STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245267	A. Building B. Wing	10/07/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
St Anthony Health & Rehabilitation	3700 Foss Road Northeast St Anthony, MN 55421

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35992 Based on interview and document review, the facility failed to notify the Ombudsman for Long Term Care (LTC) of resident transfers to the hospital for 3 of 3 residents (R3, R4 and R5) reviewed for hospitalization . This had the potential to affect all residents transferred to hospital. Findings include: R3's significant change Minimum Data Set (MDS) dated [DATE], indicated diagnoses included cerebrovascular accident (stroke), diabetes, anemia, malnutrition, and epilepsy. R3's progress notes indicated R3 was hospitalized from 4/28/24 to 5/17/24. R3's record lacked evidence the Ombudsman for LTC was notified of R3's transfer to the hospital. R4's discharge Minimum Data Set (MDS) dated [DATE]/24, indicated diagnoses which included peripheral vascular disease or peripheral arterial disease (impaired circulation to the peripheral (distant arteries) of the hands and feet), methicillin resistant staphylococcus aureus (MRSA) (an antibiotic resistant organism) infection, pressure ulcer of unspecified joint, and local infection of the skin and subcutaneous tissue (the tissue which lies beneath the skin and above the muscle). R4's progress notes indicated R4 was hospitalized from 3/28/24 to 4/2/24. R4's record lacked evidence the Ombudsman for LTC was notified of R4's transfer to the hospital. Additionally, the document faxed to the Ombudsman for LTC titled Admit/Discharge To/From Report for March 2024, faxed by the social services director (SSD)-A lacked indication of the transfer to the hospital. R5's discharge assessment Minimum Data Set (MDS) dated [DATE], indicated diagnoses which included debility related to cardiorespiratory conditions, atrial fibrillation or other dysrhythmia, cirrhosis, diabetes mellitus, aphasia, malnutrition or at risk for malnutrition, anxiety disorder, respiratory failure, cataracts/glaucoma, or macular degeneration, and tricuspid valve insufficiency. (continued on next page)

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

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F 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R5's progress notes indicated R5 was hospitalized [DATE]. The progress notes lacked indication the Ombudsman for LTC was notified of hospitalization . Additionally, the document faxed to the Ombudsman for LTC, titled Admit/Discharge To/From Report for April 2024, faxed by the social services director (SSD)-A lacked this information as well. R5's progress notes indicated R5 was discharged from the facility on 5/8/24. Although the record identified R5 was discharged from the facility on that date, the progress notes lacked indication the Ombudsman for LTC was notified of the discharge. Additionally, the document faxed to the Ombudsman for LTC, titled Admit/Discharge To/From Report for May 2024, faxed by the social services director (SSD)-A also lacked indication of facility discharge. During interview on 10/3/24 at 11:33 a.m., the social services director (SSD-A) indicated although she was aware of the need to the notify the Ombudsman for LTC of discharges from the facility, she was unaware of the need to notify the Ombudsman of any transfers to the hospital. The facility policy, Transfer and discharged , last reviewed on 10/24/23, identified the Ombudsman would be notified of discharges from the facility. The policy lacked indication for notification of the Ombudsman of resident transfers to the hospital. 44645

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35992 Based on interview and document review, the facility failed to provide a written notice of a bed hold upon transfer for hospitalization for 3 of 4 residents (R3, R4, and R5) reviewed for hospitalization . Findings include: R3's significant change Minimum Data Set (MDS) dated [DATE], indicated diagnoses included cerebrovascular accident (stroke), diabetes, anemia, malnutrition, and epilepsy. R3's progress note dated 4/28/24 at 6:27 p.m., indicated licensed practical nurse (LPN)-A found R3's gastrostomy tube (G-tube) had been pulled out, the on-call nurse practitioner (NP) was contacted and ordered R3 to be transported to emergency department (ED) for G-tube replacement. LPN-A notified family member (FM)-B of the situation via phone. R3's progress note dated 4/28/24 at 9:42 p.m., indicated R3 was admitted to Hennepin County Medical Center hospital (HCMC) due to a fever and the need for further testing. R3's progress note dated 5/17/24 at 9:46 p.m., indicated R3 returned to the facility from HCMC on 5/17/24 at 5:28 p.m. Review of R3's records lacked evidence of a written notice of bed hold for R3's 4/28/24 to 5/17/24 hospitalization . R4's discharge Minimum Data Set (MDS) dated [DATE]/24, indicated diagnoses which included peripheral vascular disease or peripheral arterial disease (impaired circulation to the peripheral (distant arteries) of the hands and feet), methicillin resistant staphylococcus aureus (MRSA) (an antibiotic resistant organism) infection , pressure ulcer of unspecified joint, and local infection of the skin and subcutaneous tissue (the tissue which lies beneath the skin and above the muscle). R4's progress notes indicated R4 was hospitalized from 3/28/24 to 4/2/24. R4's record lacked evidence a written notice of bed hold for R4's 3/28/24 to 4/2/24 hospitalization s. R5's discharge assessment Minimum Data Set (MDS) dated [DATE], indicated diagnoses which included debility related to cardiorespiratory conditions, atrial fibrillation or other dysrhythmia, cirrhosis, diabetes mellitus, aphasia, malnutrition or at risk for malnutrition, anxiety disorder, respiratory failure, cataracts/glaucoma, or macular degeneration, and tricuspid valve insufficiency. R5's progress notes indicated R5 was hospitalized [DATE]. The progress notes lacked documentation of notification of the bed hold policy of the facility to either the resident, or the responsible party. (continued on next page)

