STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245272	A. Building B. Wing	08/22/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Martin Luther Care Center	1401 East 100th Street Bloomington, MN 55425

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 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49616 Based on observation, interview, and record review the facility failed to complete a comprehensive assessment for grab bars and implement interventions to ensure safety and mitigate the risk of entrapment or other injuries when using any mattress/bed types for 3 of 3 residents (R1, R2, R3) who had grab bars installed on their beds. Findings include: The facility reported incident (FRI) dated [DATE], identified R1 had been found with his head caught between the mattress and the grab bar. R1's face sheet dated [DATE], identified R1 admitted in [DATE] with diagnoses of Parkinson's, arthritis left knee, congestive heart failure, respiratory failure, morbid obesity, weakness, fracture of upper and lower end of left fibula, bacteremia, and repeated falls. R1's comprehensive minimum data set (MDS) dated [DATE], identified R1 had moderate cognitive impairment, no delirium, no behaviors, no upper extremity impairment. Impairment of left lower extremity. R1 had frequent urinary incontinence and occasional bowel incontinence. R1 required substantial/maximum assist (A) of staff for rolling, sit to lying, sit to stand. Had falls in the last six months and a fracture related to a fall prior to admit. R1 was dependent on staff for transfers and locomotion in wheelchair. R1's activities of daily living care plan dated [DATE], identified R1 used grab bars to both sides of his bed. R2 required assist of two staff to turn and reposition in bed, toilet, and for transfers with a full body mechanical lift. R1's device/side rail care plan dated [DATE], identified R1's device/side rail goal was resident will remain safe while device is being used. Interventions included anticipate physical needs, call light within reach, device assessment completed upon admission, quarterly, and change in condition, notify environmental services of repairs needed to device upon discovery of needed repair, observe for signs and symptoms of unmanaged pain. R1 required full mechanical lift with A2 for transfers. R1's skin integrity care plan dated [DATE] included the intervention of bariatric alternating pressure mattress. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's device/consent agreement dated [DATE], identified the evaluation was for admission and evaluation of bilateral grab bars. The intended purpose of the device was to assist in enhancement and maximization to participate in cares, assists resident with turning from side to side, assists to define special awareness of perimeters, assists in improving strength in upper extremities and allows maximum participation with bed mobility and transfers, provides a feeling of comfort and security. The assessment identified R1 was alert with no sensory impairment, R1 with constant assistance and/or supervision R1 was continent. R1 had limited range of motion (ROM) in upper extremity (UE)/lower extremity (LE). R1 required staff assist for bed mobility-turning side to side, moving up and down in bed, pulling and holding self over, pulling self from lying to sitting position. For transfer R1 required staff assist in supporting self, in safe entry into bed, assist in safe exit from bed. The Alternatives to grab bars that were marked included turning and repositioning schedule and pain management. The form did not identify if R1 agreed to the alternatives, what device was recommended, and if the device was considered a restraint. Grab bars/side rails measurement of zone 1, 2, 3, 4 all marked yes. R1 provided consent to use the device the date of the assessment. Care plan current with focus, goal, and interventions marked. R1's device assessment did not include mention of the alternating pressure mattress that would include any additional risks or safety interventions considerations. During a phone interview on [DATE] at 9:59 a.m., nursing assistant (NA)-A stated R1 used his call light and grab bars appropriately. R1 slept slanted on his bed with his head closer to the grab bar and would kick his legs a lot. The morning of [DATE], NA-A had checked on R1 between 4:30 a.m. and 5:00 a.m., he had been sleeping slanted like he normally did with his head facing the right. NA-A could not recall anything alerting him that R1 needed to be repositioned. During a phone interview on [DATE] at 10:10 a.m., registered nurse (RN)-A stated she entered R1's room at approximately 5:50 a.m., R1 was in a kneeling position on the floor with his body parallel to the bed and not angled. The bed was at knee height. The left side of R1's face was against the mattress and the right side was against the grab bar. RN-A and NA supported R1 while RN-B removed the grab bar and they lowered R1 to the floor and began CPR. During an interview on [DATE] at 10:42 a.m., RN-C stated all beds have grab bars. To fill out the device/consent agreement the nurse gathers information from other assessments and nursing assistants. RN-C indicated the device assessment was not completed by the nurse while the residents were in bed. RN-C stated she thought the device assessment was probably completed prior to R1 receiving his new bed because the order was dated [DATE], and the documentation did not identify when the mattress was applied. During a phone interview on [DATE] at 8:42 a.m., physical therapist (PT)-A stated R1 was very dependent and needed a lot of help. On [DATE] around 6:00 a.m., PT-A entered R1's room following a paged code and observed three staff working on removing R1's head from the grab bar. PT-A described R1's position as kind of in a side lying position with the left knee on the ground and right knee close to the ground, almost like he had been sitting on the edge of the bed prior but there is no way that he could have done that on his own. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During a phone interview on [DATE] at 9:27 a.m., medical examiner investigator ([NAME]) stated R1 had no trauma to face, head, or neck, no contortion, and was not compressed by the grab bar, face was away from the mattress so R1 was able to breathe on his own. [NAME] stated the grab bar did not play a role in R1's demise and there was no evidence to support R1 dying in a traumatic way. R2's face sheet dated [DATE], identified R2 admitted ,d+[DATE] with diagnoses of spinal stenosis, muscle weakness, repeated falls, cognitive communication deficit, and postprocedural pain. R2's comprehensive MDS dated [DATE], identified moderately intact cognition, substantial assistance required for dressing and bathing. R2 had a fall prior to admission. R2's care plan dated [DATE], identified an intervention of bilateral grab bars. Alternating pressure mattress in bed dated [DATE] for skin integrity. R2's device/consent assessment dated [DATE], identified the evaluation was for change in condition for the bilateral grab bars and bed against the wall. The intended purpose of the device was marked to assist in enhancement and maximization to participate in cares, assist with stabilization of transfers in/out of bed, assist with turning from side to side. R2 was alert to person/place/time, had no sensory impairments, and did not have a history of falls. Physical strength and mobility marked non-weight bearing and difficulty bearing weight. Bladder and bowel marked always incontinent with total assist. Bed mobility marked assist turning side to side and moving up and down. Transfers with mechanical lift. Areas that were not completed included: potential alternatives, if resident agreeing to alternatives, if device recommended or not, and if the device considered a restraint. Measurements for zone 1, 2, 3, 4 left unmarked, consent for device marked yes and auto populated with R2's name and the date. R2's device/consent assessment dated [DATE], identified the evaluation was for change in condition for the bilateral grab bars. The intended purpose of the device was marked to assist in enhancement and maximization to participate in cares, assist with stabilization of transfers in/out of bed, assist with turning from side to side, improving strength in upper extremities an allows maximum participation with bed mobility and transfers, assist with enhancement of positioning/body alignment. Cognition marked intermittent confusion. No sensory impairments marked. R2 had a history of falls in the last 30 days. R2 had limited ROM in UE/LE, R2 had occasional incontinence with continual assist. Areas not completed included: Bed mobility, transfers, potential alternatives, resident agreeing to alternatives. The assessment identified he device was recommended and was not considered a restraint. Measurements for zone 1, 2, 3, 4 marked yes. R2 consented for device with FM-A's name and the date. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's device/consent assessment dated [DATE], identified the evaluation was for change in condition for the bilateral grab bars. The intended purpose of the device was marked to assist in enhancement and maximization to participate in cares, assist with stabilization of transfers in/out of bed, assist with turning from side to side. R2 had intermittent confusion, no sensory impairments, and had history of falls in the past , d+[DATE] days. Physical strength and mobility marked displays poor bed mobility. Bladder and bowel marked occasional incontinence with total assist. Bed mobility marked assist pulling self from lying to sitting position. Transfers assist in safe entry into and exiting from bed marked. potential alternatives therapy evaluation marked. Resident agreeing to alternatives marked not applicable. Device recommended marked yes. Device not recommended marked resident wishes to continue using despite risks. Device considered a restraint marked no. Measurements for zone 1, 2, 3, 4 marked yes, consent for device unmarked, risks and benefits reviewed left blank, date of consent left blank. During an interview on [DATE] at 1:55 p.m. family member (FM)-A stated staff had never talked to him about the rails, but they were already on the bed when R2 admitted to the facility. R2 stated staff went over how to use them with her once. During an interview on [DATE] at 10:42 a.m., RN-C stated all beds have grab bars. RN-C was unaware if there were any special ways to measure for entrapment with an alternating pressure mattress. RN-C stated R2 was not specifically assessed for the alternating pressure mattress with the grab bars. RN-C acknowledged completing the device/consent form on [DATE] and stated that she did not fully complete the form because she was unsure of how to complete it and did not ask for assistance or follow-up. R3's face sheet dated [DATE], identified R2 admitted ,d+[DATE] with diagnoses of dementia, surgical