STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety 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** Based on observation, interview, and document review the facility failed to comprehensively assess falls for root cause, revise the care plan and implement appropriate interventions to prevent and/or reduce the risk of falls with major injury for 2 of 3 residents (R20, R22) who had falls. This resulted in an immediate jeopardy for R20 who had a history of traumatic brain injuries and sustained a fall that resulted in a subdural hematoma and was hospitalized . The IJ began on 3/28/25 after R20 had a fall, the facility failed to assess and implement appropriate interventions to prevent/mitigate risk for falls which resulted in R20's fall on 4/4/25 in which R20 suffered an intercranial brain injury and hospitalization. The Administrator, director of nursing (DON) were notified of the IJ on 4/8/25 at 6:32p.m. The immediate jeopardy was removed on 4/9/25 at 4:40 p.m., but non-compliance remained at the lower scope and severity level D, which indicated no actual harm with the potential for more that minimal harm that is not immediate jeopardy. Findings include: R20's face sheet dated 4/9/25, identified R20 was admitted on [DATE] with diagnoses including subarachnoid hemorrhage (bleeding in the space between the brain and the tissue covering the brain), fracture of skull, and intracranial injury. R20's Brief Interview for Mental Status (BIMS) dated 3/27/25 identified R20 had severe cognitive impairment. R20's fall risk assessment dated [DATE], identified R20 was high risk which identified risk factors of disorientation at all times; three or more falls in the past three months; poor vision; balance problem while walking; requires assistive device; and required 1-2 medications that could cause lethargy or confusion. The report also identifed R20 had 1-2 predisposing diseases that increased R20's risk for falls but did not specify which pertained; the listing of risk diagnoses included circulatory, neuromuscular/functional, orthopedic, perceptual, psychiatric/cognitive, infection, pain/headache, fatigue/weakness, weight loss, vitamin D deficiency and history of falls. R20's progress note dated 3/26/25, director of nursing (DON) identified R20 was admitted with multiple facial fractures and a traumatic brain injury. Report from the hospital said his blood pressure runs low most of the time, does not remember this and gets up alone, wanders outside of his room, and goes to the bathroom alone. (continued on next page)

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
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R20's progress note dated 3/27/25 at 11:07 a.m., identified R20 can use the bathroom independently. R20's progress note dated 3/28/25 at 12:57 a.m., identified R20 was independent with toileting, transfers, and ambulating. R20's record between 3/26/25 through 4/3/25 did not include a care plan for falls despite R20's high risk for falls identified on the fall risk assessment completed on 3/26/25. R20's unwitnessed fall incident report dated 3/28/25 at 6:00 a.m., identified R20 was found sitting on the floor by his bathroom. Intact range of motion. Denied pain and alert and oriented x 1 with some confusion. Unable to use the call light. R20 was given gripper socks which he had taken off. Staff to check often (frequency not specified). The report did not identify if R20 was incontinent and/or he was attempting to use the toilet. Although the report identified potential causal/risk factors of confusion, unable to use the call the call light, and had taken off gripper socks, the report did not include a comprehensive fall analysis. The report indicated on 3/31/25 the facility developed a fall intervention to add a soft touch call light and gripper socks. However, R20's care plan did not identify R20's high risk for falls or include the interventions of soft touch call light, gripper socks, and staff to check often. Further, R20's record did not include a comprehensive assessment that identified the level or frequency of supervision that corresponded with the intervention of staff to check often. R20's progress note dated 3/29/25 at 11:52 a.m., included R20 had wandered into hallway three times and needed to be redirected back to room. R20's physical therapy noted dated 3/31/25, included R20 was a fall risk and ambulates to the bathroom without asking for assistance. R20 was educated on the call light and coordination with nursing. The note did not identify what was coordinated with nursing. R20's unwitnessed fall incident report dated 4/1/25 at 10:00 p.m., identified nursing assistant went to check on resident per nurse request and R20 was found on floor by television. R20 was towards the door and head by the bedside table with head of bed elevated. R20 stated he missed his bed walking backwards. No other information was included. R20's record did not include a comprehensive fall assessment/analysis that identified probable causal factors/root cause with corresponding individualized interventions to prevent and/or mitigate the risk of falls. Interventions that were identified included room was re-arranged and bed moved against the wall and frequent (was not specified) checks at night initiated. However, R20's care plan for falls was not developed (there was no care plan) and the record did not include a comprehensive assessment that identified the level or frequency of supervision that corresponded with the intervention frequent checks at night. R20's progress note dated 4/4/25 at 4:25 a.m. indicated R20 had an unwitnessed fall in his room. Staff heard a loud noise and found R20 leaning on the wall by the television. R20 reported he hit his head and was complaining of pain in both lower and upper extremities, R20 was given Tylenol, vital signs were taken. and he was sent to the emergency room (ER) R20's hospital imagining report dated 4/4/25, identifed a head computed tomography (CT) was performed following a fall with head injury with a critical result of a new intercranial hemorrhage or herniation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R20's