| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to assess, implement and evaluate a loss in range of motion for 1 of 1 resident (R7) reviewed for range of motion. This practice resulted in harm when R7 was observed with her right hand contracted, increased pain and difficulty ambulating with a walker. In addition, the facility failed to provide functional maintenance programs as ordered to maintain and/or prevent loss of range of motion (ROM) for 8 of 8 residents (R7, R5, R3, R11,R17,R30,R33, R39) reviewed. Findings include:<br><br>R7's significant change Minimum Data Set, dated [DATE], identified R7 had moderate cognitive impairment and diagnosis of hypertension (elevated blood pressure), and end stage renal disease (ESRD) and required moderate assist with activities of daily living (ADL's) which include bed mobility toileting and transfers. R7 had impairment on one side of upper extremity.<br><br>R7's ADL Care Area Assessment (CAA) dated 6/18/25, identified R1 had physical limitations such as, limited range of motion, poor coordination, poor balance, visual impairment, or pain. Identified R7 was at risk for complications of immobility such as contractures.<br><br>R7's care plan revised 7/18/25, had a self-care deficit related to impaired balance and right (R) sided upper extremity weakness. R7 was independent to walk with a walker. Care plan identified PT/OT (physical/occupational therapies) to treat and evaluate as needed.<br><br>R7's OT assessment dated [DATE], identified R7 had a functional impairment of the left shoulder and forearm and R7 had no functional impairment of the right shoulder and forearm.<br><br>R7's OT discharge assessment dated [DATE], identified discharge recommendations to complete a functional maintenance (FMP) program of right shoulder and elbow 7 times per week. Assessment did not indicate any functional impairment of the right hand.<br><br>R7's medical record lacked evidence the FMP program had been initiated after the 2/4/25 OT recommendations.<br><br>R7's PT evaluation dated 3/21/25, identified Current Referral Reason R7 referred to PT due to staff wondering about a platform walker for her due to not using her R arm post CVA hx. R7 tends to rest her R hand on her walker vs holding onto it. Reason for Skilled Services: Skilled therapy necessary to assess need for platform walker and trial; however, she declines adamantly.<br><br>R7 record lacked any further follow up or additional interventions related to her R hand.<br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During two separate observations one on 7/29/25 at 5:48 p.m. and other on 7/30/25 at 8:42 a.m, R7 was pushing a front wheeled walker using her left hand with her right hand down at her side. R7's fingers on her right hand were curled inward. R7 returned to her room and sat down in her recliner using her left hand to touch the recliner as she sat down.<br><br>During an observation and interview on 7/30/25 at 9:34 a.m., OT opened R7's fingers on the right hand and R7 yelled ouch that hurts. OT did a full assessment of R7's right hand and stated R7 had significant contractures to the thumb and all four fingers on the right hand. OT stated when R7 was admitted to the facility six months ago R7 had mild tightness to her right hand and no contractures. OT stated R7 has had a significant decline in her ROM in her right hand since admission to the facility six months ago.<br><br>R7's OT evaluation dated 7/30/25, identified R7 was referred to skilled OT due to decreased ROM of her fingers on the right hand, limiting her ability to participate in ADL's and functional mobility. R7 had redness on the tip of her thumb due to it being in between her 3rd and 4th fingers. Area does blanch when pressure is applied. R7 had pain while attempting to assess right hand and ROM.<br><br>During an interview on 7/30/25 at 10:02 a.m., activities aide (AA)-A stated she had noticed in the past few months R7 was not able to open her right hand and the fingers on her right hand had curled in wards. AA-A stated she had not told anyone because she assumed the facility was aware of R7's decreased ROM and inability to open her right hand.<br><br>During an interview on 7/30/25 at 10:10 a.m., nursing assistant (NA)-B stated R7's right hand was a little tight when R7 was admitted to the facility six months ago but in the past two months R7's ROM in her right hand has decreased and R7 no longer was able to open her right hand. NA-B did not think R7 had any functional maintenance programs. NA-B stated she did not tell anyone and stated she should have told the nurses about R7's decreased ROM in her right hand.<br><br>During an interview on 7/30/25 at 10:13 a.m., NA-A stated R7 had some weakness in her right hand when she was admitted to the facility six months ago. NA-A stated up until two months ago R7 was able to fully open her right hand without pain. NA-A stated R7 has been complaining of pain in her right hand for the past 2 months and was no longer able to open her right hand. NA-A stated she had not told anyone about the decline in R7's ROM or complaints of pain because she assumed the nurses were aware.