STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245247	A. Building B. Wing	03/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Kittson Healthcare	1010 South Birch Hallock, MN 56728

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 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure services provided by the nursing facility meet professional standards of quality. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43367 Based on interview and document review, the facility failed to ensure residents received treatment and services, in accordance with professional standards of quality, when 1 of 1 resident's (R1) physician-prescribed medication taper order was not implemented. Findings include: R1's quarterly Minimum Data Set (MDS) dated [DATE], identified he was moderately cognitively impaired. Diagnoses included cancer, Parkinson's disease, and diabetes mellitus (DM). R1 received scheduled and as needed (PRN) analgesics (pain medication) that consisted of opioid(s) (used to treat acute pain). R1's pain was identified as mild, occurred rarely or not at all, and rarely or not at all impacted his sleep or day to day activities. R1's face sheet identified the following diagnoses: malignant neoplasm of prostate (prostate cancer), stage III chronic kidney disease, benign prostatic hyperplasia (BPH) (enlarged prostate) with lower urinary tract symptoms, low back pain, dementia, urinary tract infection, and poor urinary stream. R1's physician orders dated 3/6/24, identified the following order: Tramadol (opioid) 25 mg (milligrams) three times a day (TID) in the AM (morning), MID (midday), and PM (evening) for low back pain. Started on 11/3/23 and ended 3/2/24. R1's care plan, last revised 3/4/24, identified R1 had an Alteration in Health Care status related to Parkinson's, adult failure to thrive, weakness, lower back pain, polyosteoarthritis (a condition that causes pain, swelling, and stiffness in four or more joints), BPH, prostate cancer, and poor urinary stream. One of the four goals was for R1's pain to be controlled to mild range with an intervention for Tramadol related to chronic pain, especially back pain. R1's February 2024 electronic medication administration record (EMAR), directed staff to administer Tramadol 25mg TID in the AM, MID, and PM for low back pain. This was administered from 2/1/24, through 2/17/24's MID dose, and then 2/21/24 MID dose through 2/28/24. From 2/17/24's evening shift dose through 2/21/24's morning dose R1 was hospitalized for sepsis related to a urinary track infection (UTI). (continued on next page)

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

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A progress note, dated 2/10/24 at 2:15 p.m., identified R1 complained of pain from urinary retention. His urinary retention symptoms appeared to have progressed and thus he expressed increased complaints of pain/discomfort. R1's Pharmacist Drug Regimen Review Observation, dated 2/1/24, completed by pharmacy consultant (PC), identified the director of nursing (DON) requested a medication review as R1 experienced urinary retention. R1 already received Tamsulosin (relaxes muscles of the prostate and bladder opening to improve urination) and Finasteride (used to decrease the prostate size) for BPH with LUTS (lower urinary tract symptoms). Tramadol was started in November for chronic back pain. As Tramadol was a medication that potentially contributed to urinary retention (<5%), the PC recommended a tramadol frequency taper (example: TID to BID [twice daily], then QD [every day]) to see if it improves his urinary retention, while monitoring for signs and symptoms of increased pain. The form identified a Run Date from the electronic medical record system on 2/7/24 at 11:48 a.m., by the DON. The forms Physician response identified on 2/11/24 at 10:48 a.m., medical doctor (MD)-B ordered a tramadol decrease from TID to BID and to monitor for pain and urinary retention. Additionally hand-written on the form was a notation that read, 2/12/24 Myrbetriq (relaxes muscles of the urinary bladder reducing bladder spasms) 25mg PO started by Dr. Surdy and [received] this form 2/15/24 in mailbox. [MD-B] order not addressed - still has occasional pain on tramadol 25mg TID. Will address next rounds. During an interview on 3/18/24 at 1:03 p.m., pharmacy consult (PC) confirmed R1's prostate cancer potentially contributed to his urinary retention, along with being administered tramadol. PC indicated she recommended a trial reduction of R1's scheduled tramadol from TID to BID; however, this recommendation was not followed through for an unknown reason. During a telephone interview on 3/18/24 at 3:09 p.m., MD-A stated MD-B worked the week of 2/1/24 when the pharmacy consultation was made to wean R1 off tramadol. MD-A stated he wrote an order for Myrbetriq after MD-B addressed the pharmacy recommendation to trial a dosage reduction for the tramadol. MD-A stated he expected MD-B's tramadol taper order, and his Myrbetriq order, to both be acted upon. During a telephone interview on 3/18/24 at 3:35 p.m., MD-B stated she received the pharmacy recommendations, dated 2/1/24, that requested a reduction in tramadol to help avoid urinary retention. She explained it was her understanding she had up to two weeks to respond and return the signed order back to the facility. She verified she signed the order on 2/11/24, to decrease the tramadol dose and placed the document into a mail pouch. After that, she was off for two weeks and was unsure how or when the form was returned to the facility. MD-B was unaware the order was not processed; however, expected the order to have been completed as ordered. She confirmed R1 remained on the tramadol TID. During an interview on 3/1/24 at 3:45 p.m., the DON verified MD-B signed the pharmacy recommendation order to decrease the tramadol to help prevent urinary retention. She stated she and staff knew he experienced chronic pain. She explained that sometimes the recommendations were placed on hold to be addressed later. She stated MD-B held onto the document until 2/15/24, which was a glitch in the system. She expected pharmacy review forms to be returned to her much sooner. She identified there was communication sent to MD-A which brought about a battle between pain and symptoms. The DON stated MD-A prescribed Myrbetriq for R1's urinary retention and now R1's pain was occasionally present but controlled. (continued on next page)

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F 0658 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility policy Medication and Treatments Review by Physician, dated 2/2009, directed medications and treatments were expected to be reviewed every 30, 60, and 90 days after admission. The DON or care coordinators, and the attending physician were expected to review these at the time of the medical doctor visit to determine the continuance or discontinuance of medications and treatments.