

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Northeast Sixth Street Chisholm, MN 55719	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48109</p> <p>Based on interview and record review, the facility failed to perform an elopement risk assessment for 1 of 1 (R1) resident reviewed for elopement.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment and included diagnoses of Alzheimer's disease, dementia without behavioral or psychotic disturbance, major depressive disorder, recurrent, severe with psychotic symptoms.</p> <p>R1's provider orders dated 4/12/24, identified an order for staff to check placement and function of a wanderguard located on R1's right ankle, using a hand-held device to check the battery function each shift and to ensure R1 had not removed the device.</p> <p>R1's care plan dated 8/21/23, identified a risk for wandering with interventions to have a wander guard in place to right ankle, move closer to nurse's station for supervision due to wandering, encourage to attend activities during highest wandering times.</p> <p>R1's medical record did not contain an assessment for elopement risk.</p> <p>During an interview on 5/16/24 at 1:09 p.m., the director of nursing (DON) stated the only elopement risk assessment found in R1's record was one they started in August 2023. The DON further stated they did a trial removal of the wanderguard recently and then one day she got up in the common area and tried to walk, so they added it back and an assessment was not done at that time. DON thinks they should probably do a new one, and they are in the process of doing a new elopement risk assessment right now.</p> <p>St. [NAME] Health Services of [NAME] document, Elopement dated 8/1/22, identified its purpose was to provide guidance to staff to protect residents at risk for elopement. The document defined elopement as being when a resident who is cognitively, physically, mentally, emotionally and/or chemically impaired wanders away, walks away, runs away, escapes or otherwise leaves a care center or environment, unsupervised, unnoticed and/or prior to their scheduled discharge. The document further identified each resident would be assessed on admission for risk of wandering or elopement and at any time a resident was identified at risk for elopement.</p>

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Northeast Sixth Street Chisholm, MN 55719	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49877</p> <p>Based on observation, interview, and document review the facility failed to implement occupational therapy (OT) orders for proper wheelchair positioning for 1 or 2 residents (R31) reviewed for positioning.</p> <p>Findings include:</p> <p>R31's quarterly minimum data set (MDS) dated [DATE], identified R31's diagnoses include Dementia, generalized muscle weakness, and hemiplegia (paralysis of one side of body). R31 was severely cognitively impaired, used a wheelchair, and required substantial/maximum assistance with dressing, grooming, and transferring.</p> <p>R31's care plan dated 6/23/22, identified to keep side supports in wheelchair when resident up in wheelchair to prevent leaning to the left.</p> <p>Therapy progress note dated 3/6/24, states evaluation for wheelchair positioning completed. Resident was provided with lateral side wedges to further prevent leaning to left side. Please keep side supports in wheelchair when resident up in chair.</p> <p>During observation's on 5/14/24 from 1:03 p.m. to 6:31 p.m., R31 was observed hunched forward and deeply leaning to left side while in wheelchair. No lateral side wedges were placed in wheelchair.</p> <p>On 5/15/24 8:20 a.m., R31 was observed deeply leaning to the left while in wheelchair with no lateral side wedges placed.</p> <p>During observation's on 5/15/24 between 10:30 a.m. to 3:24 p.m., R31 was observed leaning to the right side while in wheelchair. One lateral side wedge was placed on the left side.</p> <p>On 5/16/24 at 3:15 p.m., R31 was observed leaning to the left while in wheelchair with one lateral side wedge placed on left side.</p> <p>On 5/17/24 at 8:31 a.m., R31 was observed deeply leaning to the left while in wheelchair with no lateral side wedges placed.</p> <p>On 5/17/24 at 8:50 a.m., R31 remains in wheelchair with one lateral side wedge placed on left side. R31 continues to lean towards the left while in wheelchair.</p> <p>During interview on 5/17/24 at 9:40 a.m., occupational therapist (OT) confirmed having completed R31's wheelchair positioning assessment on 4/6/24. States order was written for 2 lateral side wedges, placed on both left and right side, while R31 was up in wheelchair. Orders are communicated to the facility via a progress note in the electronic health record and by the completion of a caregiver sheet which will be posted in residents' closets to communicate orders to nursing assistants.