

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  05/02/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35569</p> <p>Based on observation, interview and document review the facility failed to ensure resident rights for 1 of 3 residents (R1) when the facility took shoes away from R1 to slow his movement in the facility.</p> <p>Findings include:</p> <p>R1's Resident Face Sheet identified diagnosis that included Alzheimer's, dementia, anxiety and depression.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment and indicated he required assistance with transfer and self-propelled in his wheelchair. R1's Service Plan Detail report modified 5/3/24, indicated he could wheel himself short distances independently.</p> <p>A facility report log dated 4/26/24, indicated R1 was to wear gripper socks only and indicated his shoes were in the tub room.</p> <p>During observation and interview on 5/2/24 at 1:09 p.m., R1 was escorted to the common area of the facility by his family member (FM)-A. FM-A stated the facility had taken R1's shoes away from him and he was upset about it. FM-A said R1's shoes were taken away so he couldn't move as fast but said she did not think it made a difference. FM-A said R1 had brought up the shoes about three times. R1, who was very hard of hearing and required a white board to communicate said, Where do you think those shoes are? They're in one of these rooms. FM-A stated she had to take R1 to the dentist that morning and when she asked for his shoes registered nurse (RN)-A said could not give FM-A R1's shoes, even though it was raining outside. FM-A confirmed she had to take R1 to his appointment with only his socks on, and also had to transfer him in and out of the car in his socks while it was raining.</p> <p>During interview on 5/2/24 at 1:22 p.m., RN-B stated the facility took R1's shoes because he had gripper socks. RN-B said the reason the shoes were taken away was to slow him down since R1 was able to self propel and wandered in the facility.</p> <p>During observation and interview on 5/2/24 at 1:27 p.m., nursing assistant (NA)-A was in the tub room. On the floor inside the room were two pairs of black men's shoes. NA-A stated she did not know whose shoes they were. A few minutes later, NA-A approached surveyor and said the shoes belonged to R1. NA-A said she was told R1 was supposed to wear gripper socks so he could not move as fast.</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
---	-------	-----------

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  05/02/2024
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 5/2/24 at 1:47 p.m., the director of nursing stated R1's shoes were removed because he had behaviors that included kicking staff when he was agitated and said they were not trying to take away his ability to be mobile. The DON said she was not aware FM-A was told R1 could not have his shoes to go out of the facility.</p> <p>R1's medical record lacked evidence he displayed behaviors of kicking staff.</p> <p>During interview on 5/2/24 at 2:10 p.m., RN-A stated she didn't know much about R1's shoes but had been told he was supposed to wear socks only. RN-A said she had not been told R1 was allowed to have his shoes when he went out to appointments. RN-A stated when FM-A asked for them she had been following the direction she had been given.</p> <p>Facility Policy Resident [NAME] of Rights dated August 2002, indicated staff were to offer opportunities for the residents to make their own decisions and indicated residents are allowed to keep reasonable amounts of clothing and possessions for their use.</p> <p>Combined Federal and State [NAME] of Rights dated 2/1/17, indicated residents had the right to retain and use personal possessions, including furnishings, and clothing, as space permits, unless to do so would infringe upon the rights or health and safety of other residents.</p>		