

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245267	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/12/2025
NAME OF PROVIDER OR SUPPLIER St Anthony Health & Rehabilitation		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28598</p> <p>Based on interview and document review the facility failed to thoroughly investigate an allegation of sexual abuse for 2 of 2 residents (R1 and R2) when they failed recognize the need to assess R1 for the ability to consent prior to the incident.</p> <p>Findings include:</p> <p>Review of the report to the State Agency (SA) indicated on 2/05/25, at 5:55 p.m. R1 and R2 were being sexually intimate in R1's room. Staff attempted to separate the two and have R2 go to his room. The report indicated the residents were closely monitored throughout the night to prevent further incident, investigation was initiated, and physician was updated.</p> <p>Review of the 5-day investigation report to the SA indicated on 2/12/25, R1 had BIM's of 4 which was severely cognitively impaired and R2 of 10 mild cognitive impairment both residents have not been deemed needing legal guardian and both make their own decisions with family input. In addition the investigation indicated both residents were seen by Associated Clinic of Psychology (ACP) who noted they were alert and oriented to family and friends, getting to know more peers an staff, orientated to place and time, expresses a preference for his/her peer, can avoid exploitation by being able to say no and he/she has a right to make a decision about physical/sexual contact.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 had dementia, arthritis, severe cognitive impairment, and no behaviors. The MDS further indicted R1 used a walker or wheelchair, supervision with dressing and transfers and was independent with mobility.</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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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's Care Plan dated 2/07/25, indicated R1 is a vulnerable adult and staff to assist in removing from dangerous/abusive situations, and assist in reporting of abuse/neglect as appropriate and investigate/report all signs and symptoms or accusations of abuse/neglect as appropriate. R1's Care Plan also indicated the resident has impaired cognitive function/dementia or impaired thought process related to dementia, and directed staff to ask yes/no questions, communicate with resident/family/care givers regarding residents capabilities and needs and keep the residents routine consistent and try to provide consistent care givers consistent in order to decrease confusion. Provide just one thought, idea, question, or command at a time, use task segmentation to support short term memory deficits and break tasks into one step at a time. The Care Plan indicated she had a friendship/relationship with a resident where they eat meals together, watch TV and occasionally can engage in sexual intimacy both residents' consent to this. The Care Plan directed staff to check in with residents quarterly and annually on relationship status, provide resident privacy when resident chooses alone time, residents son is aware and supports relationship, update son if issues arise/changes, update physician with any changes.</p> <p>R1's 2/11/25 psychiatry assessment identified R1's behavior prior to having sex was not indicative of her engaging in sexual intercourse. When considering [R1's] knowledge, voluntariness and historical and current factors, she lacks the capacity to consent to sexual expression. Staff and involved parties may need to make a decision for</p> <p>involved parties based on benefit vs. risk factors.</p> <p>Review of R1's medical record identified it lacked evidence to show R1 was appropriately assessed prior to the incident for her capacity to consent.</p> <p>R2's significant change MDS dated [DATE], indicated R2 had anxiety, depression and had moderately impaired cognition. The MDS indicated R2 used a wheelchair and walker, and was independent with mobility, dressing, and transfers.</p> <p>R2's Care Plan dated 2/07/25, indicated R2 had impaired cognition related to mild cognitive impairment of uncertain or unknown etiology/acute on chronic encephalopathy (brain disease that alters brain function or structure), and benign neoplasm of cerebral meninges (non-cancerous a tumor that grows from the membranes that surround the brain and spinal cord). R2's Care Plan indicated he had a friendship/relationship with a resident where they eat meals together, watch TV and occasionally can engage in sexual intimacy both residents' consent to this. The Care Plan directed staff to check in with residents quarterly and annually on relationship status, provide resident privacy when resident chooses alone time, residents power of attorney (POA) is aware and supports relationship, update POA if issues arise/changes, update physician with any changes.