

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Guardian Angels Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 East Third Avenue Hibbing, MN 55746	

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

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 45842</p> <p>Based on observation, interview and document reviewed the facility failed to comprehensively assess and document a resident with a contracture to the right hand. This affected 1 of 3 residents (R8) reviewed for limited range of motion.</p> <p>Findings include:</p> <p>R8's admission Minimal Data Set (MDS) dated [DATE], identified R8 had minimal cognitive impairment. Diagnoses included bilateral lower extremity amputations, anemia, and renal insufficiency. The MDS also indicated R8 had no functional limitation to range of motion to the upper extremities which included the shoulder, elbow, wrist, or hand.</p> <p>R8's admission assessment dated [DATE], indicated R8 had no impairments to his upper extremity which included the shoulder, elbow, wrist, or hand.</p> <p>During an observation on 7/14/24 at 2:03 p.m., R8 was noted to have a contracture to his right hand and fingers on the right hand.</p> <p>During an interview on 7/14/24 at 2:05 p.m., R8 stated the contracture to his right had and fingers had been there for over 2 years.</p> <p>On 7/16/24 at 1:18 p.m., registered nurse (RN)-C stated the nurse managers perform the admission assessments when the resident comes into the facility and would document any resident contractures under the upper and lower extremity areas of the assessment. RN-C reviewed R8's medical records and acknowledged no contractures were documented for R8. RN-C stated she was not aware R8 had any contractures. RN-C then went to R8's room and confirmed there was a contracture to the right hand and fingers.</p> <p>During an interview on 7/16/24 at 2:18 p.m., the MDS coordinator (MDSC) stated data placed on the MDS was based on the resident assessments and notes entered by staff. MDSC reviewed R8's medical records and acknowledge there was no documentation that R8 had a contracture when admitted to the facility.</p> <p>During an interview on 7/17/24 at 1:18 p.m., the assistant director of nursing (ADON) stated nursing staff needed to make sure all assessments are completely and accurately so the MDS can be filled out accurately.</p> <p>(continued on next page)</p>

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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F 0636  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Facility policy MDS 3.0 Assessment last reviewed 10/13/21, indicated the facility would conduct comprehensive, accurate and standardized assessments of each resident.		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48109</p> <p>Based on interview and record review, the facility failed to comprehensively assess and care plan services for 2 of 3 residents (R162, R8) reviewed for care plan accuracy.</p> <p>Findings include:</p> <p>R162:</p> <p>R162's admission Minimum Data Set (MDS) dated [DATE], reflected a facility entry date of 7/3/24, identified impaired cognition, diagnoses of lung and colon cancer, and R162 received hospice services.</p> <p>R162's care plan dated 7/3/24, did not include a focus for hospice care and coordination.</p> <p>A document, St. Croix Hospice IDG Comprehensive Assessment and Plan of Care Report identified a hospice admission of 2/1/24.</p> <p>During an interview on 7/17/24 at 1:00 p.m., registered nurse (RN)-A confirmed R162's care plan did not contain hospice and R162 was on hospice services upon admission on 7/3/24.</p> <p>During an interview on 7/17/24 at 1:00 p.m., the director of nursing (DON) stated she would expect there to be a line item for hospice in the care plan because it was important for coordination of care.</p> <p>A document, Person Centered Care Planning dated 12/18/23, identified its purpose was to provide guidance to care center staff developing the resident's person-centered care plan and directs the user to describe the services to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial wellbeing.</p> <p>45842</p> <p>R8:</p> <p>R8's admission Minimal Data Set (MDS) dated [DATE] indicated R8 had minimal cognitive impairment. Diagnoses included bilateral lower extremity amputations, anemia, and renal insufficiency. The MDS also indicated R8 was always continent of bowel and bladder.</p> <p>R8's Bowel and Bladder Risk assessment dated [DATE], indicated R8 was always continent of bowel and bladder.</p> <p>R8's comprehensive care plan dated 6/4/24 indicated R8 was always incontinent of bowel and had no toileting plan. Interventions included check and change per protocol and provide peri-care after each incontinent episode.