<br><br>During an interview on 7/30/25 at 10:20 a.m., R7 stated she was having more difficulty walking lately because she was unable to use her right hand to push her walker.<br><br>During an interview on 7/30/25 at 10:28 a.m., registered nurse (RN)-A stated her expectation was that staff would have let her know when R7's ROM in her right hand began to decrease so she could have let the medical doctor (MD) and therapy know to prevent further decreased ROM and contractures.<br><br>During an interview on 7/30/25 at 11:05 a.m., family member (FM)-A stated three months ago R7 was able to open her right hand to use the FWW walker. FM-A stated in the past two months R7 had complained of pain in her right hand, was no longer able to open her right hand or able to use her right hand to push her walker.<br><br>During an interview on 7/31/25 at 12:20 p.m., director of nursing (DON) verified R7 had contractures in her right hand . DON stated she was unaware R7 had decreased ROM or developed the contractures<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | in her right hand in the past few months. DON stated it was her expectation any change in a resident's condition be reported to the nurse and the physician so it could be assessed to prevent a decline in ROM and contractures.<br><br>During an interview on 7/30/25 at 2:35 p.m., medical doctor (MD) stated he did not recall being notified of R7's decline in ROM or contractures to her right hand. MD stated his expectation was the facility would have let him know about R7's decline in ROM to prevent further decline in ROM and prevent contractures from developing.<br><br>R3<br><br>R3's annual Minimum Data Set (MDS) assessment dated [DATE], identified R3 was cognitively intact and was dependent on staff for all activities of daily living (ADLs). R3 had a diagnosis of hypertension (high blood pressure), diabetes, and hemiplegia (one-side weakness).<br><br>R3's care area assessment (CAA) dated 5/29/25, indicated R3 was at risk for developing contractures and R3 had restricted mobility.<br><br>R3's physical therapy (PT) orders signed 5/3/24, R3 was set up with a ROM/orthotic program. On 7/24/25, PT placed orders for R3 to stand one time a shift on day and night shift with platform walker, with the assist of two at the edge of the bed. PT orders lacked documentation on the length of time R3 was to stand with staff.<br><br>R3's care plan dated 6/27/25, indicated R3 was to receive gentle range of motion (ROM) as tolerated with daily care. R3's care plan lacked information providing what extremity R3 was to have ROM completed on.<br><br>R3's electronic treatment administration record (eTAR) dated 7/25, lacked documentation R3 was to receive ROM or stand at the edge of the bed with a platform walker and a assist of two.<br><br>R3's progress notes dated 5/1/25 to 7/30/25, lacked documentation R3 was to receive gentle ROM as tolerated with daily cares.<br><br>During an interview on 7/30/25 at 1:31 p.m., PT-A confirmed R3 was on a standing program with staff two to three times a day. PT-A indicated the orders were provided to nursing staff to enter the orders on R3's care plan.<br><br>During an interview on 7/30/25 at 1:47 p.m., NA-E indicated NA-E was unaware R3 had orders to stand one time a shift on day and night shift with platform walker, with the assist of two at the edge of the bed. NA-E further indicated staff do not have time to complete ROM on residents daily.<br><br>R5<br><br>R5's admission Minimum Data Set (MDS) assessment dated [DATE], identified R5 was severely cognitively impaired and needed moderate assistance with all activities of daily living (ADLs). R5 had a diagnosis of dementia, diabetes, and anxiety,<br><br>R5's care area assessment (CAA) dated 5/26/25, indicated R5 was at risk for developing pressure ulcers.<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | R5's care plan dated 6/14/25, indicated R5 required the assist of one with a walker and gait belt for ambulation.<br><br>R5's physical therapy (PT) orders signed 5/14/25, R5 was to transfer with the assist of one with walker.<br><br>R5's eTAR dated 7/25, lacked documentation R5 was being ambulated with the assist of one with walker and gait belt.<br><br>R5's Kardex Report dated 7/30/25, indicated R5 required the assist of one with a walker and gait belt for ambulation.<br><br>R5's progress notes dated 5/13/25 to 7/30/25, lacked documentation R5 was receiving the assistance of one with walker and gait belt for ambulation.<br><br>R11<br><br>R11's quarterly Minimum Data Set (MDS) dated [DATE], identified R11 was severely cognitively impaired and was dependent on staff for all activities of daily living (ADLs). R11 had a diagnosis of dementia, hypertension (high blood pressure), and deep vein thrombosis (DVT) (blood clot).<br><br>R11's care area assessment (CAA) dated 10/23/24, indicated R11 was at risk for pressure ulcers and pain due to body positioning.<br><br>R11's care plan dated 3/10/25, indicated R11 was to receive passive range of motion (PROM) to all extremities. R11's care plan lacked information indicating how often staff were to perform PROM for R11.