</p> <p>During interview on 2/11/25, at 3:20 p.m. R2 stated he had known [R1] for three to four months and they are not boyfriend and girlfriend. They had sex last week for the first time. R2 stated he blames himself and felt he should not have had sex. R2 said he told R1 when he was younger, he used his wife to rub his back and while we were lying in bed together. R1 started to rub his chest and then down his legs and one thing led to another and then staff walked in. R2 stated he does lay in bed and think about doing it again but has not and asked. If he did it again if he would have to inform the facility nurse manager. R2 stated he thought he did not have inform anyone as long as it is consensual for both of them.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 2/11/25, at 3:53 p.m. R1 stated she is friends with R2, and they make each other laugh, R1 stated R2 is hard of hearing so you must repeat yourself when talking to him. R1 stated she cannot remember when she moved to the facility and time has passed. Her parents took care of her and then her brother. She was married and had a son cannot remember his age and stated she is a bad mom for that. R1 stated she does not have a boyfriend and at this point does not want one. R1 has not had sex or kissed or anyone here and is too old for that. R1 stated she had not been naked with R2 and said, I can't even imagine that oh lord!</p> <p>During interview on 2/11/25, at 4:15 p.m. administrator stated she received the nurse managers interview on what occurred on 2/05/25, received consent from R1's son, and R2's POA and needed to make sure everyone was safe, had a care conference with the interdisciplinary team. And it was decided by the team R1 and R2 would be able to have relationship and for staff to provide them privacy.</p> <p>During interview 2/12/25, at 10:25 a.m. director of social services (DSS) stated she interviewed R1 the morning following the incident on 2/5/25, and R1 informed her she didn't understand why the staff made such a fuss and told her she was not raped and that she consented. She thanked the DSS for talking with her and wished the staff would have talked with her last evening before things gotten out of control. The DSS stated R1's family member (FM)-A came into the facility the next day after the incident and felt R1 showed no signs of distress, and he felt he did not need to have a conversation with R1 about the incident. The DSS spoke to R2, and his interview was the same. He said they (R1 and R2) were laughing, and it just happened. R2 told me no one was coerced. A follow up interview at 1:25 p.m. with the DSS stated she was not part of the decision of R1's capacity to consent.</p> <p>During interview on 2/12/25, at 11:47 a.m. nurse practitioner (NP)-A stated she was informed by the facilities administrator about the incident between R1 and R2. NP-A stated the administrator informed her R2 stated they had sex. R1 could not recall the incident. NP-A stated she felt R1 with a Brief Interview for Mental Status (BIMS) score of 4 indicated she would not have the capacity to consent for a sexual relationship. NP-A felt additional testing should be completed by therapy or social services to evaluate R1's capacity to consent. NP-A planned to meet with the facility.</p> <p>During interview on 2/12/25, at 12:43 p.m. family member (FM)-A stated he was informed of the incident that occurred between R1 and R2 and knows she had not remembered what occurred and would not be surprised if she said she would never do that. FM-A stated he visits every day and noticed R1 repeats herself three to four times over and over during conversations. FM-A felt she does not have the capacity to be on her own, and even forgets when she eats. FM-A stated he does not blame the facility for the incident and R2 is a nice person. If the situation were to happen repeatedly then I would have concerns.</p> <p>During interview on 2/12/25, at 12:57 p.m. licensed independent clinical social worker (LICSW)-A stated she seen R1 and R2 and found both did not have the capacity to consent due to their BIMS and the St. Louis University Mental Status (SLUMS) test (comprehensive mental capacity test) for identifying cognition indicated both R1 and R2 had Dementia. Although the LICSW-A stated she did feel both did show mutual preferences to one another with no mental or behavioral changes after their sexual contact, she felt the facility should have an interdisciplinary meeting with a psychology approach. She had spoken to the facilities DSS who informed her they had already had a meeting and made a decision they could have a relationship. LICSW-A stated she did send an email to the administrator on 2/11/25, with her suggestion for a meeting after her visit with both R1 and R2.