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 7/14/24 at 2:05 p.m., R8 stated he was always continent of bowel and bladder.</p> <p>During an interview on 7/16/24 at 1:18 p.m., registered nurse (RN)-C stated the nurse managers performed the bowel and bladder assessments upon admission and then would also build the comprehensive assessments based on the assessments and the information off the MDS. RN-C reviewed R8's medical record and acknowledged the care plan stated R8 was totally incontinent of bowel even though all the assessments and MDS indicated he was totally continent of bowel and bladder.</p> <p>During an interview on 7/17/24 at 1:18 p.m., the assistant director of nursing (ADON) stated nursing staff needed to make the care plan was built on the actual admission assessments, MDS forms and resident wants so staff know how best to care for the resident.</p> <p>Facility policy Person Centered Care Planning last reviewed 4/20/23, indicated the care plan would include an accurate assessment of needs the resident would have while in the facility.</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48109</b></p> <p>Based on interview and document review, the facility failed to follow provider orders for residents requiring weight monitoring for 2 of 4 residents (R42, R33) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R42:</p> <p>R42's admission Minimum Data Set (MDS) dated [DATE], identified impaired cognition and diagnoses of Alzheimer's dementia, diabetes mellitus, and chronic obstructive pulmonary disease (COPD), and atherosclerotic heart disease (a condition that causes a narrowing of the arteries).</p> <p>R42's care plan dated 4/17/24, did not address obtaining or assessing resident's weight.</p> <p>R42's provider orders contained an order for weekly weights starting 5/6/24.</p> <p>Review of R42's electronic medical record (EMR), identified no weight entries from 6/28/24 to 7/14/24.</p> <p>During an interview on 7/16/24 at 1:43 p.m., nursing assistant (NA)-A stated the nursing aids were responsible for weighing the residents and recording the number on the bath sheet and the nurse will enter that in their chart.</p> <p>During an interview on 7/17/24 at 8:44 a.m., dietician (DT)-A explained she was responsible for assessing resident's weights for gain or loss and calculate the percentage. DT-A got the data from the EMR, if the data wasn't there then she would go to the nursing stations and look for the bath sheets where the NAs recorded the weight. Sometimes those didn't make it into the computer, and sometimes there weren't weights on the bath sheet. She worked with nursing staff to try and obtain the weights. DT-A stated R42 could be difficult to get weights on because he would often refuse. The DT-A offered that she had been on vacation at the end of June and beginning of July during the period the weights were not obtained.</p> <p>During an interview on 7/17/24 at 9:43 a.m., registered nurse (RN)-B stated she wasn't sure about the gap in weights because she had been on vacation.</p> <p>45842</p> <p>R33:</p> <p>R33's Quarterly Minimum Data Set (MDS) dated [DATE], identified impaired cognition. Diagnoses included diabetes and Parkinson's disease.</p> <p>R33's care plan dated 2/19/24, indicated a cardiovascular care plan related to congestive heart failure. Interventions included monitor weights weekly or per provider order.</p> <p>(continued on next page)</p>

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R33's provider orders dated 7/17/24 lacked specific provider orders for weights.</p> <p>R33's electronic medical record (EMR) from 5/1/24 to 7/17/24 indicated missing weights as followed:</p> <ul style="list-style-type: none"> <li>- The week beginning 7/7/24.</li> <li>- The week beginning 6/23/24.</li> <li>- The week beginning 5/19/24.</li> <li>- The week beginning 5/5/24.</li> <li>- The week beginning 4/28/24.</li> <li>- The week beginning 4/21/24.</li> </ul> <p>During an interview on 7/16/24 at 10:43 a.m., nursing assistant (NA)-A stated the nursing aids were responsible for weighing the residents and recording the number on the bath sheet and the nurse will enter that in their chart. NA-A confirmed R33 was a weekly weight.</p> <p>During an interview on 7/16/24 at 1:43 p.m., registered nurse (RN)-C stated weights were done weekly on bath day unless the provider specifically ordered weights done more or less frequently. RN-C reviewed R33's EMR and acknowledged there were weights missing on some of the weeks since April.</p> <p>During an interview on 7/17/24 at 1:18 p.m., the assistant director of Nursing (ADON) confirmed all weights were performed weekly by the aides on the resident's assigned bath day, and then would be documented by the nurse who worked that shift. The ADON expected all weights to be obtained per policy and/or provider order each week and documented each week.</p> <p>A document, Weight Monitoring Program dated 1/18/21, identified the care center will monitor weights of individuals receiving services to prevent unintended weight loss and medically significant weight gain. The policy declared residents with services will be weighed weekly, as needed, or as ordered by the provider. Weight data will be assessed, tracked, and entered in the EMR weekly, unless otherwise indicated by provider.</p>

