

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Charter House Inc		STREET ADDRESS, CITY, STATE, ZIP CODE 211 Northwest Second Street Rochester, MN 55901	

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 0607</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Develop and implement policies and procedures to prevent abuse, neglect, and theft.</p> <p>38685</p> <p>Based on interview and document review the facility failed to have a policy consistent with federal requirement for reporting allegations of abuse to the state agency immediately but no later than two (2) hours. This deficient practice had the potential to affect all residents in the facility.</p> <p>Findings include:</p> <p>Review of the facility's Vulnerable Adult Reporting and Investigation Procedure dated 3/20/24 included: The nurse in charge, Nurse Manager, or designee must submit a report to Office of Health Facility Complaints (OHFC) through the Nursing Home Incident Reporting portal online within twenty-four hours of the incident's discovery, or within two hours when the alleged maltreatment involves serious bodily injury or death.</p> <p>During a phone interview on 8/29/24 at 10:32 a.m., operations specialist (OS)-A stated, in other states she had worked in, abuse should be reported immediately to the state agency but no later than 2 hours, but because this facility's policy with abuse reporting was to report within 24 hours with no injury, we were trying to figure out if we were doing it right.</p> <p>During an interview on 8/29/24 at 10:55 a.m., interim director of nursing (IDON) stated any abuse allegation should be reported immediately but no later than 2 hours to the state agency. IDON indicated the facility policy would be revised immediately to meet regulation and new education would be provided to staff.</p> <p>State Operations Manual Appendix PP - (Rev. 211, 02-03-23) included S483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Charter House Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  211 Northwest Second Street Rochester, MN 55901	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 38685</p> <p>Based on observation, interview and document review the facility failed to immediately report an allegation of abuse to the State Agency (SA) for 1 of 1 resident (R1) reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>A Nursing Home Incident Report submitted to the state agency on 8/12/24 at 5:10 p.m. indicated R1 alleged rough care with nursing assistant (NA)-A on 8/12/24 at 1:50 a.m. and the resident outcome was fear and anger.</p> <p>R1's significant change Minimum Data Set (MDS) dated [DATE] indicated R1 had intact cognition and no noted behaviors. R1 had limitation in range of motion on one side of lower extremity and was dependent with toileting, transfers, and toileting hygiene.</p> <p>R1's progress note dated 8/12/24 at 3:48 a.m. indicated R1 had refused cares x 2 by certified nursing assistant (CNA) by approximately 1:50 a.m. R1 was educated of the risks and benefits of refusing cares, R1 then began breathing erratically, shouting, being verbally aggressive to writer becoming visibly overwhelmed. Writer allowed R1 to vent their feelings. R1 suddenly stopped speaking and asked writer why they were in their room pestering them. Writer then explained the risks and benefits of bed changes for incontinent patients. R1 then shouted at writer, Stop hurting me. Writer reminded R1 that they had not been involved with their cares this shift and R1's affect visibly relaxed and breathing slowed. Writer explained they have no intention of bringing any kind of harm to resident and stated in fact that is why I am here now to make sure you are safe and cared for. R1 stated, then make sure that girl doesn't come in here again, she's the one that hurts me, and I have the right to refuse. R1's respirations increased and became visibly overwhelmed again.</p> <p>During an observation and interview on 8/28/24 at 10:30 a.m. R1 was seated in a recliner in her room with the legs elevated. R1 stated she did have a complaint about a girl that worked the night shift a couple weeks ago, she was not listening to me and said she needed an answer to put in her report, it was very upsetting and my preference would be for her to never work with me again. She did not watch where my foot went when rolling me and hurt my foot, my foot had a bruise on it, it's not there anymore, she was not careful, R1 pointed to her right foot. My preference would be to not have people taking care of me if they are going to hurt me.</p> <p>During a phone interview on 8/28/24 at 4:50 p.m. nursing assistant (NA)-A stated, she was responsible for R1's cares on 8/12/24 from 12:00 a.m. until 6:30 p.m. R1 had refused incontinence cares from me twice, she did not want me in there, she had said something about me bruising her, after the second refusal this was reported to my nurse between 1:30 a.m. and 2:00 a.m. and was no longer able to provide anymore cares to R1. NA-A denied the allegations.</p> <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Charter House Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  211 Northwest Second Street Rochester, MN 55901	
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During a phone interview on 8/29/24 at 9:53 a.m., licensed practical nurse (LPN)-A stated, she was the nurse that worked the night shift on 8/12/24 when R1 alleged abuse from nursing assistant (NA)-A. R1 was very upset it took almost an hour to get R1 calmed down. R1 said NA-A hurt her, so NA-A was not allowed back into R1's room. This incident was reported to the charge nurse and documented in the progress note right after the situation was handled.</p> <p>During an interview on 8/28/24 at 9:48 a.m., registered nurse (RN)-A stated, she was working offsite that day and was reviewing the 24-hour progress notes and saw R1's progress note that identified R1 stated, then don't let that girl come in here again, she's the one who hurts me, and I have the right to refuse. R1 then became visibly overwhelmed. That was a red flag. (RN)-A stated the allegation of abuse that was alleged by R1 on 8/12/24 at 1:50 a.m., should have been reported immediately but no later than 2 hours to the state agency because she felt it was a potential allegation of physical abuse.