<br><br>R11's physical therapy (PT) orders signed 9/26/24, identified R11 presented with impaired ROM and position of joints consistent with R11's level of dementia. R11 was a good candidate for set up of ROM program.<br><br>R11's eTAR dated 7/25, lacked documentation R11 was receiving PROM.<br><br>R11's Kardex Report dated 7/30/25, lacked documentation R11 was to receive PROM.<br><br>R11's progress notes dated 5/1/25 to 7/30/25, lacked documentation R11 was receiving PROM.<br><br>R30<br><br>R30's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R30 was cognitively intact and needed minimal assistance with all activities of daily living (ADLs). R30 had a diagnosis of hypertension (high blood pressure), dementia, and a traumatic brain injury (TBI)<br><br>R30's care area assessment (CAA) dated 1/16/25, indicated R30 was at risk for loss of arm or leg movement and pressure ulcers.<br><br>R30's care plan dated 1/14/25, indicated R30 was to receive PROM with the assist of one staff to the lower extremity. R30's care plan lacked information on what lower extremity was to receive PROM.<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | R30's physical therapy (PT) orders signed 4/15/24, identified education was provided to nursing on completing ROM program. PT orders lacked information identifying what education was provided to nursing and where R30 was to be receiving ROM.<br><br>R30's electronic treatment record (eTAR) dated 7/25, lacked documentation R30 was receiving ROM on R30's lower extremity.<br><br>R30's Kardex Report dated 7/30/25, lacked documentation R30 was to receive ROM on R30's lower extremity.<br><br>R30's progress notes dated 5/1/25 to 7/30/25, lacked documentation R30 was receiving ROM on R30's lower extremity.<br><br>R33<br><br>R33's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R33 was severely cognitively impaired and dependent on staff with all activities of daily living (ADLs). R33 had Alzheimer's disease and depression.<br><br>R33's care area assessment (CAA) dated 11/12/24, indicated R33 was at risk for pressure ulcers and pain.<br><br>R33's care plan dated 4/28/25, indicated R33 was to receive lower extremity, upper extremity, and neck PROM exercises. R33's care plan lacked information identifying what lower and upper extremity was to receive PROM.<br><br>R33's physical therapy (PT) orders signed 4/15/20, nursing staff ROM program has been implemented and staff educated.<br><br>R33's electronic treatment record (eTAR) dated 7/25, lacked documentation R33 was receiving lower extremity, upper extremity, and neck PROM exercises.<br><br>R33's progress notes dated 5/1/25 to 7/30/25, lacked documentation R3 was receiving lower extremity, upper extremity, and neck PROM exercises.<br><br>During an interview on 7/30/25 at 12:46 p.m., NA -A revealed the facility no longer had a restorative aid. NA-A indicated there were several residents on a restorative program and staff were required to complete restorative therapy when assisting residents up in the morning. NA-A further indicated staff did not have enough time to complete all the needs of the residents which included restorative therapy.<br><br>During an interview on 7/30/25 at 12:56 p.m., LPN-A stated NAs were responsible for completing restorative therapy on residents. LPN-A further stated the facility had not had a restorative program for about a year and a half. LPN-A indicated staff had never let her know if residents had refused restorative therapy, but she would expect them to let the nurse know. LPN-A further indicated if a resident refused it should have been documented in the residents' notes.<br><br>During an interview on 7/30/25 at 1:03 p.m., OT-B stated NAs were trained on how to perform restorative therapy on residents with orders from PT/OT (physical/occupational therapy). OT-B (continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | further stated if staff did not know how to perform therapy, they would receive additional training and guidance from PT/OT. OT-B indicated all restorative therapy orders were written in the residents' care plans.<br><br>During an email interview on 7/30/25 at 2:05 p.m., director of nursing (DON) indicated the ROM restorative therapy information is stored on the Kardex however, staff do not sign off that restorative therapy was completed.<br><br>During an interview on 7/30/25 at 2:35 p.m., LPN-B stated R3s restorative therapy orders would have shown up on the NAs task list to be completed. LPN-B indicated NAs should have been letting nursing staff know if residents were refusing therapy. LPN-B further indicated LPN-B was unaware of any residents refusing therapy.<br><br>During an interview on 7/30/2025 at 3:30 p.m., PT-B stated orders were put on a sheet and placed in a binder. PT-B further stated the binder used to be in the activities room, but PT-B did not know where the binder went. PT-B indicated the previous process changed when the new system took place and now the sheets are placed in the unit managers bin to be added to the care plans.