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<p>F 0732</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Post nurse staffing information every day.</p> <p>49877</p> <p>Based on observation, interview, and document review the facility failed to ensure required nurse staff data was posted daily before each shift, including over the weekend. This had the potential to affect all 61 residents, staff, and visitors who wish to review this information.</p> <p>Findings include:</p> <p>During observation on 7/14/24 at 1:40 p.m., a nursing staff data posting was in a plastic holder on the wall near the main entrance and next to the administrator's office. The posting labeled Guardian Angels Health &amp; Rehab Daily Nurse staffing was dated 7/11/24.</p> <p>On 7/16/24 at 8:46 a.m., the administrator confirmed an updated/current nurse staff data sheet was not posted at the beginning of the shift on 7/12/24, 7/13/24, or 7/14/24. Administrator stated it was the responsibility of the scheduler to complete and post the nurse staff data sheets, but the scheduler was not at the facility on the 12th, 13th, or 14th .</p> <p>During interview on 7/17/24 at 10:05 a.m., scheduler explained when she was not at the facility, she will leave the completed nurse staff data sheets in the supervisors' book. On weekdays, when/if she was not at the facility, the director or assistant director of nursing post the nurse staff data sheets, and on weekends the charge nurse will post the nurse staff data sheets. Scheduler further explained the nurse staff data sheets have sometimes not been posted on the weekends. The weekend staff data sheets will remain in the supervisors' book and need to be added to the plastic holder on Monday mornings. States weekend staff have been educated on the need to post the staff data sheets daily.</p> <p>During interview on 7/17/24 at 11:46 a.m., assistant director of nursing (ADON) confirmed the nurse staff data sheets were sometimes not posted on the weekends. ADON expects the staff data sheets to be posted daily.</p> <p>During interview on 7/17/24 at 12:07 p.m., the administer stated having the expectation of the nurse staff data sheets being posted daily. It was important to post nurse staff data sheets daily so residents and families have up to date staffing information.</p> <p>A facility policy, Nursing Staff Posting dated 12/18, identified the facility will post daily staffing level for review of residents and families.</p>		

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<p>F 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49878</b></p> <p>Based on interview and record review, the facility failed to ensure a rationale was documented for the order of an as needed (PRN) psychotropic (effecting the chemical makeup of the brain) medication beyond 14 days for 1 of 5 residents (R32) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R32's quarterly Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment and had diagnoses of Alzheimer's disease, dementia, displaced fracture of the right femur, and history of breast and colon cancers.</p> <p>R32's physician order dated 10/5/2022 with no end date, identified Ativan oral tablet 0.5 milligrams (mg) give by mouth PRN up to every four hours for anxiety and hallucinations.</p> <p>R32's medication administration record (MAR) for 7/1/24 to 7/14/24 identified R32 receiving PRN Ativan 14 times.</p> <p>During an interview on 7/17/24 at 12:16 p.m., assistant director of nursing (ADON) stated the interdisciplinary team (IDT) consults with pharmacy every month to go over pharmacy review recommendations. ADON further stated R32's order for Ativan PRN should have been discussed in monthly meeting with pharmacy. ADON confirmed order did not have an end date, and did not have a provider rationale for extended use of medication.</p> <p>State Operations Manual from the Centers for Medicare &amp; Medicaid Services dated 2/3/23, identifies S483.45(e)(4) PRN orders for psychotropic drugs are limited to 14 days . if the attending physician or prescribing practitioner believes that it is appropriate for the PRN order to be extended beyond 14 days, he or she should document their rationale in the resident's medical record and indicate the duration for the PRN order.</p>