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Northeast Sixth Street Chisholm, MN 55719	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 5/17/24 at 9:57 a.m., nursing assistant (NA)-D confirmed caregiver sheets are posted in resident closet's to communicate therapy orders. NA-D was aware of R31's order to have lateral wedges placed while up in wheelchair but does not recall ever using 2 wedges for R31.</p> <p>During interview on 5/17/24 at 10:06 a.m., registered nurse (RN)-B confirmed therapy orders are communicated to the facility via a caregiver sheet and progress note. Facility nurses use the caregiver sheet to update the care plan. RN-B confirmed R31's care plan identified the use of 2 lateral side wedges while R31 was up in wheelchair. States does not ever recall using/seeing 2 lateral wedges for R31.</p> <p>During interview on 5/17/24 at 10:11 a.m., director of nursing (DON) states having the expectation care plans and therapy orders are followed. DON reviewed R31's care plan and consulted with OT and confirmed 2 lateral side wedges should be used when R31 was up in wheelchair. DON does not recall R31 ever using 2 lateral side wedges and plans to obtain a second lateral side wedge from therapy. DON states it was important to follow the care plan and therapy orders to ensure proper positioning and resident safety.</p> <p>Adaptive and Positioning Equipment policy dated 7/27/23, listed purpose was to provide adaptive equipment that allows residents to achieve their highest most practicable level of functioning.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Northeast Sixth Street Chisholm, MN 55719	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that feeding tubes are not used unless there is a medical reason and the resident agrees; and provide appropriate care for a resident with a feeding tube.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48109</p> <p>Based on observation, interview and record review, the facility failed to maintain safe positioning for a resident with a feeding tube, while the tube feeding was running for 1 of 1 resident (R37) reviewed for tube feeding care.</p> <p>Findings include:</p> <p>R37's quarterly Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment and diagnoses of Parkinson's disease with dyskinesia (uncontrollable, uncoordinated movements), respiratory failure, pneumonitis due to inhalation of food and vomit, and dysphagia (a swallowing disorder). R37 was dependent on staff for oral hygiene, needed maximum assistance for bed mobility, and had a feeding tube.</p> <p>R37's provider orders dated 2/9/24, identified a nothing by mouth order, to provide medications via feeding tube only, and to keep head of bed (HOB) at 45 to 60 degrees for all feedings and flushes. Feeding times were 3 a.m., 9 a.m., 3 p.m., and 9 p.m. at 85 milliliters (mL) per hour.</p> <p>R37's care plan dated 4/27/23, identified R37 received nutrition through a feeding tube with an intervention for HOB to be elevated 45 to 60 degrees for all feedings and to leave elevated for one hour after.</p> <p>During an interview on 5/13/24 at 2:29 p.m., family member (FM)-A stated R37 moved around in the bed and didn't stay upright enough and that was how she recently got aspiration pneumonia.</p> <p>On 5/14/24, R37 was observed during the following times:</p> <p>-12:34 p.m., R37 was lying in bed, HOB at about 15-20 degrees, resident's head is about 1.5 feet below the head of the bed.</p> <p>-6:40 p.m., the feeding pump was beeping, and the bag appeared to be empty, R37's HOB was approximately 10 degrees, and her neck was hyperextended.</p> <p>On 5/15/24, R37 was observed during the following times:</p> <p>-8:58 a.m., tube feeding running at 85 mL per hour, R37's shoulders are at the area where the bed bends, feet are at foot board, and she is fidgeting her feet at a fast pace.</p> <p>-9:34 a.m., same position, fidgeting hands around blanket, eyes open and tube feeding running.</p> <p>-11:04 a.m., HOB about 10 degrees, R37 was further up in the bed laying on her left side tracing her fingers down the wall, tube feeding was running.</p> <p>-2:41p.m., HOB about 10 degrees and R37 was laying on her left side. The feeding pump was running at 85 mL per hour.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Northeast Sixth Street Chisholm, MN 55719	