hospital emergency department to hospital Discharge summary dated [DATE], identified R20 admitted to hospital on [DATE] to 4/5/25, following a fall and was noted to have a subdural hematoma on computed tomography (CT) scan. R20 was discharged back to facility on 4/5/25. R20's unwitnessed fall incident report dated 4/4/25 at 4:20 a.m., identified a loud noise heard from room and R20 found leaning on the wall by the television. R20 stated he hit his head and complaining of pain in ribs and left arm. R20 sent to emergency room for evaluation. R20's record did not include a comprehensive fall assessment/analysis that included potential causal factors/root cause for the development of individualized interventions to prevent or mitigate the risk of falls and/or falls with major injury. Additionally, no additional fall interventions were documented in the fall report. R20's progress note dated 4/5/25, identified R20 returned to facility after being sent to the hospital following a fall and sustaining a subdural hematoma and report from the hospital there will be no changes. Review of R20's record did not identify the care plan was revised/updated upon or after R20's return from the hospital. R20's progress note dated 4/7/25 at 9:09 a.m., identified R20 was walking to the bathroom and staff witnessed R20 falling by his closet door, and he was then assisted to ground. R20 had been seen less than 15 minutes before the fall. R20 reported he became dizzy while self-transferring. R20 was wearing gripper socks. Immediate intervention was orthostatic blood pressures and prompted to use the toilet. Pharmacy was notified for medication review. Review of R20's physician orders/treatments identified the directive to obtain orthostatic blood pressure was not transcribed until 4/8/2025. Additionally, review of R20's record did not identify a comprehensive analysis for causal factors/root cause. Further, R20's record identified although the care plan had been revised on 4/8/25 to include every 1-2 hours prompting for toilet use, the record did not include a corresponding comprehensive bowel/bladder assessment that would identify the appropriateness of the intervention to meet R20's individualized toileting needs. Although the facility developed and implemented R20's fall care plan on 4/4/25, the care plan did not include the interventions of 'soft touch call light', and 'staff to check often' that were identified on 3/28/25 fall report and did not include 'frequent checks at night' and bed up against the wall that was identified on the 4/1/25 fall report. R20's fall focus care plan initiated on 4/4/25, identified R20 was high risk for falls related to unspecified intracranial injury, anxiety disorder, traumatic subarachnoid hemorrhage, atrial fibrillation and incontinence. R20 will often get up on his own, not use the call light to alert staff even with numerous staff reminders and encouragement. Interventions included: anticipate resident's needs, be sure call light is within reach and encourage to use it for assistance, prompt responses for all requests for assistance, and ensure wearing appropriate non-slip/non-skid footwear when ambulating or mobilizing in wheelchair. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 4/8/25 at 10:15 a.m., nursing assistant (NA)-K stated R20 did not use his call light and has attempted to self-transfer many times since admission due to being confused at times. Staff have been doing frequent checks, however at times when NA-K was busy assisting other residents he could not check on R20 as frequently as he should. NA-K also stated R20's care plan did not identify a timeframe of how often the frequent checks should be done. NA-K explained frequent checks means for staff to just look in [R20's] room to see what he was doing, NA-K was unable to define the time frame of frequent checks as the care plan was not specific. NA-K indicated he thought there was a form for R20's checks staff were supposed to complete, however, was not aware of the location of where it was kept so had not completed the form. During an interview on 4/8/25 at 10:50 a.m., trained medication aide (TMA)-D stated since admission R20 will self-transfer and had been found wandering in the hallway; staff would then assist him back to his room. Staff check on R20 often to ensure he was not self-transferring. TMA-D further explained to her check often meant look in R20's room every time she would passed by. TMA-D could not define a specific timeframe of how often checks were supposed to be completed and was not aware how often staff pass by R20's room. TMA-D was unaware of any other fall interventions in place for R20. During an interview on 4/8/25 at 11:12 a.m., licensed practical nurse (LPN)-C stated R20 would self-transfer to the bathroom on his own without asking for help. LPN-C stated a visual every 15-minute paper checklist was implemented for R20 on 4/8/25, it was kept in a binder at the nurse's station. LPN-C reviewed the checklist for 4/8/25 and noted the checks were not consistently completed so far today (4/8/25). LPN-C then reviewed the care plan and noted the intervention for every 15-minute checks was not identified on R20's care plan. During an interview on 4/9/25 at 12:57 p.m., registered nurse (RN)-C stated she completed the care plans for all of the residents in the facility upon admission. RN-C verified R20's admission fall risk assessment identified him as a high fall risk and that R20's fall risk care plan had not been initiated until ten days after admission. RN-C indicated fall causal analysis was completed by the interdisciplinary team (IDT). RN-C used to be a part of that team but no longer was. When she was part of the team she would assist in determining the appropriate interventions and then would add them to the care plan. During a phone interview on 4/4/25 at 12:38 p.m., emergency room medical doctor (MD)-H reported concerns pertaining to falls. R20 had been seen in the emergency department (ED) due to a fall in the facility and sustained a subdural hematoma and needed to be transferred to another hospital for further evaluation. During an interview on 4/9/25 at 4:23 p.m., certified nurse practitioner (CNP) stated R20 was extremely elevated risk for falls due to confusion and ability to transfer independently. CNP's expectation would have been for the facility to put fall prevention interventions in place on admission to the facility. CNP also stated due to R20's history of previous brain injuries prior to admission with any future falls with head injury could have the likelihood of serious injury, harm, impairment or even death. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	During an interview on 4/8/25 at 12:40 p.m., director of nursing (DON) identified R20 did not have a fall prevention care plan until after his fall on 4/4/25. DON stated R20 should have had a baseline care plan completed during the first forty-eight hours to identify his fall risk and had interventions in place at admission. DON also stated a comprehensive assessment of his falls, causal analysis, or root case of the falls to add appropriate interventions to prevent further falls had not been completed for any of R20's falls and should have been done. The IJ began on 3/28/25. was removed on 4/9/25 at 4:40 p.m., when it was verified, the facility implemented the following: 1. Facility reviewed and revised fall program and policies to define protocols for documentation with new templates developed and implemented. The revisions included role/responsibilities for the IDT. 2. Facility provided education with knowledge check to nurses on the fall program process, completing the falls checklist, completing the implemented documentation, implantation of interventions, reviewing the effectiveness of the intervention, and updating the care plan. A knowledge test was attached to the fall education. 3. Facility provided education NAs on care plan and roles in the facility's fall program. 4. Facility provided education to IDT on roles and responsibilities pertaining to the fall program. 5. Facility reviewed R20's chart for fall incidences and fall analyzes. Care plan were reviewed and updated with fall interventions. Interdisciplinary team reviewed R20 to see if other modifiable risk factors can be implemented for resident. 6. Like residents were identified, facility completed comprehensive analysis, reviewed and revised care plans as appropriate. R22 R22's face sheet dated 4/10/25, identified R22 was admitted on [DATE] with diagnoses of fracture of right fibula, fracture of right rib, degeneration of nervous system, and schizoaffective disorder. R22's fall risk assessment dated [DATE], identified R22 was high risk for falls with 1-2 fall in past 3 months, chair bound, with predisposing disease or circulatory/heart, neuromuscular/functional, orthopedic, psychiatric/cognitive, infection, pain, weakness, and history of falls. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R22's fall incident report dated 3/23/25 at 4:10 p.m., identified R22 was found on the floor next to his bed. R22 stated he was attempting to reach his remote to the television and slid from the bed. Incident report was not completed to include mental status, predisposing physiological/environmental factors/situation factors. On 3/31/25 incident report identified new intervention of reached out to pharmacist of new recommendations. R22's care plan did not identify a fall focus care plan had been initiated, or any fall prevention interventions added. A post-fall root cause analysis worksheet was provided for R22's fall on 3/23/25, identified R22 was found on floor next to his bed, R22 was laying in bed watching television and dropped the remote and wanted to get it from the floor, call light was in reach, last toileted at 3:50 p.m., was not incontinent at time of fall, and had gripper socks on. Interventions put in place of frequent call light checks and request nursing assistants to check on resident often. Although the worksheet identified possible causal factors of the fall, no conclusion of the data was identified in the medical record to determine the root cause of the fall. R22's fall incident report dated 3/24/25 at 9:30 p.m., identified R22 was being assisted with transfer from bed to wheelchair and resident became weak and was lowered to the ground. Incident report was not completed to include mental status, predisposing physiological/environmental factors/situation factors. R22's care plan did not identify a fall care plan focus medical record did not identify comprehensive assessment, causal analysis, or root cause of the fall. R22's fall care plan focus dated 3/25/25, identified R22 was high risk for falls related to non-weight bearing of right foot, repeated falls, schizoaffective disorder bipolar type, spondylosis, inability to follow directions and impulsivity. Interventions included: anticipate and meet the resident's needs, be sure call light is within reach and encourage and remind the resident to use it for assistance as needed. R22's activities of daily living (ADL) focus care plan dated 3/25/25, identified R22 required assist of two for all transfers and not able to follow directions for non-weight bearing of right foot. R22's consultant pharmacist review on 3/29/25, a medication review done due to frequent falls and recommended adjustments to fall risk medications. Review of R22's progress notes from 3/29/25 to 4/7/25 did not identify physician notification of consulting pharmacist recommendations until 4/8/25. R22's fall incident report dated 3/26/25 at 5:30 p.m., identified R22 was on floor sliding to the bathroom attempting to toilet himself. R22 was in bed prior to the fall and call light was on the bed. R22 was last toileted at 2:30 p.m., repositions self and had a large loose bowel movement. Fall mat was place on the floor and frequent checks to assure needs are met, and soft touch call light. R22's post-fall causal analysis worksheet dated 3/26/25, identified the aforementioned fall description and identified R22 was incontinent at time of fall. Although the worksheet identified possible causal factors of the fall including R22 was incontinent, no conclusion of the nor evident comprehensive assessment completed that addressed R22's toileting needs. Further R22's care plan did not identify the new interventions of fall mat, frequent checks, nor soft touch call light that were identified on fall report. Furthermore, R22's record identified although the care plan had been revised on 4/8/25 to include frequent checks-15 min checks. R22's record did not include a comprehensive assessment that identified the level or frequency of supervision that corresponded with the intervention frequent checks. