

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Glenfields Living With Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1805 Hennepin Avenue North Glencoe, MN 55336	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49337</p> <p>Based on document review and interviews, the facility failed to develop a comprehensive care plan to maintain safety for 1 of 4 (R1) residents reviewed for choking risks and refusal of care.</p> <p>Findings include:</p> <p>R1's face sheet dated [DATE], indicated diagnoses of hemiplegia (one-sided paralysis or weakness) and hemiparesis (one-sided muscle weakness) following stroke affecting left non-dominant side, vascular dementia (lack of blood to carry blood to a part of the brain, results in problems with reasoning, judgement, planning, and memory) with other behavioral disturbance, chronic kidney disease, heart failure, type II diabetes, need for assistance with personal care, reduced mobility, depression, dysphagia pharyngoesophageal phase (when the brain makes the decision to swallow and several reflexes begin) and dysphagia oropharyngeal phase (the first phase of swallowing when food or liquid is contained in the mouth by the tongue and palate).</p> <p>R1's quarterly Minimum Data Set (MDS) assessment dated [DATE] indicated R1 had moderately impaired cognition. R1 rejected care and had physical behaviors towards others one to three days per week. He required set up help for eating, one person assist for toileting and bed mobility and two person assist for transfers.</p> <p>R1's care plan dated [DATE], indicated in the nutrition section that R1 must be upright for all meals and for 30 minutes after meals. His diet was regular with nectar thick liquids. The activities of daily living section indicated R1 must be fully upright in wheelchair for all meals. The care plan failed to identify staff interventions when R1 refused to sit upright in his wheelchair for meals or eat in a supervised location such as the dining room.</p> <p>R1's Kardex dated [DATE], included directions to sit fully upright in wheelchair for all meals. Regular diabetic diet with nectar thickened liquids. Upright position for all meals and for 30 minutes after meals. There was no direction related to choking or aspiration risk.</p> <p>R1's diet order started [DATE], indicated regular diet, regular texture, nectar consistency. Must be in fully upright position in wheelchair for all meals.</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: 245263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Glenfields Living With Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1805 Hennepin Avenue North Glencoe, MN 55336	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Speech Therapy Progress Report and Updated Therapy Plan for [DATE]-[DATE] indicated patient continues to be noncompliant with sitting in upright position after meals. Patient will self transfer to bed and lower bed flat. Video swallow study was completed, results showed oropharyngeal dysphagia. A new goal, patient will demonstrate a reduction in the need for supervision at mealtime due to swallow safety to , d+[DATE]% of the time. On [DATE] R1 required supervision ,d+[DATE]% of the time.</p> <p>A Clarification Order, dated [DATE] indicated speech therapy was discontinued for R1. No reason was indicated.</p> <p>R1's header, dated [DATE], in the electronic health record included his diet order but did not include anything related to aspiration or choking risk.</p> <p>R1's long term care discharge summary dated [DATE], indicated principal diagnosis at discharge: natural causes related to cardiac event.</p> <p>A progress note dated [DATE], indicated R1 was asked if he wanted to come out of his room for lunch, he replied leave me alone. A nursing assistant (NA) sat with him while he ate in his room.</p> <p>A progress note dated [DATE], indicated R1 refused to leave his room for dinner. His tray was brought to his room and a nurse conversed with him during his meal.</p> <p>A progress note dated [DATE], indicated R1 requested to eat lunch in his room and ate while lying in bed at a 30-degree incline. A nurse sat with him during the meal. R1 finished his meal in three minutes and did not have a choking episode.</p> <p>A progress note dated [DATE] at 12:15 p.m., indicated NA-A brought R1's lunch tray to his room. R1 refused to get up in his wheelchair to eat but agreed to sit at the edge of the bed with head of bed raised up to support his left side, his lunch tray was placed in front of him. NA-A left R1's room to assist another resident. R1's call light and bed control were attached to the bed rail.</p> <p>A progress note dated [DATE] at 12:54 p.m., indicated R1 was found in his bed with his tongue and food sticking out of his mouth, unresponsive and with the head of the bed elevated at 15 degrees. Staff initiated CPR.</p> <p>A progress note dated [DATE] at 1:33 p.m., indicated R1 was found unresponsive on his back in his room. Staff initiated CPR, call 911 and the resident was pronounced deceased at 1:33 p.m. by a physician.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Glenfields Living With Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1805 Hennepin Avenue North Glencoe, MN 55336	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 8:55 a.m., R1's Speech language therapist (SLT) was interviewed. The SLT stated they started working him during fall 2023 because nurses were noting he was coughing on his secretions. The evaluation was made that he needs to sit fully upright in a wheelchair during meals and 30 minutes following the meal. The SLT stated he ate very quickly and was noncompliant with most cares and recommendations. During [DATE] he started vomiting after eating too quickly. R1 couldn't do an esophageal study because he couldn't stand up. A swallow study was done instead, and it was determined he needed a regular diet, cut up meats and nectar thick liquids. He was then non-compliant with sitting in his wheelchair and would self-transfer back to bed and put the head of his bed down. The SLT recommended he should be eating in the dining room for supervision. A negotiated risk form about eating in his room and in bed was sent to R1's guardian several times but was not signed. R1 was then discharged from therapy in [DATE] because he was non-compliant with recommendations.