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F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 10/3/24, at 4:25 p.m., the executive director (ED) stated she had reviewed the medical record and verified there were no documents to reflect a bedhold notifications were provided. On 10/3/24, at 4:36 p.m., the social services director (SSD)-A stated bedhold notifications were to be given when someone goes to the hospital. SSD-A went on to state that once the notification was provided, they should be uploaded to the electronic medical record. On 10/7/24, at 9:34 a.m. the director of nursing (DON) stated bedhold notifications were given to either the resident of the responsible party at the time of transfer/hospitalization . The bedhold notification was part of the medical record and was uploaded to the EMR. Further, the director of nursing (DON) and infection preventionist (IP) confirmed R3's record lacked evidence a written notice of bed hold had been provided for the 4/28/24 to 5/17/24 hospitalization . The facility policy, Transfer and Discharge, last reviewed 10/24/23, identified the notice of bed hold policy and readmission policy was to be provided before the facility transfers a resident to a hospital, or go on therapeutic leave. The policy identified if the transfer was an emergency, this notification, and subsequent documentation was to be provided within 24 hours of the transfer. 44645

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44645 Based on interview and document review, the facility failed to ensure long term residents received routine physician visits (every 60 days) for 1 of 3 residents (R3) reviewed for routine physician care. Findings include: R3's significant change Minimum Data Set (MDS) dated [DATE], indicated diagnoses included cerebrovascular accident (stroke), diabetes, anemia, malnutrition, and epilepsy. R3's clinical record indicated R3's physician completed routine physician visits on 2/5/24 and 5/22/24, greater than 60 days between visits. However, R3's clinical record lacked evidence a physician visit had been provided between 2/5/24 and 5/22/24. On 10/4/24 at 1:28 p.m., the administrator provided an email which contained the entire chart from the provider for R3. The provided chart indicated physician visits had been completed on 2/5/24 and 5/22/24, with no evidence of a physician visit within 60 days of 2/5/24. On 10/7/24 at 12:19 p.m., director of nursing (DON) and infection preventionist (IP) stated the medical records department only found physician visits for 2/5/24 and 5/22/24. The DON and IP confirmed R3's clinical record lacked evidence routine physician visits had been completed every 60 days between 2/5/24 and 5/22/24. The DON stated routine physician visits were important to ensure residents were taken care of properly. The facility's Physician Visitation and Monitoring and Notification policy, reviewed 2/5/24, indicated the attending physician, at a minimum, would visit residents every 30 days for the first 90 days after admission and every 60 days thereafter. A physician visit would be considered timely if performed no later than 10 days after the required visit date. At no time may the visitation period extend beyond 60 days.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44645 Based on interview and document review, the facility failed to ensure 2 of 4 residents (R3, R9) reviewed for immunizations were offered and/or provided the pneumococcal vaccine series as recommended by the Centers for Disease Control (CDC) to help reduce the risk of associated infection(s). Findings include: A CDC Pneumococcal Vaccine Timing for Adults feature dated 3/15/2023, identified various tables when each (or all) of the pneumococcal vaccinations should be obtained. This identified when an adult over [AGE] years old had received the complete series (i.e., PPSV23 and PCV13; see below) then the patient and provider may choose to administer Pneumococcal 20-valent Conjugate Vaccine (PCV20) for patients who had received Pneumococcal 13-valent Conjugate Vaccine (PCV13) at any age and Pneumococcal Polysaccharide Vaccine 23 (PPSV23) at or after [AGE] years old. R3's significant change Minimum Data Set (MDS) dated [DATE], indicated R3's date of birth was 2/10/1948 ([AGE] years old), and diagnoses included cerebrovascular accident (stroke), diabetes, anemia, malnutrition, and epilepsy. R3's immunization report dated 10/3/24, indicated R3 received PPSV23 on 1/16/2014. The record lacked evidence of shared clinical decision-making with the physician for PCV20 at least 5 years after the last pneumococcal dose. The record lacked evidence R3 was offered or received PCV20. R9's quarterly MDS dated [DATE], indicated R9's date of birth was 6/28/1951 ([AGE] years old), and diagnoses included acute and chronic respiratory failure and chronic kidney disease. R9's immunization report dated 10/3/24, indicated R9 received PCV13 on 8/15/2016 and PPSV23 on 2/12/2018. The record lacked evidence of shared clinical decision-making with the physician for PCV20 at least 5 years after the last pneumococcal dose. The record lacked evidence R9 was offered or received PCV20. On 10/7/24 at 12:19 p.m., director of nursing (DON) and infection preventionist (IP) confirmed R3's record lacked evidence R3 was offered, declined, and/or received PCV20. Additionally, DON and IP confirmed R9's record lacked evidence R9 was offered, declined, and/or received PCV20. The IP stated immunizations should have been reviewed during care conferences to determine if a resident was eligible and offered PCV20, and PCV20 was important to fight against pneumonia and/or lessen the effects of infection. The facility's Pneumococcal Vaccine (Series) policy, reviewed 10/16/2023, indicated the facility would provide immunization against pneumococcal disease in accordance with current CDC guidelines and recommendations.