aftercare, Sjogren's syndrome (autoimmune disorder that targets moisture-producing glands and can cause systemic symptoms including fatigue and joint pain), anxiety, and depression. R3's care plan dated [DATE] identified bilateral grab bars. R3's progress note dated [DATE], identified R3 had required 1:1 supervision d/t extreme confusion, disconnecting her wound vac to her left knee and digging in the wound, attempting to get up from the bed unassisted and throwing the call light. R3 was also found on the floor with a laceration above her left eye. R3's device/consent assessment dated [DATE], identified admission evaluation for bilateral grab bars. The intended purpose was to assist in enhancement and maximization to participate in cares, assists with stabilization of transfers in and out of bed, assists with turning side to side. Cognition marked continuous confusion. Sensory perception had speech/language barriers. Falls in the past ,d+[DATE] days marked. Physical strength and mobility unmarked. Bowel and bladder marked always incontinent with total assistance for toileting. Bed mobility marked assist turning side to side and assist pulling self from lying to sitting. Transfers marked as mechanical lift. Potential alternatives not marked and resident agreeing to alternatives marked not applicable. Device considered a restraint was marked no. Grab bar zones 1, 2, 3, 4 marked yes for proper measurements. Consent for device marked yes and a family members name was marked. During an observation on [DATE] at 11:56 a.m., R3 had her eyes closed in bed with head of bed positioned at 30 degrees. Grab bars were attached bilaterally to the bed in the up position. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation on [DATE] at 12:49 p.m., licensed practical nurse (LPN)-A and NA-C boosted R3 up in bed, R3 did not assist by using the grab bars. During an observation on [DATE] at 1:00 p.m., NA-C performed cares for R3. R3 did not use the grab bar when turned to the left and right during brief change. R3 swatted at LPN-A and crossed her arms together over the top of her chest. During an interview on [DATE] at 10:42 a.m., RN-C stated that she filled out the device/consent form for R3 by taking information from other assessments and talking to NA's. RN-C stated she did not physically watch R3 use or attempt to use the grab bar for the assessment. During an interview on [DATE] at 7:18 a.m., NA-B stated all beds have grab bars even though not all residents know how to use them. During an interview on [DATE] at 12:54 p.m. licensed practical nurse (LPN)-L explained the grab bars are standard for all beds, nursing obtained permission to use them upon admission and thought maintenance completed the measurements between the mattress and the grab bars. During an interview on [DATE] at 2:34 p.m. occupational therapist (OT)-A stated as far as she could remember she has seen grab bars on all the beds in building regardless of if the resident could use them. OT-A stated if the grab bars became a problem, then maybe a different bed would be needed. OT-A stated she has never done the grab bar/side rail assessment and thought nursing staff or maintenance would complete the assessments. OT-A indicated the assessment should include checking the firmness/hardness of the mattress and if there was a concern with a gap between the bar and the mattress then would notify maintenance. During an interview on [DATE] at 9:12 a.m., director of nursing (DON) stated she would expect that nursing staff go into each resident room and assess the resident for grab bars. DON also stated she would expect the assessments to be filled out completely and that nursing staff would ask for help if they were unsure how to complete an assessment. A facility Logbook Report labeled beds-electric: inspect bed rails undated has categories marked due date, building/location, date, and numbers. Under the numbers it has pass or NA. No description or definition of parameters of what was inspected or what the numbers mean. Facility undated document entitled Inspect Bed Rails from a Manufacturer included: Inspect bed rails every one month, initially, between uses, and as needed. Resources included cleaning and care, sanitizing, maintenance check which included: -inspect connectors on rails and tighten as necessary -remove any burs or rough edges to prevent injury -verify the function of the spring latch-knob assembly, if applicable. Ensure the latch is free of dirt and/or foreign material that could impair its function. (continued on next page)

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-ensure that the rails engage, and lock as specified -tighten, adjust, or replace any parts such as end caps, knobs, bolts, screws, etc. that are loose, show signs of wear or are missing. The facility policy for assessment and use of grab bars/side rails revised [DATE], identified upon admission and ongoing the nurse/interdisciplinary team (IDT) will assess the need and safety of grab bars. The nurse will educate the resident, resident representative and/or family members about the risks related to grab bars and alternative options. The nurse will document these conversations and recommendations. Grab bars are only used for the purpose of assisting the resident with be mobility and/or transfers. Devices that are deemed to be appropriate will be assessed by IDT on an ongoing basis to ensure appropriateness along with input from the maintenance team to ensure the device is in good repair.