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	R22's progress note dated 4/7/25, identified R22 was found sitting on the fall mat because he slipped due to slippery floor. R22 was coming back from bathroom. Immediate intervention to offer toileting every hour. R22's care plan was not revised on 4/7/25 to include offer toilet every hour. R22's record identified although the care plan had been revised on 4/9/25 to include every 2 hours prompting for toilet use, the record did not include a corresponding comprehensive bowel/bladder assessment that would identify the appropriateness of the intervention of either every one hour or two hours to meet R20's individualized toileting needs. During an interview on 4/9/25 at 1:17 p.m., director of nursing (DON) stated R22's medical record did not identify a comprehensive analysis of his falls nor identify a root cause of the falls. DON further stated a root cause analysis work sheets had not been consistently completed for each fall to better determine the root cause of falls and ensure appropriate fall prevention interventions were in place. Review of the facility's Fall Prevention Program undated, identified each resident will be assessed for fall risk and will receive care and services in accordance with their individualized level of risk to minimize the likelihood of falls. -Upon admission, the nurse will complete a fall risk assessment along with the admission assessment to determine the resident's level of fall risk. -The nurse will indicate on the (area left blank) the resident's fall risk and initiate interventions on the resident's baseline care plan, in accordance with the resident's level of risk. The nurse will refer to the facility's High Risk of Low/Moderate Risk protocols when determining primary interventions. -High Risk Protocols: -Indicate fall risk on care plan. -Place fall prevention indicator (such as star, color coded sticker) on the name plate to resident's room. -Place fall prevention indicator on resident's wheelchair.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to implement infection control strategies for respiratory protection to mitigate the risk and spread of Respiratory Syncytial Virus (RSV- an infection of the respiratory tract). As a result, the facility developed an outbreak where 8 residents (R10, R13, R14, R11, R12, R17, R6, and R16) tested positive for RSV and 3 residents were suspected to have RSV (R15, R7, R18); 2 residents (R10 and R12) were seen in the emergency department (ED) and 3 residents (R11, R13, and R14) were hospitalized at a higher level of care. This resulted in a system wide failure in infection control procedures to prevent the spread of illness within the facility resulting in an immediate jeopardy (IJ) which placed all residents at a high likelihood of serious illness and/or death by contracting a communicable respiratory disease. The Immediate Jeopardy (IJ) began on 3/23/25 when R10 tested positive for RSV and the facility failed to implement infection control strategies to mitigate the risk and spread of RSV in the facility. The Administrator and director of nursing (DON), were notified of the IJ on 4/4/25 at 3:30 p.m. The IJ was removed on 4/8/25 at 6:32 p.m., but noncompliance remained at the lower scope and severity level F, which indicated no actual harm with the potential for more than minimal harm that is not immediate jeopardy. Findings include: Definitions: Isolation: Isolation separates sick people with a contagious disease from people who are not sick. Quarantine separates and restricts the movement of people who were exposed to a contagious disease to see if they become sick. Personal protective equipment (PPE): Personal protective equipment (PPE) refers to protective items or garments worn to protect the body or clothing from hazards that can cause injury and to protect residents from cross-transmission. These items may include a gown, gloves, eye protection and face mask. Enhanced barrier precautions (EBP): refer to an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities. Gowns and gloves are used as PPE. Transmission based precautions (TBP): refer to actions (precautions) implemented in addition to standard precautions that are based upon the means of transmission (airborne, contact, and droplet) to prevent or control infections. Airborne, contact, and droplet are the three subcategories under TBP. Contact precautions: refer to measures that are intended to prevent transmission of infectious agents which are spread by direct or indirect contact with the resident or the resident's environment. Use with gloves, and gowns as PPE. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Droplet precautions: refer to actions designed to reduce/prevent the transmission of pathogens spread through close respiratory or mucous membrane contact with respiratory secretions, masks are used as PPE. Upon entrance to the facility on 4/1/25 at 11:15 a.m., there was no signage posted alerting that the facility had an RSV outbreak. Surveyor was informed the facility had one case of RSV in the building and resident (R12) was on precautions. This was observed on 4/1/25 at 11:54 a.m., of the south hallway with signage on R12's door. Trained medication aide (TMA)-F was using PPE when entering the room to administer medications. R10 symptom onset 3/16/25; positive RSV on 3/16/25 R10's face sheet dated 4/11/25, identified diagnoses of morbid (severe) obesity with hypoventilation, obstructive sleep apnea, heart failure, chronic obstructive pulmonary disease (COPD- lung diseases that cause persistent airflow obstruction and breathing difficulties). R10's