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<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45842</p> <p>Based on observation, interview and document review, the facility failed to ensure unauthorized staff, visitors, and residents did not have access to medication storage area. This practice had the potential to affect all residents on the 400 hallway.</p> <p>Findings include</p> <p>During observation on 7/16/24 at 7:18 a.m., the 400 hallway medication storage area doorway was completely open with no staff around the medication storage area or the nurses desk next to the medication storage area.</p> <p>During observation on 7/16/24 at 8:33 a.m. the 400 hallway medication storage area doorway was open and nursing staff were not around the medication storage area. The nurse manager was in her office, next to the medication storage area but had her back facing her door and the medication storage area.</p> <p>During an interview on 7/16/24 at 8:37 a.m., registered nurse (RN)-C confirmed the medication storage room was open and no staff were around except her, with her back facing the medication storage room. RN-C stated it was the responsibility of the nurse working the cart to make sure the medication storage room is secured when they are not around the room.</p> <p>During an interview on 7/16/24 at 11:16 a.m., licensed practical nurse (LPN)-B confirmed she had left the door open and walked away to administer medications when the doors were observed open. LPN-B stated it was the cart nurses responsibility to secure the door when not in the room, but did feel the nurse manager in there office was secure enough to allow the door to be left open.</p> <p>During an interview on 7/17/2024 at 1:18 p.m. the assistant director of nursing (ADON) stated an expectation all medication storage area doors would remain shut and secured when the cart nurse was not in the rooms so no other staff, residents, or visitors could access anything stored in the room.</p> <p>Facility policy Medication Storage, last reviewed 4/11/23, indicated the medicaion room was to be locked and door closed at all times when the licensed nures was not present.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 48109</p> <p>Based on observation, interview, and document review, the facility failed to ensure enhanced barrier precautions (EBP) were followed for 2 of 3 residents (R42, R21) who had an indwelling catheter. In addition, the facility failed to ensure EBP were put in place for 1 of 1 resident (R12) with a chronic wound. The deficient practices had the potential to place these residents at an increased risk for transmission of infection.</p> <p>Findings include:</p> <p>R42:</p> <p>R42's admission Minimum Data Set (MDS) dated [DATE], identified impaired cognition and diagnoses of diabetes mellitus, benign prostatic hypertrophy (BPH, enlargement of the prostate), and urinary retention. The MDS further indicated R42 had an indwelling urinary catheter and needed staff assistance with dressing, grooming, bathing, transferring and toileting.</p> <p>R42's provider orders dated 4/24/24, identified an order for enhanced barrier precautions due to an indwelling urinary catheter. Gown and gloves must be worn when providing personal care or emptying the catheter bag.</p> <p>R42's care plan dated 4/17/24, identified the need for enhanced barrier precautions due to chronic indwelling urinary catheter. Gown and gloves were to be employed when performing high-contact resident care activities.</p> <p>During an observation on 7/15/24 at 1:17 p.m., nursing assistant (NA)-A entered R42's room without donning a gown or gloves. A sign was observed on the outside of the room indicating enhanced barrier precautions were in place for R42 with personal protective equipment (PPE) supplies outside of their room. At 1:20 p.m., licensed practical nurse (LPN)-A knocked on R42's door. NA-A who was not wearing a gown, answered the door and told LPN-A she needed five more minutes. At 1:25 p.m., an unidentified NA went into the room and shut door. There was a driver waiting to take R42 to an appointment. LPN-A came back to the door with a brief, opened the door and handed it to NA-A and then shut the door.</p> <p>During an interview on 7/16/24 at 9:53 a.m., NA-A confirmed she had helped R42 on the toilet without wearing a gown. NA-A stated she should have worn a gown because it was important for infection control.</p> <p>49877</p> <p>R21:</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R21's annual Minimum Data Set (MDS) dated [DATE], identified impaired cognition and diagnoses of obstructive uropathy, depression, spondylosis with radiculopathy lumbar region (degeneration of lower spinal discs resulting in nerve compression and pain or tingling that extends into the hips or down the legs). The MDS further indicated R21 had an indwelling urinary catheter and needed staff assistance with dressing, grooming, bathing, transferring and toileting.