

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245290	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/29/2024
NAME OF PROVIDER OR SUPPLIER Olivia Restorative Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1003 West Maple Avenue Olivia, MN 56277	
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 0606</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Not hire anyone with a finding of abuse, neglect, exploitation, or theft.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40938</p> <p>Based on observations, interview and document review, the facility failed to ensure 1 staff member hired as a registered nurse (RN) was not employed by the facility with a disciplinary action in effect against his professional license by the Minnesota (MN) Board of Nursing. In addition the staff member hired as a RN did not hold a RN license, the staff's licensed practical nurse (LPN) license was suspended. This had the potential to affect all residents who resided in the facility.</p> <p>Findings include:</p> <p>49654</p> <p>Review of LPN-A personal file revealed a lack of a copy of verification of professional license.</p> <p>Interview with director of nursing (DON) on 03/29/24 at 10:18 a.m., indicated the process of hiring a new licensed staff included but was not limited to application, job description and verification of professional licensure. DON stated that during initial employment interview, LPN-A stated that he held a registered nurse (RN) license within the state of Minnesota. Upon hire LPN-A signed the registered nurse job description. DON or designee failed to confirm LPN-A had an active RN licensure before being allowed to be begin employment. On 2/26/24 it was discovered by DON that LPN-A had never held a registered nursing license, and his current LPN license was suspended. DON discussed findings with acting administrator and then contacted [NAME] police department.</p> <p>During second interview DON on 3/29/24 at 12:33 p.m. indicated on 2/27/24 LPN-A was scheduled to work a day shift of 6a.m. to 2:30 p.m Upon clocking in to begin his shift LPN-A was directed to DON office. LPN -A was asked if he had a current registred nursing license to which he reportedly replied yes. DON then advised LPN-A that she had searched the nursing board website and discovered that LPN-A not only did not have a registered nursing license, his actual licensure was as a LPN and that his current licensure was under a suspended status. LPN-A worked as a trainee from February 23 thru February 26th . LPN-A had not been given an employee log in and shadowed licensed staff at all times. At no time was LPN-A left unsupervised by licensed staff.</p> <p>Requested copy of license verification policy, however one was not provided.</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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