record reviewed between 3/11/25 through 3/15/25 did not identify any symptoms of respiratory illness. R10's progress note dated 3/16/25 at 12:45 p.m., indicated R10 stated he was not feeling well and thinks he has COVID. Lung sounds with noted rhonchi (rattling lung sounds). COVID test performed with negative results. R10's medical record did not identify R10 was placed on isolation precautions (droplet/contact precautions) when respiratory symptoms were identified. R10's record did not indicate droplet/contact precautions were initiated at symptom onset. R10's progress notes dated 3/16/25 at 1:22 p.m., indicated R10 had not been feeling well for four days with coughing. R10's lung sounds with rhonchi and cough and R10 agreed to be sent to emergency department (ED). R10's hospital emergency department (ED) note dated 3/16/25, identified R10 was seen for evaluation for an ongoing cough over past few weeks and increasing shortness of breath. R10's ED record identified lung sounds to be diffuse rhonchi (sounds like snoring or gurgling) throughout and tested positive for RSV. R10's diagnoses at discharge from the ED included RSV bronchiolitis (swelling, irritation, and buildup of mucus in the small airway of the lung) and acute exacerbation of COPD. R10 discharged back to the facility with nebulizers and steroids. R10's progress note dated 3/16/25 at 4:56 p.m., identified paperwork from hospital reviewed and R10 diagnosis of RSV and COPD exacerbation. Staff updated on airborne (sic) precaution, reminded to wear masks, gloves, and wash hand. However, review of R10's record did not identify a physician order for precautions nor was TBP identified in R10's care plan. R10's record reviewed between 3/17/25 through 4/4/25 did not identify ongoing symptom monitoring, isolation, transmission precautions, or removal of isolation. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During an interview on 4/3/25 at 11:12 a.m., director of nursing (DON) stated if a resident is positive for RSV they are put on precautions and isolation and encouraged to wear a mask when coming outside of their room. DON stated they did not have any protocols for nurses to follow for monitoring residents for any symptoms to identify new cases immediately. DON confirmed facility had not done any active screening of residents to identify illness and had not completed comprehensive respiratory assessments for residents with suspected/confirmed RSV cases. During a subsequent interview on 4/4/25 at 11:11 a.m. DON confirmed R10 was removed from isolation on 3/23/25, R10 did not have a respiratory assessment to determine if symptoms resolved prior to removing from isolation, R10 was removed from isolation because he no longer needed nebulizer treatments. DON further stated after research on the Centers for Disease Control and Prevention (CDC) website for RSV, a resident should have been in isolation and precautions for ten days, however, the facility did not follow CDC guidelines and removed R10 at seven days. R13 symptom onset 3/25/25; positive on 4/3/25 R13's face sheet date 4/10/25, indicated diagnoses of dementia and weakness. R13's record between 3/16/25 through 3/26/25 did not identify any respiratory symptom screening, even though the facility had RSV cases. R13's progress note dated 3/27/25, identified R13 complained of sore throat for two days. R13 was given cough drop and COVID test performed with negative results no other tests were completed. R13's progress noted dated 3/30/25, identified R13 received cough syrup for cough. R13's progress note dated 4/2/25 at 12:37 a.m., identified R13 was coughing with congestion and feeling cold/chills. At 3:56 p.m. R13 was feeling weak and complaining not feeling good. Lung sounds wheezing with crackles was coughing with congestion and feeling cold and chills. R13 was given a nebulizer with no relief. R13 was placed on oxygen. Physician notified of change in condition and recommendation to monitor in facility and will reassess next day. R13's progress note dated 4/3/25 at 9:50 a.m., identified R13 became short of breath (SOB) while on toilet and unable to stand. Oxygen was placed on R13 and given a nebulizer with oxygen saturations going as low as 80% (normal ranges are 92 to 100%). Provider was notified. At 10:28 a.m. R13 was seen by the nurse practitioner who ordered RSV test, antibiotics, and steroids. At 10:59 a.m. R13 was short of breath with low oxygen saturations and was sent to the ED. R13's record between 3/25/25 through 4/3/25, identified despite R13 demonstrated respiratory symptoms TBP was not implemented. During an observations on 4/1/25 through 4/3/25 at 11:00 a.m., R13 did not have TBP precaution signs on his door. During an observation and interview on 4/3/25 at 11:00 a.m., trained medication aide (TMA)-D came out of R13's room without PPE and stated R13 was being sent to ED due to difficulty breathing and possible RSV. TMA-D stated R13 had been sick since 3/30/25, and he complained of a sore throat and was not put on precautions or isolation when he developed symptoms. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During an interview on 4/3/25 at 11:21 a.m., registered nurse (RN)-B stated R13 was sent by ambulance for possible RSV. RN-B stated R13's roommate, R14 was in the hospital for unknown reason. RN-B also stated the facility had three known cases of RSV, R10, R11 and R12. RN-B stated R12 was the only resident currently on isolation for RSV in the facility. RN-B stated if a resident became symptomatic a comprehensive respiratory assessment should be completed daily, however a nursing order was not in the charts to direct staff on what to monitor for. RN-B further stated symptomatic residents should be put on droplet precautions, notify physician, and tested for RSV. R13's ED hospital record dated 4/3/25, indicated R13 was seen in ED for shortness of breath. R13 required supplemental oxygen to maintain oxygen level greater than 92%. R13 indicated that he had not been feeling well for the past 3 weeks. R13 lung sounds revealed right and left wheezing through with decreased lung sounds in right middle and