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 0693</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/15/24 at 2:45 p.m., nursing assistant (NA)-E stated she wasn't sure what R37's HOB should be, she didn't touch it and thought it was usually at about the same level.</p> <p>During an interview on 5/15/24 at 3:47 p.m., licensed practical nurse (LPN)-B stated R37 was checked on every two hours to reposition, and they would check on her then. There was no set schedule for checking on her. LPN-B confirmed R37's HOB was about 15 degrees, and the orders were for 45 to 60 degrees as noted on a sign taped to her over-the-bed table. LPN-B stated it was important to keep her HOB up so she didn't aspirate (inhale fluid into the lungs).</p> <p>During an interview on 5/15/24 at 3:54 p.m., the director of nursing (DON) stated she would expect R37's HOB to be at 45 to 60 degrees as the care plan and orders said as this was important, so she didn't aspirate.</p> <p>St. [NAME] Health Services of [NAME], Enteral Feeding Tube Usage policy dated 4/1/19, identified its purpose was to provide guidance to licensed nursing staff in providing enteral feeding tube care and services. The policy further identified to elevate the head of the bed (HOB) to at least 30 degrees and keep it elevated during feeding and for a minimum of 1 hour following feeding (if resident can tolerate). If resident cannot tolerate HOB elevation of at least 30 degrees, they should be assessed on an individual basis to determine elevation height they can tolerate.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Northeast Sixth Street Chisholm, MN 55719	
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 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49878</p> <p>Based on observation, interview, and document review, the facility failed to ensure oxygen tubing was changed in a timely manner for 1 of 1 residents (R17) reviewed for respiratory care.</p> <p>Findings include:</p> <p>R17's significant change Minimum Data Set (MDS) dated [DATE], included diagnoses of heart failure, anxiety, type 2 diabetes, and a thyroid disorder.</p> <p>R17's physician orders dated 12/20/23, identified staff should change oxygen tubing weekly on Monday night shift.</p> <p>During observation on 5/14/24 at 12:22 p.m., oxygen tubing did not have a date.</p> <p>During observation on 5/17/24 at 9:12 a.m., oxygen tubing did not have a date.</p> <p>R17's treatment record indicated oxygen tubing was not changed in April or in May.</p> <p>During interview on 5/17/24 at 10:10 a.m., certified nursing assistant (CNA)-A stated nurses are responsible for changing oxygen tubing per orders. CNA-A confirmed there was no date on the oxygen tubing.</p> <p>During interview on 5/17/24 at 10:40 a.m., licensed practical nurse (LPN)-A stated nurses are responsible for changing oxygen tubing per orders. LPN-A confirmed there was no date on the oxygen tubing.</p> <p>During interview on 5/17/24 at 11:05 a.m., director of nursing (DON) stated it was expected staff would complete resident cares on their shift and for cares to be charted.</p> <p>Oxygen Administration policy dated 9/12/23, identifies tubing and cannula or mask should be labeled with date and changed every week.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245245	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/16/2024
NAME OF PROVIDER OR SUPPLIER Heritage Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 321 Northeast Sixth Street Chisholm, MN 55719	

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 0731</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Request a waiver if it can't meet the nurse staffing requirements.</p> <p>49878</p> <p>Based on observation, interview, and record review, the facility failed to provide licensed nursing staff on a 24 hour basis for 8 days in the first quarter of fiscal year 2024.</p> <p>Findings include:</p> <p>The facility's certification and survey provider enhanced report (CASPER) identified 20 days between October 1st 2023 and December 31st 2023 when there was no licensed nursing staff in the facility.</p> <p>During interview on 5/17/24 at 10:52 a.m., director of nursing (DON) stated the facility was staffed well now and the gaps in the CASPER were a result of their payroll software not working correctly.</p> <p>The facility's payroll records confirmed the following days included gaps of 6 hours or more with no licensed nursing staff:</p> <ul style="list-style-type: none"> -10/7/23, gap in coverage on night shift -10/15/23, gap in coverage on night shift -10/22/23, gap in coverage on night shift -11/5/23, gap in coverage on night shift -11/11/23, gap in coverage on night shift -11/18/23, gap in coverage on night shift -11/19/23, gap in coverage on night shift -12/17/23, gap in coverage on night shift <p>Information on payroll software problem was requested, but not provided.</p>