24 at 10:54 a.m., NA-H confirmed he had worn gloves from room to room without changing the gloves or completion of hand hygiene. NA-H stated the gloves were expected to have been removed prior to entering another resident room and hand hygiene was expected prior to entering and when exiting a resident room. On 5/15/24 at 12:13 p.m., the DON stated staff should not wear gloves from room to room and stated staff were expected to wash hand after handling soiled linen. The DON stated staff were expected to disinfect hands prior to entering and exiting a resident room. The facility Handwashing policy dated 2/24, indicated: Proper hand washing techniques should be used to protect the spread of infection. Hand washing shall be completed: After changing incontinent products or cleaning up after someone who has used the toilet After touching garbage (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Hand washing and Gloves - When conducting a procedure requiring the use of gloves, proper hand washing shall be completed before donning gloves and after removing gloves

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Implement a program that monitors antibiotic use. 40614 Based on interview and document review, the facility failed to develop and implement a comprehensive antibiotic stewardship program with established monitoring to help reduce unnecessary antibiotic use and reduce potential drug resistance for 12 of 20 residents (R40, R32, R35, R37, R18, R12, R45, R34, R27, R33, R23, R38) reviewed for antibiotic use. The lack of a program had potential to affect all 53 residents residing in the facility. Findings include: During an interview on 5/15/24 at 1:43 p.m., the director of nursing (DON), who was identified as infection preventionist, shared the infection and antibiotic tracking log. The log included resident name, admitted , infection type, body system of infection, symptoms, onset date, test date, result (organism colony counts for urine), antibiotic name, dose, and frequency along with start and end dates, if on transmission based precautions and date symptoms resolved. January and March 2024 did not have any infections listed. The DON indicated the previous person doing infection prevention (IP) was no longer at the facility and she had just taken over so it was not completed. The DON was not sure why March log was not completed. Review of February, and April 2024 included: February 2024 log included 10 residents with antibiotics. - R40 was listed as having a urinary tract infection (UTI) with onset date of 3/1/24. Culture result was listed as Hospital. Antibiotic name, dose, route and frequency were not completed. Date of resolution of symptoms was not completed. -R32 was listed as having a UTI with onset date of 2/20/24. Results of urine culture indicated hospital name and not culture result. Antibiotic included cephalexin (antibiotic), 500 mg orally three times day, started on 2/20/24 and stopped on 2/26/24. Date symptoms resolved was blank. April 2024 log included 10 residents (R35, R37, R18, R12, R45, R34, R27, R33, R23, R38) with infections and on antibiotics. All were missing symptoms resolution date. In addition: - R23 was listed as upper respiratory infection with symptom of shortness of breath. Results indicated hospital order. Antibiotic included amoxicillin/Clavulanic (antibiotic), no dose, twice a day with starts date as 4/4/24 and end date of 4/13/24. R33 was listed as UTI with date of onset left blank. Culture results was documented as a local hospital with no culture result present. Antibiotic included cephalexin (antibiotic) 500 mg twice a day starting 4/2/24 and ending 4/8/24. R33 was listed again with UTI with onset left blank. Culture results was documented as physician order with no culture result present. Antibiotic included cephalexin 1000 mg twice a day starting 4/27/24 and ending 5/10/24. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245225	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sleepy Eye Rehabilitati Center	1105 3rd Avenue Southwest Sleepy Eye, MN 56085

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 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R38 was listed as shortness of breath. Culture results was documented as pneumonia/respiratory failure. No antibiotic was listed. Review of medical record indicated R38 was receiving Mycamine (used to treat fungal infections) 100 mg intravenous every 24 hours. During interview on 5/15/24 at 2:05 p.m., the DON indicated the charge nurse looks at culture reports when the results come in and they don't always get scanned in timely for her to track the results timely. The DON confirmed the date of onset, culture results, and symptoms resolved lacked documentation for appropriate antibiotic tracking and analysis. The facility Antibiotic Stewardship Program policy dated 3/13/23, included: 1. The infection preventionist, along with the consultant pharmacist, will monitor antibiotic use by utilizing a facility approved infection/antibiotic surveillance tracking form and through monthly medication reviews. The information gathered will include: resident name, unit and room number, date symptoms appeared, name of antibiotic, started date of antibiotic, pathogen identified, site of infection, date of culture, stop date, total days of therapy outcome and adverse events if applicable. 2. Appropriate indications for antibiotic use include pathogen susceptibility, based on culture and sensitivity to antimicrobial. 3. If a resident is admitted to the facility with orders for antibiotic therapy, the orders will be reviewed for appropriateness and completeness. Any pertinent supporting documentation will also be reviewed and obtained for the medical record.