bilateral lower fields. R13's heart rate was 90-150 (normal range is 60 - 100) with no known history of atrial fibrillation. R13 was admitted to the local hospital and started on intravenous antibiotics (IV) and IV cardiac medications were started also. R13 tested positive for RSV and was transferred to higher level of care for further care with diagnoses of respiratory failure, sepsis, and Atrial fib with rapid ventricular response. R13 returned to the facility on 4/7/25, with hospital diagnoses of pneumonia of right lower lobe due to infectious organism and was started on oral antibiotics. R14 symptom onset 3/25/25, positive for RSV on 4/1/25 R14's face sheet dated 4/10/25, indicated diagnoses of CHF and chronic respiratory failure with hypoxia. R14's record between 3/16/25 through 4/1/25 did not identify any respiratory symptom screening, even though the facility had RSV cases. R14's progress notes dated 3/8/25, identified R14 required continuous oxygen to keep saturations greater than 90%. R14's progress notes dated 3/25/25, identified R14 had complaints of not being able to breathe from his nose being stuffy, however R14's medical record did not identify implementation of TBP when symptoms identified. R14's progress notes dated 4/1/25, R14 received two puffs of albuterol inhaler (medication to help open airway) as R14 was struggling to breathe, wheezing and had congestion. R14 had chills and was shaking. Vital signs were blood pressure 155/104 (normal is less than 120/80), pulse 105, respirations 22 (normal range is 12-22) and oxygen saturations 72% on three liters of oxygen. R14 was transported to local ED via ambulance. R14's hospital ED note dated 4/1/25, indicated R14 presented per ambulance, unresponsive after sudden onset of shortness of breath. R14's lung sound indicated chest lung congestion bilaterally with mottling (bluish/graying skin color meaning lack of oxygen). R14 was intubated emergently (a tube is inserted into the trachea to help person breathe). R14's temperature was 103 degrees (normal is 96.4 to 98.6). R14 was tested positive for RSV and was transferred via air ambulance to higher level of care with diagnoses of septic shock (a life-threatening condition) and acute respiratory failure. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	R14's hospital pulmonology noted dated 4/2/25, identified R14 was on mechanical ventilation and had a diagnosis of acute on chronic hypoxemic hypercapnic respiratory failure -improving and RSV pneumonia complicated by left lower lobe pneumonia. R14's progress notes dated 4/3/25, identified social worker at hospital called and R14 was sedated, on a ventilator, and positive for RSV. R14's hospital note dated 4/9/25, R14 remained at a higher level of care, on three liters of oxygen, with no return dated noted. During an interview on 4/3/25 at 1:00 p.m., DON stated R14 was in the hospital for aspiration pneumonia but had been negative for RSV. During an interview on 4/4/25 at 10:58 a.m., assistant director of nursing/infection preventionist (ADON -IP) stated she was not aware of R14's positive RSV test result until 4/3/25 after looking at the hospital records. ADON-IP stated R14's onset of RSV began on 4/1/25 with the positive test and was unaware of symptom onset of a stuffy nose on 3/25/25. R11 symptom onset 3/28/25, positive 3/28/25 R11's face sheet dated 4/10/25, indicated diagnoses of congestive heart failure (condition where heart does not pump as well as it should), respiratory failure (condition where the lungs are unable to adequately exchange gases, resulting in either insufficient oxygen intake and/or inadequate carbon dioxide removal) with hypoxia (lack of oxygen), and morbid obesity. R11's record between 3/16/25 through 3/28/25 did not identify any respiratory symptom screening, even though the facility had RSV cases. R11's record did not identify R28 had symptoms prior to 3/28/25. R11's progress note dated 3/28/25 at 1:32 p.m., identified R11 was not feeling well after 12:00 p.m., and appeared to be shaky, unable to transfer self, and needed supplemental oxygen, and 911 was called. Note at 2:16 p.m., identified R11 was transferred to hospital via ambulance. R11's progress note dated 3/28/25 at 4:44 p.m., identified hospital called and R11 had tested positive for COVID and RSV. R11's hospital ED note dated 3/28/25, indicated R11 presented via EMS for evaluation of difficulty breathing, shaking, nausea, tachycardia, and low blood pressure. Heart rate in 140's with oxygen sats in the 70's and temperature of 100.4. R11's lung sounds were decreased with wheezing and rales present. R11 was transferred to higher level of care due to hypoxia secondary to new diagnosis of RSV and COVID. R11's progress notes dated 4/7/25, indicated R11 remained in ICU, was hallucinating, and was restless and needing supplemental oxygen at 4 liters per nasal cannula. R12 symptom onset 3/31/25, positive 3/31/25 R12's face sheet dated 4/10/25, indicated diagnoses of cancer of the prostate, CHF and dementia. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	R12's record between 3/16/25 and 3/30/25 did not identify any respiratory symptom screening and did not have symptoms of illness prior to 3/31/25. R12's progress notes dated 3/31/25, indicated R12 was showing decline in health, slightly diaphoretic (sweaty) and slightly elevated blood pressure. R12 was sent to ED for evaluation. R12's ED progress notes dated 3/31/25, indicated R12 was seen in ED following a fall and had mentation changes. R12 had a cough and nursing home staff reported increased lethargy. R12's assessment indicated a congested cough with rhonchi (abnormal lung sounds caused by secretions or obstruction of airway) in left lower lobe. R12 tested positive for RSV in ED and was discharged back to the nursing home by private vehicle. R12's progress note dated 3/31/25 at 3:01 p.m., identified R12 returned to facility with a diagnosis of RSV. R12's record did not identify if and when TBP were implemented after return from ED. R12's progress notes from 3/31/25 through 4/8/25 lacked an ongoing symptom monitoring and utilization of TBP. During an