STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245286	A. Building B. Wing	12/13/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Pierz Villa Inc	119 Faust Street Southeast Pierz, MN 56364

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 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49654 Based on interview and document review the facility failed to comprehensively assess or re-assess and, if needed, develop interventions to promote safety and reduce the risk of injury or impairments for 1 of 2 residents (R40) reviewed for assessments. Findings include: Significant change of status minimum data set (MDS) dated [DATE], indicated R40 was admitted to the facility on [DATE], was cognitively intact, displayed no behaviors, and had the following diagnoses: pulmonary embolism (a life-threatening condition that occurs when a blood clot blocks an artery in the lungs), generalized weakness and restless leg syndrome (a neurological disorder that causes uncomfortable feelings in the legs). Additionally, the MDS indicated R40 was dependent on staff for toileting, mobility, transfers, and required substantial assistance for bathing, upper, and lower body dressing. Nursing progress notes indicated R40 had a syncopal episode (a brief loss of consciousness caused by a sudden drop in blood flow to the brain) on 7/5/24, 8/9/24, 9/5/24, and 9/13/24, while being transferred with an e-z stand lift (a device used to assist a person from a sitting to a standing position). R40's medical record lacked evidence of an assessment after each episode, vital signs taken, or re-assessment for transfer status. Further, the care plan lacked interventions to guide staff with safe transfers in the event of a syncopal episode. During interview on 12/11/24 at 10:01 a.m., registered nurse (RN)A stated any resident who had a syncopal episode would immediately be evaluated by staff, have vital signs taken and if the episode happened during a transfer, the resident would be re-assessed for transfer safety. RN-A went on to say it was important to obtain vital signs and assess after a syncopal episode to identify any concerns and determine if a resident needed to be evaluated in an emergency room . RN-A stated if a resident had a history of syncopal episodes, it would be indicated on the care plan and interventions would be in place to ensure staff followed appropriate interventions for the resident. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 12/11/24, at 12:31 p.m. director of nursing (DON) stated she was aware R40 had multiple syncopal episodes. DON stated she expected staff to do an assessment, including vital signs, after any syncopal episode. Furthermore, she expected R40's care plan and the staff pocket care plans to include R40's history of syncopal episodes and include guidelines to direct staff care. DON confirmed R40's medical record lacked evidence of any assessments or vital signs being taken after each syncopal episode. Further, R40's care plan lacked specific staff guidance on syncopal episodes. DON stated it was important to obtain vital signs immediately after a syncopal episode to assist in identifying any significant changes and assess if R40 needed to be transferred to a higher level of care for evaluation. A policy on assessments was requested but not provided. 49657