

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245272	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 10/07/2024
NAME OF PROVIDER OR SUPPLIER Martin Luther Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48300</p> <p>Based on interview and document review, the facility failed to monitor and obtain orders for surgical wound dressing changes for 1 of 3 residents (R1) reviewed for skin conditions.</p> <p>Findings include:</p> <p>R1's Admission assessment dated [DATE], indicated R1 had a surgical incision on her back measuring 9.4 centimeters (cm) by 0.8 cm.</p> <p>R1's 5-day Minimum Data Set (MDS) dated [DATE] indicated R1 had intact cognition. The MDS also indicated R1 had a surgical wound, but lacked indication of surgical wound care. R1's diagnoses included surgical aftercare following back surgery.</p> <p>R1's August Wound Treatment Record (WTR) indicated an order for daily dry dressing change to her back starting on 8/22/24. This was not completed because R1 was admitted to the hospital for an unrelated problem. The order was discontinued on 8/25/24, when R1 returned to the facility from the hospital.</p> <p>R1's Readmission assessment dated [DATE] indicated a surgical incision to the mid-back measuring 9.4 cm by 1 cm.</p> <p>R1's Weekly Skin assessment dated [DATE] was not completed.</p> <p>R1's Weekly Skin assessment dated [DATE] lacked indication of a surgical incision on her back.</p> <p>R1's weekly skin assessment dated [DATE] was documented as refused by R1.</p> <p>R1's August and September WTRs lacked indication of orders for a dressing change for the surgical incision.</p> <p>R1's Daily Skilled Clinical Documentation dated 8/28/24 through 9/11/24 indicated R1 had no new skin issues, and lack indication of monitoring of the surgical incision.</p> <p>On 9/14/24, a progress note indicated R1's surgical wound on mid-lower back had opened with purulent (think, white, yellow, or brown fluid) drainage. The skin around the wound was white with some redness, and was warm to the touch. R1 was sent to the hospital for evaluation.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/14/24, R1's hospital provider note indicated R1 was at high risk for meningitis with any infection. R1's risks for surgery included need for long term antibiotics and blood clots. R1 had surgery to cleanse and re-close the surgical incision on 9/14/24.</p> <p>On 9/18/24, R1's hospital provider note indicated R1 developed an extensive blood clot in her left thigh causing swelling. R1 was subsequently started on intravenous (IV) blood thinner. A surgery to remove the blood clot was recommended; however, R1 declined.</p> <p>On 9/21/24, R1's hospital Discharge Summary indicated R1 was admitted to the hospital on 9/14/24 for infection of a surgical site and opening of a surgical wound. R1 had surgery with general anesthesia to clean out the infection and re-close the surgical wound.</p> <p>On 9/21/24, R1's hospital Discharge Orders included new medications apixaban (a blood thinner) for blood clot prevention and doxycycline (an antibiotic) for wound infection.</p> <p>On 10/7/24 at 12:35 p.m., R1 stated there had been a dressing on her back starting the first day she was at the facility, but no one changed it. The dressing had started itching, so R1 removed it. A staff member saw the wound and sent her to the hospital to have it looked at. R1 was not happy about needing anesthesia again due to her age and the risks involved, but understood the necessity of getting treatment for the incision. R1 stated staff were looking at her skin, and should have noted she had a surgical incision.</p> <p>On 10/7/24 at 2:24 p.m., the director of nursing (DON) stated all nurses can complete dressing changes. A full body check should be completed on admission and weekly. If any wounds were found, the nurse should confirm dressing change orders. If no orders were found, the provider should be contacted to obtain orders. Staff should use standing orders for dressing changes until the provider order was obtained. The DON confirmed R1's surgical incision to her back was assessed and measured on 8/25/24, but there were no orders for dressing changes. The DON also confirmed the wound was not assessed with weekly skin assessments. The DON stated R1's surgical incision infection would have been caught sooner if dressing changes and skin assessments had been completed.</p> <p>The facility Standing Orders for Skilled Nursing Facilities signed 1/7/24 instructed assess wound and/or dressing daily, and complete wound measurements with dressing changes.</p> <p>The facility policy Management of Skin Alterations dated 9/11/24 directed residents with wounds will have at a minimum weekly monitoring for appropriateness of treatment/care plan, signs or symptoms of infection, pain or discomfort, appropriateness of support surfaces, and signs of healing and will report to the provider as needed.</p>