observation on 4/1/25 at 5:07 p.m., R12 was noted in the hallway outside conference room without a mask on. Three staff walked by him. Nursing assistant (NA)-P stopped, applied gloves, and turned R12's wheelchair around, explained to R12 he needed to stay in his room as he was sick. NA-P was not wearing a mask and did not apply or offer one to R12 as he took him back to his room. During an observation on 4/3/25, at 5:12 p.m., approximately 15 residents were eating in the main dining room, 3-5 residents per table, without masks on. Resident were seated two to three feet apart. R12, who was RSV positive on 3/31/25, was seated a few feet from R15, neither one had mask on. Multiple staff were in the dining room, serving the meals and did not identify R12 should have been eating in his room. DON entered dining room and applied a mask to R12 and walked him out to his room from the main dining room. DON stated R12 should have been eating in his room and not in the main dining room. During an interview on 4/3/25 at 5:25 p.m., NA-H stated R12 was supposed be eating in his room due to RSV, and if staff noticed him coming out of his room, staff walked him back to his room. During an interview on 4/4/25 at 10:58 a.m., ADON-IP stated she was not employed in the facility when the first case of RSV was detected and had not implemented contact tracing since she had started, however had started a map of the positive cases. ADON was not aware how many cases constituted an outbreak, but thought it was three or more. R12, R13, and R14 all ate meals together and she believed this was part of the spread and had just made that determination today on 4/4/25. If residents were exposed to another positive resident who had RSV they should have been kept in isolation, monitored closely for symptoms, and tested if symptoms develop. R17 symptom onset 4/4/25; positive for RSV on 4/9/25 R17's face sheet dated 4/10/25, indicated diagnoses of diabetes, paraplegia (paralysis of the legs and lower body), and diabetes. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	R17's record between 3/16/25 through 4/7/25 did not identify any respiratory symptom screening and did not have symptoms of illness prior to 4/4/25. R17's progress note dated 4/4/25, R17 had reported he did not feel good but was not ill. R17's record did not include respiratory assessments until 4/8/25. R17's record did not identify a respiratory assessment/screener between 4/5/25 to 4/7/25. R17's progress note dated 4/8/25, indicated R17 had cough with congestion. However, the record indicated R17 was not tested for respiratory illness until 4/9/25. R17's laboratory report dated 4/9/25, indicated R17 tested positive for RSV. R6 symptom onset 4/6/25; positive for RSV on 4/9/25 R6's face sheet dated 4/10/25, indicated diagnoses of cerebrovascular accident (stroke), hemiplegia or hemiparesis (weakness on one side of the body). R6's record between 3/16/25 and 4/5/25 did not identify any respiratory symptom screening and did not have symptoms of illness prior to 4/6/25. R6's progress note dated 4/6/25 at 8:45 p.m., R6 requested an RSV test as he was having a sore throat and raspy voice. R6's progress note dated 4/8/25, identified R6 was on quarantine due to unspecified outbreak. R6's progress notes dated 4/9/25, identified lab results received by facility and tested positive for RSV. R16 symptom onset 4/7/25; positive for RSV on 4/9/25 R16's face sheet date 4/10/25, indicated diagnoses of CHF, Parkinson's Disease (a progressive neurological disorder characterized by gradual loss of nerve cells in the brain, leading to tremors, slow movements, and rigidity), obstructive sleep apnea, myasthenia gravis an autoimmune disorder) and respiratory failure. R16's record between 3/16/25 and 4/6/25 did not identify any respiratory symptom screening and did not have symptoms of illness prior to 4/7/25. R16's progress note on 4/7/25 identified R16 had developed a cough with wheezing. R16 was placed on precautions and tested. R16's laboratory results dated [DATE], indicated R16 tested positive for RSV. R15 symptom onset 4/7/25 R15's face sheet dated 4/10/25, indicated diagnoses of chronic viral hepatitis C and sheltered homelessness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	R15's record between 3/16/25 and 4/6/25 did not identify any respiratory symptom screening and did not have symptoms of illness prior to 4/7/25. R15's progress note 4/7/25, identified R15 had developed sore throat. R15's laboratory report dated 4/9/25, indicated R15 tested negative for RSV, COVID and influenza. R7 symptom onset 4/8/25 R7's face sheet dated 4/10/25, indicated diagnoses of multiple sclerosis (MS- a chronic autoimmune disease that affects the brain and spinal cord). R7's record between 3/16/25 and 4/7/25 did not identify any respiratory symptom screening and did not have symptoms of illness prior to 4/8/25. R7's progress notes dated on 4/8/25, R7 had developed a sore throat, and hoarse voice. R7's laboratory results dated [DATE], indicated R7 tested negative for RSV, COVID and influenza. R18 symptom onset 4/8/25 R18's face sheet dated 4/10/25, indicated diagnoses of obstructive sleep apnea. R18 ' s record between 3/16/25 and 4/7/25 did not identify any respiratory symptom screening and did not have symptoms of illness prior to 4/8/25. R18's progress notes dated 4/8/25, R18 was noted to be coughing, stated it was his normal and respiratory assessment completed without any other symptoms noted. R18 was put on droplet/contact precautions, however refused to be tested for COVID, influenza and RSV. During an interview on 4/4/25 at 8:57 a.m., licensed practical nurse (LPN)-B stated monitoring for respiratory symptoms would include lung sounds, looking for symptoms like runny nose or cough. If new symptoms were found then the provider would be notified, the resident tested, and precautions put into place. LPN-B was not aware of any symptom monitoring being done for any residents at this time and this should be done. During an interview on 4/3/25 at 3:24 p.m., registered nurse (RN)-B stated if staff call in sick with respiratory symptoms, they would