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 2/12/25, at 1:31 p.m. administrator stated the decision was made for R1 to have the capacity to consent to have intimate a relationship with R2 was decided from R1's responses from her interview when she stated she consented to sex, and that she was not raped. In addition, the administrator stated R1's FM-A also had no concerns and felt R1 showed no signs of distress. FM-A knew R2 and was okay with what was going on and both residents are their own legal representatives. There was no legal guardianship.</p> <p>During observation on 2/12/25, at 1:45 p.m. R1 and R2 were observed in the dining room sitting next to each other talking and laughing.</p> <p>During interview on 2/12/25, at 2:00 p.m. registered nurse (RN)-A stated R1 gets confused and cannot remember what she ate an hour after she eats in addition to if she knew which meal she ate, breakfast or lunch. Staff constantly remind her she had already had her meal. RN-A further stated it does not surprise me that R1 does not remember having an intimate relationship with R2.</p> <p>During interview on 2/12/25 at 2:07 p.m. licensed practical nurse (LPN)-A identified R1 was confused and sometimes will ask for meals when she just ate. R1 can appear as if she is okay, but she is not. LPN-A stated he does not think R1 remembers anything about the incident that occurred with R2 and does not believe she had the ability to consent.</p> <p>During interview on 2/12/25, at 2:33 p.m. LPN-B stated she was working the evening of 2/05/25, when the incident occurred with R1 and R2. Nursing assistant (NA)-A was looking for R2 twice, and then went into R1's room and found them both in bed together. LPN-B stated they had a blanket covering each other. R1 asked NA-A to please excuse them per NA-A's report. According to NA-A's report, after she walked in and informed her R2 was lying in bed with the covers on himself, R2 got dressed and left R1's room.</p> <p>During interview on 2/12/25, at 3:20 p.m., the administrator stated she felt the consent between R1 and R2 is a very delicate matter. Where do you draw the line where they can make the decision or not. R1 says she gave consent and can make decisions about daily living .it makes it hard. Protocol for capacity to consent is to have a risk call with-in the company, review each client individually, and connect with family, residents and their physician. The administrator stated they do not have a specific policy on capacity to consent for residents at the facility.</p> <p>No policies related to investigating abuse allegations was received.</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28598</p> <p>Based on observation, interview and document review, the facility failed to ensure 1 of 2 resident (R1) was comprehensively assessed for their capacity to consent prior to engaging in sexual activity with R2.</p> <p>Findings include:</p> <p>Review of the report to the State Agency (SA) indicated on 2/05/25, at 5:55 p.m. R1 and R2 were being sexually intimate in R1's room. Staff attempted to separate the two and have R2 go to his room. The report indicated the residents were closely monitored throughout the night to prevent further incident, investigation was initiated, and physician was updated.</p> <p>Review of the 5-day investigation report to the SA indicated on 2/12/25, R1 had BIMMS of 4 which was severely cognitively impaired and R2 of 10 mild cognitive impairment both residents have not been deemed needing legal guardian and both make their own decisions with family input. In addition the investigation indicated both residents were seen by Associated Clinic of Psychology (ACP) who noted they were alert and oriented to family and friends, getting to know more peers an staff, orientated to place and time, expresses a preference for his/her peer, can avoid exploitation by being able to say no and he/she has a right to make a decision about physical/sexual contact.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 had dementia, arthritis, severe cognitive impairment, and no behaviors. The MDS further indicted R1 used a walker or wheelchair, supervision with dressing and transfers and was independent with mobility.</p> <p>R1's Care Plan dated 2/07/25, indicated R1 is a vulnerable adult and staff to assist in removing from dangerous/abusive situations, and assist in reporting of abuse/neglect as appropriate and investigate/report all signs and symptoms or accusations of abuse/neglect as appropriate. R1's Care Plan also indicated the resident has impaired cognitive function/dementia or impaired thought process related to dementia, and directed staff to ask yes/no questions, communicate with resident/family/care givers regarding residents capabilities and needs and keep the residents routine consistent and try to provide consistent care givers consistent in order to decrease confusion. Provide just one thought, idea, question, or command at a time, use task segmentation to support short term memory deficits and break tasks into one step at a time. The Care Plan indicated she had a friendship/relationship with a resident where they eat meals together, watch TV and occasionally can engage in sexual intimacy both residents' consent to this. The Care Plan directed staff to check in with residents quarterly and annually on relationship status, provide resident privacy when resident chooses alone time, residents son is aware and supports relationship, update son if issues arise/changes, update physician with any changes.