</p> <p>On [DATE] at 10:09 a.m., NA-A who brought the tray to R1 before he passed, was interviewed. NA-A stated R1 was supposed to be in the dining room. NA-A was new to R1's unit and was not aware R1 was at risk for choking, she would have to ask the nurses for that information. R1 did not intentionally use the call light while NA-A was working with him, only accidental bumps and would say he didn't need anything when NA-A responded to the light. NA-A stated during lunchtime on [DATE], she was told to bring the meal tray to him but supervision needs were not communicated to her. NA-A stated she would have had time to sit with him if she had known or was directed to. NA-A stated there was a debrief following R1's passing but she was not provided any education.</p> <p>On [DATE] at 10:32 a.m., registered nurse (RN)-A, the nurse manager for R1's unit, was interviewed. RN-A stated nursing assistants would be aware of choking risk through daily huddles or reading the Kardex. When asked how staff can increase safety for residents who are known choking risks who want to eat in their rooms, RN-A stated staff encourage them to get up as much as they can and get them in the best position. RN-A stated R1 would occasionally use the call light but he would usually not use it and wait for staff to notice that he needed help. When asked if R1 was supposed to be supervised while eating, RN-A stated it would be preferable if he ate in the dining room. Staff would stay with him because he ate so fast, they could take the meal tray out right away. RN-A stated risk of aspiration should be in the dietary section of the care plan but R1 never had aspiration pneumonia, he only coughed with liquids. RN-A stated there has not been any formal education completed by staff following R1's death besides a team huddle.</p> <p>On [DATE] at 11:25 a.m., RN-B, who sat with R1 for several meals in his room, was interviewed. RN-B stated nursing assistants are made aware of residents who are choking risks through morning huddles and that information should be in the header in the resident's file in the electronic health record (EHR). RN-B stated R1 was an official choking hazard because he was post-stroke and had dysphagia. He was supposed to be eating supervised. RN-B stated she would always try to sit with him during meals. He used to use his call light frequently but in the past 6 months his depression took over and he wouldn't use his call light. Staff checked on him every few hours. RN-B stated R1 would eat quickly and would cough a lot. He had to be watched with beverages because he would chug his drinks. RN-B stated risk of aspiration should be in the care plan. RN-B stated she did not receive any education following R1's death.</p> <p>On [DATE] at 11:39 a.m., NA-B was interviewed. NA-B stated nursing assistants know someone is a choking hazard by asking nurses or it should be indicated in the Kardex. NA-B stated R1 required supervision while he was eating in his room but not physical assistance. NA-B stated she had not received any education following R1's passing.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245263	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/02/2024
NAME OF PROVIDER OR SUPPLIER Glenfields Living With Care		STREET ADDRESS, CITY, STATE, ZIP CODE 1805 Hennepin Avenue North Glencoe, MN 55336	
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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 12:29 p.m., nurse practitioner (NP)-A was interviewed. NP-A stated there was not enough evidence to determine that R1 passed from choking. R1 was always going to be an aspiration risk because he was a fast eater. Swallowing concerns should have been in his care plan unless speech therapy cleared him.</p> <p>On [DATE] at 12:42 p.m., R1's guardian was interviewed. She stated she was aware of R1's swallowing issues and was told by RN-A that R1 should be supervised while eating. The guardian stated she had signed a negotiated risk form for concerns about self transfers but was unaware of the facility trying to send her a negotiated risk for for swallowing concerns.</p> <p>On [DATE] at 1:16 p.m., R1's primary physician was interviewed. The physician stated R1 had significant reflux, he had problems with chewing and would regurgitate foods at the table. He inhaled his foods. The physician stated she would expect to see documentation about choking risks in R1's care plan. She stated that it should have been documented somewhere that if he doesn't leave his room for meals, he required supervision or staff should do checks on him.</p> <p>On [DATE] at 1:59 p.m., the assistant director of nursing (DON), was interviewed. The DON stated what goes in the care plan depends on the written orders from the speech therapist, staff only receive the written order and not her thoughts and feelings. When asked if care plans should include interventions addressing repeated refusal of care, the DON stated they operate under a resident's right to chose and there are negotiated risks that go into place if needed. When asked if supervision or checks should have been included, the DON stated the care plan is not updated day to day. When asked if there should be documentation of choking risk in the Kardex for nursing assistants to be aware of, the DON stated an individual can have dysphagia without significant risk of choking.</p> <p>Policies related to aspiration risk, choking risks or supervision during mealtimes was requested but not received.</p>		