</p> <p>During a phone interview on 8/28/24 at 5:16 p.m., RN-B stated, she had worked on 8/12/24, and was the charge nurse, the night nurse said something about R1 and the NA-A got into an argument or something, the nurse said she documented it. Due to an unawareness of abuse allegations it was not reported. We used to submit reports to the state agency ourselves, recently we were directed to report to the DON. The DON does all of the reporting to the state agency. RN-B was unsure of the timeline for reporting abuse.</p> <p>During a phone interview on 8/29/24 at 10:32 a.m., operations specialist (OS)-A stated, in other states she had worked in, abuse should be reported immediately to the state agency but no later than 2 hours, but because this facility's policy with abuse reporting was to report within 24 hours with no injury, we were trying to figure out if we were doing it right.</p> <p>During an interview on 8/29/24 at 10:55 a.m., interim director of nursing (IDON) stated any abuse allegation should be reported immediately but no later than 2 hours to the state agency. DON indicated the facility policy would be revised immediately to meet regulation and new education would be provided to staff.</p> <p>Review of the facility's Vulnerable Adult Reporting and Investigation Procedure dated 3/20/24 was not consistent with the requirements for reporting allegations of abuse. The procedure included: The nurse in charge, Nurse Manager, or designee must submit a report to Office of Health Facility Complaints (OHFC) through the Nursing Home Incident Reporting portal online within twenty-four hours of the incident's discovery, or within two hours when the alleged maltreatment involves serious bodily injury or death.</p> <p>State Operations Manual Appendix PP - (Rev. 211, 02-03-23) included S483.12(c)(1) Ensure that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury, to the administrator of the facility and to other officials (including to the State Survey Agency and adult protective services where state law provides for jurisdiction in long-term care facilities) in accordance with State law through established procedures.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Charter House Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  211 Northwest Second Street Rochester, MN 55901	
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 38685</b></p> <p>Based on interview and document review the facility failed to ensure all residents were protected after R1 reported an allegation of abuse and was protected. This had the potential to affect all other residents residing in the facility at the time of the allegation.</p> <p>Findings include:</p> <p>A Nursing Home Incident Report submitted to the state agency on 8/12/24 at 5:10 p.m., indicated R1 alleged rough care with nursing assistant (NA)-A on 8/12/24 at 1:50 a.m., and the resident outcome was fear and anger.</p> <p>R1's significant change Minimum Data Set (MDS) dated [DATE] indicated R1 had intact cognition and no noted behaviors.</p> <p>R1's progress note dated 8/12/24 at 3:48 a.m. included R1 had refused cares x 2 by CNA by approximately 1:50 a.m. R1 was educated of the risks and benefits of refusing cares, R1 then began breathing erratically, shouting, being verbally aggressive to writer becoming visibly overwhelmed. Writer allowed R1 to vent their feelings R1 suddenly stopped speaking and asked writer why they were in their room pestering them. Writer then explained the risks and benefits of bed changes for incontinent patients. R1 then shouted at writer, Stop hurting me. Writer reminded R1 that they had not been involved with their cares this shift and R1's affect visibly relaxed and breathing slowed. Writer explained they have no intention of bringing any kind of harm to resident and stated in fact that is why I am here now to make sure you are safe and cared for. R1 stated, then make sure that girl doesn't come in here again, she's the one that hurts me, and I have the right to refuse. R1's respirations increased and became visibly overwhelmed again.</p> <p>During a phone interview on 8/28/24 at 4:50 p.m., nursing assistant (NA)-A stated, she was responsible for R1's cares on 8/12/24 from 12:00 a.m. until 6:30 p.m. R1 had refused incontinence cares from me twice, she did not want her in there, she had said something about me bruising her. After R1's second refusal it was reported to my nurse between 1:30 a.m. and 2:00 a.m. NA-a stated she was no longer able to provide cares to R1. NA-A further stated, she had no supervision while providing repositioning and incontinence care to other residents until 6:30 a.m.</p> <p>During a phone interview on 8/29/24 at 9:53 a.m., licensed practical nurse (LPN)-A stated, she was the nurse that worked the night shift on 8/12/24 when R1 alleged abuse from nursing assistant (NA)-A. R1 was very upset it took me almost an hour to get R1 calmed down. R1 said NA-A hurt her, so NA-A was not allowed back into R1's room. LPN-A stated NA-A did provide care to the other residents unsupervised until the end of her shift on 8/12/24 at 6:30 a.m.</p> <p>During an interview on 8/28/24 at 10:54 a.m., interim director of nursing (IDON) stated that NA-A was allowed to work with other residents after the allegation of abuse and should not have been working with other residents unsupervised.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245282	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  08/29/2024
NAME OF PROVIDER OR SUPPLIER  Charter House Inc		STREET ADDRESS, CITY, STATE, ZIP CODE  211 Northwest Second Street Rochester, MN 55901	
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 0610  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Review of facility policy, Vulnerable Adult Reporting and Investigation Procedure, dated 3/20/24, identified . Upon receiving any allegations of abuse, neglect, exploitation, misappropriation of resident property or injury of unknown source, the administrator is responsible for determining what actions (if any) are needed for the protection of residents. Immediately remove the implicated personnel from further contact with the resident, and ensure the personnel is accompanied by other personnel during any direct contact with other residents. Implement one of the following: Partner the implicated personnel under continuous, direct observation with other personnel (i.e., implement paired care); or Re-assign the implicated personnel to an appropriate non-resident care role as available, or: Place the implicated personnel on temporary paid administrative leave.		