</p> <p>R1's 2/11/25 psychiatry assessment identified R1's behavior prior to having sex was not indicative of her engaging in sexual intercourse .When considering [R1's] knowledge, voluntariness and historical and current factors, she lacks the capacity to consent to sexual expression. Staff and involved parties may need to make a decision for</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>involved parties based on benefit vs. risk factors.</p> <p>Review of R1's medical record identified it lacked evidence to show R1 was appropriately assessed prior to the incident for her capacity to consent.</p> <p>During interview on 2/11/25, at 3:20 p.m. R2 stated he had known [R1] for three to four months and they are not boyfriend and girlfriend. They had sex last week for the first time. R2 stated he blames himself and felt he should not have had sex. R2 said he told R1 when he was younger, he used his wife to rub his back and while we were lying in bed together. R1 started to rub his chest and then down his legs and one thing led to another and then staff walked in. R2 stated he does lay in bed and think about doing it again but has not and asked. If he did it again if he would have to inform the facility nurse manager. R2 stated he thought he did not have inform anyone as long as it is consensual for both of them.</p> <p>During interview on 2/11/25, at 3:53 p.m. R1 stated she is friends with R2, and they make each other laugh, R1 stated R2 is hard of hearing so you must repeat yourself when talking to him. R1 stated she cannot remember when she moved to the facility and time has passed. Her parents took care of her and then her brother. She was married and had a son cannot remember his age and stated she is a bad mom for that. R1 stated she does not have a boyfriend and at this point does not want one. R1 has not had sex or kissed or anyone here and is too old for that. R1 stated she had not been naked with R2 and said, I can't even imagine that oh lord!</p> <p>During interview on 2/11/25, at 4:15 p.m. administrator stated she received the nurse managers interview on what occurred on 2/05/25, received consent from R1's son, and R2's POA and needed to make sure everyone was safe, had a care conference with the interdisciplinary team. And it was decided by the team R1 and R2 would be able to have relationship and for staff to provide them privacy.</p> <p>During interview 2/12/25, at 10:25 a.m. director of social services (DSS) stated she interviewed R1 the morning following the incident on 2/5/25, and R1 informed her she didn't understand why the staff made such a fuss, and told her she was not raped and that she consented. She thanked the DSS for talking with her and wished the staff would have talked with her last evening before things gotten out of control. The DSS stated R1's family member (FM)-A came into the facility the next day after the incident and felt R1 showed no signs of distress and he felt he did not need to have a conversation with R1 about the incident. The DSS spoke to R2, and his interview was the same. He said they (R1 and R2) were laughing, and it just happened. R2 told me no one was coerced. A follow up interview at 1:25 p.m. with the DSS stated she was not part of the decision of R1's capacity to consent.</p> <p>During interview on 2/12/25, at 11:47 a.m. nurse practitioner (NP)-A stated she was informed by the facilities administrator about the incident between R1 and R2. NP-A stated the administrator informed her R2 stated they had sex. R1 could not recall the incident.</p> <p>NP-A stated she felt R1 with a Brief Interview for Mental Status (BIMS) score of 4 indicated she would not have the capacity to consent for a sexual relationship. NP-A felt additional testing should be completed by therapy or social services to evaluate R1's capacity to consent. NP-A planned to meet with the facility.</p> <p>(continued on next page)</p>		

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<p>F 0744</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 2/12/25, at 3:20 p.m., the administrator stated she felt the consent between R1 and R2 is a very delicate matter. Where do you draw the line where they can make the decision or not. R1 says she gave consent and can make decisions about daily living .it makes it hard. Protocol for capacity to consent is to have a risk call with-in the company, review each client individually, and connect with family, residents and their physician. The administrator stated they do not have a specific policy on capacity to consent for residents at the facility.</p> <p>A policy was not received on dementia care.</p>		