

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245280	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/12/2024
NAME OF PROVIDER OR SUPPLIER  Lakeview Methodist Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  610 Summit Drive Fairmont, MN 56031	

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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42355</b></p> <p>Based on observation, interview and record review, the facility failed to follow physician's orders per the standard of practice related to urostomy bag changes for 1 of 1 resident (R1) who had bilateral urostomies.</p> <p>Findings include:</p> <p>R1's after visit summary (AVS) from hospital dated 8/26/24, indicated R1 was admitted on [DATE], with history of bladder cancer with cystectomy (removal of bladder) and bilateral urostomies (tube from kidney to skin for drainage or urine). The AVS directed staff to change the drainage pouches twice weekly with the following: [NAME] wafer #14904, [NAME] 7805 moldable barrier stretched and placed around the opening of the adhesive side of the wafer, [NAME] 18402 urinary pouch.</p> <p>R1's admission Minimum Data Set (MDS) dated [DATE], indicated R1 did not have cognitive impairment. R1's diagnoses included cancer, renal insufficiency, failure or end stage renal disease, diabetes, and malnutrition. R1 had a urostomy and required partial to substantial assist with activities of daily living and was dependent with toileting hygiene, transfers, and bed mobility. R1 did not walk.</p> <p>R1's physician orders for urostomy care dated 8/26/24, included [NAME] wafer #14904, [NAME] 7805 moldable barrier stretched and placed around the opening of the adhesive side of the wafer, [NAME] 18402 urinary pouch. Change twice weekly every day shift Monday and Friday.</p> <p>R1's treatment administration record (TAR), for month of August 2024, identified R1's physician orders for urostomy care. The TAR indicated R1's ostomy care was not completed on 8/30/24; the record did not identify the reason why the treatment was not completed.</p> <p>R1's TAR, for month of September 2024, identified R1's physician orders for urostomy care. The TAR indicated R1's ostomy care was not completed on 9/2/24; the record did not identify the reason why the treatment was not completed.</p> <p>R1's progress notes dated 8/31/24 at 5:07 a.m., identified the right urostomy was changed due to leaking.</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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's progress note dated 9/1/24 at 4:05 a.m., right side urostomy changed due to urine not flowing into bed bag and causing it to leak. Please make sure the arrow on the urostomy bag is facing away from the body, otherwise it's in a locked position preventing the urine to flow into the bedside catheter bag.</p> <p>During an observation on 9/12/24 at 1:09 p.m., R1's ostomy bags were observed to be on his abdomen and attached to drainage bags on the side of R1's bed. There was no date or initials noted on the pouches.</p> <p>During an interview on 9/12/24 at 3:40 p.m., assistant director of nursing (ADON) stated she remembered she came over to the red unit to assist with changing R1's left urostomy pouch on 9/2/24. ADON sated she thought she signed it off but could not remember. R1 was the only one in the facility with a urostomy. ADON stated her expectation would be for all dressings and ostomy supplies to be dated and initialed as ostomies are dressing changes. The dressing changes needed to be dated and initialed to verify they were changed.</p> <p>During an interview on 9/12/24 at 3:17 p.m., director of nursing (DON) stated it was her expectations if there was an order for specific days pouch changes then it should be completed on day scheduled. Nurses should be signing off the treatment on the TAR when it was completed.</p> <p>Review of the facility's policy titled Urostomy bag change dated 8/26/24 was reviewed.</p>