<br><br>During an interview on 7/30/25 at 5:15 p.m., DON confirmed the above findings and stated her expectations was staff were to be following the Kardex and care plan to get exercises completed. DON stated she was unaware why the restorative therapy orders were not linking to the tasks so staff could sign them off when they were completed. DON further stated it was important for residents to receive restorative therapy so there is not a decline in the residents or if a decline is noted the resident could be referred to PT/OT.<br><br>R17<br><br>R17's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R17 as having severe impaired cognition. R17 needed extensive assistance for all activities of daily living (ADLs). R17 had a diagnosis of peripheral vascular disease (narrowing of the blood vessels), arthritis, and hypertension (high blood pressure). No restorative nursing programs was indicated on the MDS.<br><br>R17's Care Area Assessment (CAA) dated 11/8/24, identified R17 had physical impairments such as weakness, limited range of motion, poor coordination, poor balance, visual impairment, and pain.<br><br>R17's signed occupational therapy orders dated 12/11/23, revealed occupational therapist (OT) ordered an restorative nursing program to help with carryover and consistency for left upper extremity ROM. Orders included left upper extremity passive range of motion/ active range of motion for elbow flex/extend, shoulder protraction/ retraction/ flex/extension, horizontal abduction/adduction, and wrist flex/extend to help increase flexibility for ADL/s five repetitions with each exercise.<br><br>R17's care plan dated 10/23/24, indicated R17 was at risk for contractures related to left hemiparesis following a cerebrovascular accident (CVA). The goal was to maintain shoulder range of motion (ROM) by participating in ROM exercises. Nursing was to assist in passive ROM to the left upper extremity shoulder, elbow, and wrist flexion/ extension and abduction/ adduction, all 10 repetitions, two sets. Cue R17 to rest and relax between sets. Three to five times a week, as R17 would allow.<br><br>R17's medical record under the tasks lacked a restorative program.<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | During an interview on 7/30/25 at 9:13 a.m., licensed practical nurse (LPN)-A indicated that the nursing assistants performed restorative programs, which include ROM.<br><br>During an observation on 7/30/25 at 9:25 a.m., R17 was sitting in the dining room with left elbow and hand on a padded wheelchair armrest.<br><br>During an interview on 7/30/25 at 10:42 a.m., occupational therapist (OT)-A indicated that on 12/11/23, OT set up a restorative program for R17. During an interview on 7/30/25 at 1:20 p.m., physical therapist (PT)-B indicated that on 12/11/23, OT set up a ROM program for staff to complete and it was not discontinued.<br><br>R39<br><br>R39's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R39 was severely cognitively impaired and needed extensive assistance with all activities of daily living (ADLs). R39 had a diagnosis of Lewy bodies (affects cognitive and motor functions), Parkinson's (movement disorder), and hypertension (high blood pressure). No restorative nursing programs was indicated on the MDS.<br><br>R39's CAA dated 12/5/24, identified R39 had assistance with eating, needed assistance with toileting. R39 had cognitive impairment, dementia, and neuromuscular functional risk factors.<br><br>R39's signed occupational therapy orders dated 6/24/24 indicated R39 would continue to need ROM assistance to help improve ROM. R39 was unable to complete ROM on her own; nursing staff were educated on how to provide ROM for R39. On 6/19/24, the staff received an education sheet on how to complete ROM exercises and indicated ROM was to be done once in the morning and once in the evening. The education sheet provides pictures on how to perform elbow, forearm, shoulder, and wrist ROM.<br><br>R39's care plan dated 10/24/24, indicated R39 had a passive ROM program to the upper and lower extremities, three times a week as able.<br><br>R39's medical record under the tasks lacked a restorative program.<br><br>During an interview on 7/30/25 at 10:42 a.m., occupational therapist OT-A indicated that OT would ask nursing staff quarterly if there were any changes with residents. Nursing staff had not discussed any changes to OT regarding R39. OT-A indicated on 6/24/24, R39 was placed on a ROM program for the elbow and hand for the nursing staff to complete.<br><br>During an interview on 7/30/25 at 1:08 p.m., physical therapist (PT)-A indicated that on 6/19/24, R39 received orders to continue the restorative program. PT-A confirmed the ROM was not discontinued and would expect staff to continue as R39 tolerated.<br><br>During an interview on 7/30/25 at 1:44 p.m., NA-A indicated residents participating in a restorative program had a spot in the tasks section on the computer to alert staff of their participation in the restorative program. NA-A viewed the task section for R17 and R39 and indicated that R17 and R39 lacked documentation of a restorative program needed to be performed.