be asked to test for COVID, however, if negative then it must just be a cold, and could work while wearing a mask. If a resident became symptomatic then staff would test and monitor symptoms, however, was not aware if the facility was doing that. RN-B stated she believed full facility masking and monitoring of all the residents for symptoms of RSV should have been initiated after the first case of RSV was in the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	During an interview on 4/3/25 at 1:00 p.m., DON stated if there was a respiratory outbreak, the following would need to be initiated: staff masking, encourage resident masking, reduce the number of residents in activities, and limit numbers in dining room for meals. However, none of these activities had been done at this time, due to not identifying the cases of RSV as an outbreak. DON also stated not all the RSV cases had been added to a surveillance log to track the cases. DON stated a map of the cases in the facility had not been completed at this time to allow the facility track trend the infection. Staff illness was tracked, and no cases of respiratory illness had been identified. During an interview on 4/4/25 at 10:31 a.m., medical director (MD)-A stated was not aware of the facility's RSV outbreak until 4/3/25. His expectations during a respiratory outbreak would be for the facility to follow their policies on infection control/respiratory illnesses, notify the medical director, and follow recommendations from CDC/MDH on TBP. Any type of respiratory illness with a resident with other contributing factors, such as COPD, could lead to the likelihood of serious harm, impairment, or even death. The immediate jeopardy that began on 3/16/25, was removed on 4/8/25. when it was verified, the facility implemented the following: -Facility provided education to all staff pertaining to PPE, implementation and removal of TBP, physician notification, active screening, and staff illness. -Facility updated the surveillance log -Facility implemented and developed a tracking log for staff illness. -Facility developed screening and monitoring tools for respiratory illnesses. -Facility developed and implemented a process for implementing and removing TBP's and physician notification. -Facility developed and implemented a process for testing residents. -Facility identified high risk exposures to RSV and placed those residents on isolation, -Facility implemented active screening on all residents to identify early symptoms and implemented TBP as applicable. -Implemented mask use for staff and visitors. -Facility provided education to all staff pertaining to PPE, implementation and removal of TBP, physician notification, active screening, and staff illness. -Facility updated the surveillance log -Facility implemented and developed a tracking log for staff illness. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	Review of facility's Infection Outbreak Response and Investigation Policy undated, identified an outbreak generally refers to the occurrence of more cases of a communicable disease than expected in a given area or among a specific group of people over a particular period of time. If a condition is rare or has serious health implications, an outbreak may involve only one case. Prompt recognition of an outbreak: The following triggers shall prompt an investigation as to whether an outbreak exist: -A sudden cluster of infections in a unit or during a short period of time. -A single case of a rare or serious infection. Implementation of infection control measures: -symptomatic residents will be considered potentially infected, assessed for immediate need, and placed on empiric precautions while awaiting physician orders. -symptomatic employees will be screened by the Infection Preventionist/or designee. -In the event of a known communicable disease outbreak, the facility should screen visitors for signs and symptoms of the communicable disease in accordance with national standards. -Transmission based precautions will be implemented as indicated for the particular organism. -Surveillance activities will increase to daily for the duration of the outbreak. Outbreak investigation: -Last page was not provided Review of facilities undated and unsigned, Transmission Based (Isolation Precautions) Type and Duration of transmission-Based Precautions Recommended for Selected Infections and Conditions, chart dated 2024, indicated for RSV infection in immunocompromised adults, contact precautions was needed for duration of illness and to wear a mask according to standard precautions. Review of facility policy, dated 3/24/25, Infection Prevention and Control Program, indicated the following: 3. Surveillance: a. a system of surveillance is utilized for prevention, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteer, visitors, and other individuals providing services under a contractual arrangement based upon a facility assessment and accepted national standards. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245290	A. Building B. Wing	04/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Olivia Restorative Care Center	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)
F 0880 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Many	c. The registered and licensed practical nurses participate in surveillance through assessment of residents and reporting changes in condition to the resident's physicians and management staff, per protocol for notification of changes and in house reporting of communicable diseases and infections. 13. Resident/Family/Visitor Education and Screening a. Residents, family members and visitors are provided information relative to the rationale for the isolation, behaviors required of them in observing these precautions, and conditions for which to notify the nursing staff. 19. Respiratory Illness Reporting: a. The facility must input the following information into the NHSN reporting module weekly: 3. confirmed resident cases of COVID 19, influenza, and RSV; 4. hospitalized residents with confirmed cases of COVID 19, influenza, and RSV (overall and by vaccination status).