</p> <p>R21's provider order with a start date of 4/11/24, identified an order for enhanced barrier precautions due to an indwelling urinary catheter.</p> <p>R21's undated care plan, identified the need for enhanced barrier precautions due to indwelling urinary catheter. Gown and gloves were to be employed when performing high-contact resident care activities.</p> <p>During observation on 7/15/24 at 1:49 p.m., NA-A entered R21's room without donning a gown or gloves. There was a sign posted on R21's door declaring enhanced barrier precautions were in place. Personal protective equipment (PPE) supplies were in a cart outside of R21's room. Without wearing a gown or gloves, NA-A began to reposition R21 by removing the pillows between R21's knees and under R21's hips.</p> <p>On 7/15/24 at 1:52 p.m., NA-B entered R21's room to assist with repositioning. NA-B donned a gown and gloves prior to entering R21's room.</p> <p>On 7/15/24 at 1:54 p.m., NA-A observed NA-B enter R21's room wearing a gown and gloves, confirmed with NA-B PPE was required for repositioning, exited the room, preformed hand hygiene, and re-entered the room donning a gown and gloves.</p> <p>During interview on 7/15/24 at 1:58 p.m., NA-A stated she should wear a gown and gloves anytime (her) body may come in to contact with R21's body which would include repositioning. NA-A stated she should have worn a gown and gloves because it was important for infection control.</p> <p>49878</p> <p>R12:</p> <p>R12's significant change Minimum Data Set (MDS) dated [DATE], identified R12 as cognitively intact with diagnoses of myelodysplastic syndrome (group of disorders caused by immature blood cells), essential thrombocythemia (body forms too many platelets, which can cause blood clots), type 2 diabetes, heart failure, kidney disease, and one stage 3 pressure ulcer that was not present upon admission.</p> <p>R12's physician's orders dated 7/16/24, instructed wound care to buttocks: cleanse areas with wound wash, pat dry, apply single or double layer of AquaCell to wound beds. Cover with Tegaderm bordered foam 3X week and PRN (as needed) for saturation or loss of patency. Order further instructed to complete wound care on Sundays, Tuesdays, and Fridays. Order lacked direction on enhanced barrier precautions.</p> <p>R12's care plan dated 5/22/24, identified goals of pressure wound healing and to remain free of infection.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245239	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/17/2024
NAME OF PROVIDER OR SUPPLIER  Guardian Angels Health & Rehab Center		STREET ADDRESS, CITY, STATE, ZIP CODE  1500 East Third Avenue Hibbing, MN 55746	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an observation on 7/16/24 at 9:44 a.m., R12's room did not have an EBP sign on door, and no PPE was available outside of resident's room.</p> <p>During an observation on 7/17/24 at 8:56 a.m., R12's room did not have an EBP sign on door, and no PPE was available outside of resident's room.</p> <p>During interview on 7/17/24 at 10:29 a.m., registered nurse (RN)-B stated criteria for being placed on EBP which included wounds, indwelling foley catheters, surgical wounds, and dialysis ports. RN-B confirmed R12 as not being on EBP. RN-B further stated she was unsure if R12 should be on EBP or not. RN-B also stated she expected staff to follow protocol and wear PPE for personal cares of residents in EBP.</p> <p>During interview on 7/16/24 at 1:52 p.m., assistant nursing director (ADON) stated facility staff have received training on EBP and staff were expected to follow precautions when providing personal cares to a resident.</p> <p>During interview on 7/17/24 at 10:38 a.m., ADON further stated criteria for a resident to be on EBP which included chronic wounds, feeding tube, dialysis ports, surgical wounds, and pressure ulcers. ADON confirmed R12 had a pressure ulcer with wound care directions in care plan and provider's order. ADON further confirmed R12 was not on EBP list kept by her and did not have orders for EBP. R12 was not on EBP and due to R12's pressure ulcer he should be.</p> <p>Enhanced Barrier Precautions policy dated 3/25/24, identified EBP should also be used for residents with chronic wounds and/or indwelling medical devices. EBP policy further identified chronic wounds as pressure ulcer, diabetic foot ulcer, unhealed surgical wound, and venous stasis ulcer. EBP policy also identified Post the appropriate signage on the door and in the resident's chart. The signage should indicate when to wear PPE.</p>		