

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245252	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/12/2024
NAME OF PROVIDER OR SUPPLIER  Thief River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Eastwood Drive Thief River Falls, MN 56701	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35569</p> <p>Based on interview and document review the facility failed to report an allegation of sexual assault to the state agency (SA) for 1 of 3 residents reviewed who alleged she had been raped at the facility.</p> <p>Findings include:</p> <p>R4's Resident Face Sheet identified diagnosis that included Parkinsonism, Alzheimer's disease and dementia.</p> <p>R4's significant change Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment and indicated physical and verbal behaviors. The MDS further indicated R4 displayed hallucinations and delusions.</p> <p>R4's care plan updated 4/9/24 identified auditory hallucinations exhibited by seeing people in room, yelling, hitting and refusal to take medications. The care plan indicated R4 voiced false accusations about staff. The care plan directed staff to provide one to one, offer food/drink, call spouse, turn on television and re-approach.</p> <p>R4's facility Progress Note dated 2/28/24 at 4:46 p.m., indicated R4 was upset and yelling and sated the guy with the square head, ended up raping me. 2/28/24 at 10:40 p.m. R4 was noted at the hallway screaming and yelling that he wants to rape me. 3/11/24, R4 had two episodes of delusional behavior with hallucinations. R4 accused male nursing assistant (NA) of raping her. R4 had accused male NA of rape before which was not substantiated.</p> <p>During interview on 4/10/24 at 2:42 p.m., the social services designee (SSD) indicated R4 was not cognitively strong and said she knew who she was and where she was and on a good day could tell you what day it was. The SSD stated, I know she has accused people of raping her but was not sure where it came from. The SSD stated she was not involved in the reporting process.</p> <p>During interview on 4/11/24 at 3:10 p.m. the director of nursing (DON) stated R4 had made accusations that staff were trying to practice voodoo on her and staff had smashed her head, and that staff had tried to beat her up. The DON stated R4 did say she had been raped and said staff had talked to her but R4 tended to be vague and did not provide a lot of detail. The DON stated registered nurse (RN)-A sat and talked with R4 and determined it was not a thing.</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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NAME OF PROVIDER OR SUPPLIER  Thief River Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 2001 Eastwood Drive Thief River Falls, MN 56701	

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 4/11/24 at 3:42 p.m. RN-B stated R4 had good times and tough times and said she had behaviors. RN-B stated when R4 tried to explain things she was unclear. RN-B stated she was aware R4 had made an allegation of rape and said she heard it during report in the past.</p> <p>During interview on 4/11/24 at 4:58 p.m., the administrator stated R4's allegations of rape had not been reported to the SA and said she had not been aware of the rape allegations.</p> <p>Facility policy Maltreatment Reporting Guidelines dated 10/8/21, indicated the facility must report to the SA any suspected maltreatment (all alleged violations involving abuse, neglect, exploitation or maltreatment, including injuries of unknown source and misappropriation of resident property) immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse.</p>

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35569</p> <p>Based on interview and document review the facility failed to thoroughly investigation an allegation of sexual assault for 1 of 3 residents (R4) who alleged she was raped at the facility.</p> <p>Findings include:</p> <p>R4's significant change Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment and indicated physical and verbal behaviors. The MDS further indicated R4 displayed hallucinations and delusions.</p> <p>R4's care plan updated 4/9/24, identified auditory hallucinations exhibited by seeing people in room, yelling, hitting and refusal to take medications. The care plan indicated R4 voiced false accusations about staff. The care plan directed staff to provide one to one, offer food/drink, call spouse, turn on television and re-approach.</p> <p>R4's facility Progress Note dated 2/28/24 at 4:46 p.m., indicated R4 was upset and yelling and sated the guy with the square head, ended up raping me. 2/28/24 at 10:40 p.m. R4 was noted at the hallway screaming and yelling that he wants to rape me. 3/11/24, R4 had two episodes of delusional behavior with hallucinations. R4 accused male nursing assistant (NA) of raping her. R4 had accused male NA of rape before which was not substantiated.</p> <p>During interview on 4/10/24 at 2:42 p.m., the social services designee (SSD) indicated R4 was not cognitively strong and said she knew who she was and where she was and on a good day could tell you what day it was. The SSD stated, I know she has accused people of raping her but was not sure where it came from. The SSD stated she was not involved in the reporting and investigation process.</p> <p>During interview on 4/11/24 at 3:10 p.m. the director of nursing (DON) stated R4 had made accusations that staff were trying to practice voodoo on her and staff had smashed her head, and that staff had tried to beat her up. The DON stated R4 did say she had been raped and said staff had talked to her but R4 tended to be vague and did not provide a lot of detail. The DON stated registered nurse (RN)-A sat and talked with R4 and determined it was not a thing. The DON stated she did not have evidence an investigation had been completed because they did not believe the rape had occurred.</p> <p>During interview on 4/11/24, at 4:58 p.m. the administrator said she had not been aware of the allegations.</p> <p>Facility Policy Maltreatment Reporting Guidelines dated 10/1/21, directed staff to begin conducting an investigation of the alleged maltreatment, which may include resident and staff interviews, observations and medical record review.</p>		