<br><br>During an interview on 7/30/25 at 1:45 p.m., nursing assistant (NA)-B indicated there was no<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | restorative aid in the facility, and the nursing assistants were responsible for performing ROM on residents who had a restorative program. If a resident had a restorative program, the computer would show this in a task section. NA-B indicated R17 and R39 did not have a restorative program, as there was no information in the task section of the computer's Kardex, which the nursing assistants used to identify who had a restorative program.<br><br>During an interview on 7/30/25 at 3:30 p.m., registered nurse (RN)-A indicated the process was for OT to place restorative orders in a box by the nurse station. RN-A would take the orders and place them in the care plan, then give a copy of the orders to the staff. The facility received a new computer system this past year, and when the restorative program is placed into the care plan, it would populate on the nursing assistant's Kardex tasks on the computer. RN-A indicated that no issues were reported altering staff the Kardex task did not pull from the care plan.<br><br>The facility policy titled Restorative Nursing Program, dated 4/6/20, identified the facility will have a restorative nursing program that promotes a resident's ability to achieve and/or maintain their optimal function, in accordance with the resident's comprehensive assessment and person-centered plan of care. Procedure: Residents will be evaluated on admission, ongoing and at least quarterly to determine the need for restorative nursing services by the Restorative Coordinator or nursing-designed and/or contracted therapy. The Restorative Coordinator or designee will inquire as to the resident's interest in participating with the recommended restorative nursing services, if applicable. If the resident declines/refuses recommended restorative A nursing services, an Informed Choice Consent form will be completed with the resident and/or resident representative regarding the risks and benefits of the services recommended by the Restorative Coordinator or designee and/or Contracted Therapy. The Restorative Nursing Coordinator or nursing designee will develop the program(s), in collaboration with Therapy if the program is recommended by Therapy, for residents who are identified as having the potential to benefit from the program(s). The Restorative Nursing Coordinator or nursing designee will develop the program(s), in collaboration with Therapy if the program is recommended by Therapy, for residents who are identified as having the potential to benefit from the program(s). A Restorative Assessment will be completed by the RN Restorative Coordinator or by nursing staff under the supervision of the RNC. This will include identifying and care planning the residents' need for restorative nursing services, goal(s), and interventions to meet the goal(s). When a resident is started on a RNP or has a change to their current RNP, the Restorative Coordinator or designee will communicate these changes with the resident, the nursing department and any staff who provide restorative nursing services. Restorative Coordinator or designee will keep the nursing leadership team and providers informed of resident's progress in regard to restorative nursing services, as needed. Restorative Coordinator or designee (must be a registered nurse) and/or Contracted Therapy will train the restorative staff on restorative techniques and individual restorative Nursing program(s). Restorative staff will show competency in restorative nursing programs. Training will be completed on an ongoing basis, as needed. Restorative staff will be responsible for providing the residents with restorative nursing services and will document completion. If a resident is refusing restorative nursing services or has had a change in condition/function, the restorative staff will report to the Restorative Coordinator or designee and the Nurse Supervisor in a timely manner. Documentation of non-compliance will include reason for refusal and any intervention(s) to promote compliance. If resident continues refusal of RNP after implementing interventions and education to promote compliance, the Restorative Coordinator or designee may complete an Informed Choice Consent form with the resident and/or resident representative. The Restorative Coordinator or designee will ensure documentation of the restorative program is complete. Restorative Coordinator or designee will meet with staff performing restorative services routinely to review programs, review documentation, and make recommendations in regard to restorative nursing services. Restorative<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0688<br><br>Level of Harm - Actual harm<br><br>Residents Affected - Few | Coordinator or designee (Registered Nurse) will evaluate the resident's restorative nursing program at least quarterly and document the evaluation in the electronic health record. The evaluation will include the resident's progress toward the goal, any barriers that interfere with the resident's progress, interventions attempted to assist the resident to overcome the barriers, an assessment of frequent refusals to participate in the restorative program and the rationale for the decision to revise, continue or discontinue the restorative nursing program. Restorative Coordinator or designee will update the restorative care plan, as needed. Restorative Coordinator or designee will monitor on an ongoing basis all aspects of the individualized restorative programs being offered. Audits will be completed as needed to review and identify any trends with the restorative nursing program. The Restorative Coordinator or designee will participate and develop a report for Quarterly QAPI meetings. These reports will help identify any variations and gaps to refer for review, improvement and increased monitoring. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview, and document review, the facility failed to notify the physician and resident representative for 1 of 1 resident (R7) who had a decline in range of motion (ROM) reviewed for limited ROM.R7's significant change Minimum Data Set (MDS) dated [DATE], identified R7 had moderate cognitive impairment and diagnosis which included cancer, hypertension (elevated blood pressure), and end stage renal disease (ESRD). R7 required moderate assist with activities of daily living (ADL's) which include bed mobility toileting and transfers and R7 had impairment on one side of upper extremity.R7's ADL Care Area Assessment (CAA) dated 6/18/25, identified R1 had physical limitations such as, limited range of motion , poor coordination, poor balance, visual impairment, or pain. R7 was at risk for complications of immobility such as contractures.R7's care plan revised 7/18/25 had a self-care deficit related to impaired balance and right sided upper extremity weakness. R7 was independent to walk with a walker. Care planned for PT/OT (physical/occupational therapies) to treat and eval as needed. Care plan lacked evidence of decreased ROM to right hand. During an observation on 7/29/25 at 5:48 p.m., R7 was walking from the dining room using a front wheeled walker. R7's right hand was down at her side and R7's fingers on her right hand were curled inward as R7 pushed her walker using only her left hand. R7 returned to her room and sat down in her recliner using only her left hand to touch the recliner as she sat down.During an observation on 7/30/25 at 8:42 a.m., R7 was walking from the dining room using a front wheeled walker. R7's right hand was down at her side and R7's fingers on her right hand were curled inward as R7 pushed her walker using only her left hand. R7 returned to her room and sat down in her recliner using only her left hand to touch the recliner as she sat down.During an observation and interview on 7/30/25 at 9:34 a.m., OT opened R7's fingers on the right hand and R7 yelled ouch that hurts. OT did a full assessment of R7's right hand and stated R7 had significant contractures to the thumb and all four fingers on the right hand. OT stated when R7 was admitted to the facility six months ago there was only a little tightness in R7's right hand and no contractures. OT stated she had not been notified of R7's decline in ROM to the right hand. OT stated her expectation was staff would have notified her and the physician of R7's decline in ROM.During an interview on 7/30/25 at 10:13 a.m., NA-A stated R7 had some weakness in her right hand when she was admitted to the facility six months ago. NA-A stated up until two months ago R7 was able to fully open her right hand without pain. NA-A stated R7 has been complaining of pain in her right hand for the past 2 months. NA-A stated she had not told anyone about the decline in R7's ROM or complaints of pain because she assumed the nurses were aware. NA-A stated she was unaware of any limited ROM of R7's shoulder or forearm and did not think R7 had any functional maintenance programs.During an interview on 7/30/25 at 10:16 a.m., licensed practical nurse (LPN)-A stated R7 had some weakness in her right hand six months ago when she was admitted . LPN-A stated she had noticed R7 had a little more difficulty opening her right hand this past month but it did not appear much worse so she did not notify therapy R7 was having more difficulty opening her right hand. LPN-A stated someone should have let therapy know R7 was having more difficulty opening her right hand to prevent decreased ROM and contractures.During an interview on 7/30/25 at 10:20 a.m., R7 stated She was having more difficulty walking lately because she was unable to use her right hand.During an interview on 7/30/25 at 11:05 a.m., family member (FM)-A stated he has noticed the decreased ROM in R7's right hand in the past few months. FM-A stated he did not recall the facility notifying him of the decreased ROM in R7's right hand. During an interview on 7/31/25 at 12:20 p.m., director of nursing stated she thought R7 had contractures when she was admitted to the facility six months ago. DON stated she was unaware R7 had decreased ROM or developed contractures in her right hand in the past few months or if it had been reported. DON stated it was her expectation that any change in a resident's condition be reported to the nurse so it could be assessed.During an interview on<br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0580<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | 7/30/25 at 2:35 p.m., MD stated he does not recall being notified of R7's decline in ROM or contractures to her right hand. MD stated his expectation was that the facility would have let him know about R7's decline in ROM to prevent further decline in ROM and contractures from developing.Review of a facility policy titled Notification of Significant Changes revised 5/22/22, identified The Charge Nurse will immediately (as indicated by the change of condition) inform the resident, consult with the physician, and notify the resident representative (consistent with his or her authority), for the following significant change situations: A deterioration in health, mental, or psychosocial status in either life-threatening conditions or clinical complications. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245262 | A. Building<br>B. Wing | 07/30/2025 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| West Wind Village | 1001 Scotts Avenue<br>Morris, MN 56267 |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to re-assess and develop interventions for residents at risk for elopement (leave the facility without staff knowledge) for 1 of 3 residents (R1) reviewed for elopement.Findings include:R7's significant change Minimum Data Set assessment dated [DATE], identified R7 had moderate cognitive impairment and diagnosis which included cancer, hypertension (elevated blood pressure), and end stage renal disease (ESRD). R7 required moderate assist with activities of daily living (ADL's) which include bed mobility toileting and transfers and had impairment on one side of upper extremity.R7's care plan revised 7/28/25, identified R7 was at risk for wandering and had a wander guard on. Interventions included: provide care in a calm and reassuring manner. Care plan lacked further interventions related to wandering. R7's elopement risk assessment dated [DATE], identified R7 had no desire to leave, requests assistance to get into and out of the building due to vision. R7 would be able to sit outside independently with use of a call light for assistance to get back in. R7 was not at risk to wander or elope. R7's progress note dated 7/25/25 at 3:25 p.m., identified R7 went out the back door unattended. A family member of another resident reported R7 was in the parking lot to facility staff. Staff went to the parking lot and escorted R7 back into the building. R7's family was notified and a wander guard was placed on R7. R7 was angry. R7's medical record lacked evidence of any follow-up elopement assessment. During an observation on 7/29/25 at 10:37 a.m., R7 was seated in her room in her recliner with a wander guard on her left wrist. During an interview on 7/29/25 at 12:33 p.m., nursing assistant (NA)-C stated she was very familiar with R7. NA-C stated as far as she knew R7 had no history of wandering and has never gone outside without staff. NA-C further stated did not think R7 had a wander guard and was unaware of any care planned interventions for R7 related to wandering. During an interview on 7/29/25 at 12:36 p.m., NA-D stated R7 went outside a few days ago without staff. NA-D stated R7 talks a lot about wanting to go sit outside. NA-D stated she was unaware how often staff took R7 to sit outside. NA-D stated the only care planned intervention for R7 after going outside without staff was a wander guard. During an interview on 7/29/25 at 12:41 p.m., licensed practical nurse (LPN)-A stated R7 attempted to elope from the facility a few days ago. LPN-A stated a wander guard was placed on R7 after she attempted to elope from the facility. LPN-A stated there were no further care planned interventions for R7 related to wandering. During an interview on 6/30/25 at 10:28 a.m., nurse manager (NM)-A stated she was aware R7 had gone outside the facility a few days ago. NM stated she was unsure why R7 went outside. NM stated a wander guard was placed on R7 and no further elopement assessments had been done for R7. NM further stated she was unaware of any further care planned interventions for R7 related to wandering. NM stated her expectation was a new elopement risk assessment would have been done and more care planned interventions would have been implemented for R7 related to wandering. During an interview on 7/29/25 at 4:38 p.m., director of nursing (DON) verified R7 had eloped over the weekend and was at risk for further elopements. DON stated R7 stated she just wanted to go sit outside. DON verified a new elopement assessment had not been completed for R7 after the elopement and the only care planned intervention was a wander guard had been placed on R7. DON stated her expectation was a new elopement risk assessment would have been done and more care planned interventions would have been implemented for R7 related to wandering.Facility policy titled Elopement dated 8/1/22, identified, If it was unknown by the care center staff that the resident had left the building and is found outside by staff or visitor, this incident would constitute an ?elopement' and would require a report to the state agency. When the resident who eloped is located the facility would have conducted an investigation to determine how the elopement occurred in order to correct any underlying contributing factors. |