

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER St Clare Living Community of Mora		STREET ADDRESS, CITY, STATE, ZIP CODE 110 North 7th Street Mora, MN 55051	

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43083</p> <p>Based on interview and document review, the facility failed to manage bowel and constipation needs for 1 of 3 residents (R2) who were reviewed.</p> <p>Findings include:</p> <p>R2's significant change Minimal Data Set (MDS) dated [DATE], revealed R2 had diagnoses which included Alzheimer's Disease, constipation and had severely impaired cognition. Further, MDS assessment indicated R2 was incontinent of bowel.</p> <p>R2's care plan revised 12/16/23, indicated R2 was at risk for incontinence due to diagnoses of Alzheimer's disease, dementia, constipation and previous right and left femur fractures with repair. R2's goal was identified as have a large bowel movement (BM) at least every three days and interventions included: qualified nursing staff will monitor BM status daily, administer medications as ordered, and indicated R2 required staff assistance for toileting needs.</p> <p>R2's Bowel assessment dated [DATE], revealed R2 was occasionally incontinent of bowel and did not feel urge sensation for BM.</p> <p>Review of R2's output for BM revealed the following:</p> <ul style="list-style-type: none"> -From 12/29/23 through 1/4/24, no BM was documented. -From 2/4/24 through 2/9/24, no BM was documented. -From 2/14/24 through 2/17/24, no BM was documented. -From 2/23/24 through 2/28/24, no BM was documented. <p>R2's medical record lacked evidence of facility's Bowel Protocol being implemented during above time frames documented with out a BM.</p> <p>On 4/11/24 at 1:35 p.m., licensed practical nurse (LPN)-A stated R2 was incontinent of bowel and bladder most of the time and had issues with constipation at times and staff administer Milk of Magnesia (MOM) or MiraLAX which was effective. Further, LPN-A stated the facility had a Bowel Movement Protocol staff are expected to follow and then document in the resident's medical record.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER St Clare Living Community of Mora		STREET ADDRESS, CITY, STATE, ZIP CODE 110 North 7th Street Mora, MN 55051	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/11/24 at 2:00 p.m., registered nurse (RN)-A stated she was not aware of any constipation issues for R2. Further, RN-A stated staff were expected to follow the facility's Bowel Movement Protocol and document a progress note in the resident's medical record.</p> <p>On 4/11/24 at 3:51 p.m., RN-B stated R2 had impaired cognition and required staff assistance for toileting due to incontinence, however RN-B stated she was not aware of any constipation concerns for R2.</p> <p>On 4/12/24 at 11:20 a.m., director of nursing (DON) indicated R2 had severe cognitive impairment and required staff assistance with toileting due to incontinent of bowel and bladder. DON stated R2 did have concerns with constipation and required PRN (as needed) medications for relief. Further, DON confirmed R2's medical record lacked evidence of a recorded BM for the following dates: 12/29/23 through 1/4/24; 2/4/24 through 2/10/24; 2/14/24 through 2/17/24; and 2/23/24 through 2/28/24. DON stated R2's medical record also lacked evidence of the facility's Bowel Movement Protocol being implemented for those dates as well. In addition, DON stated staff were expected to follow the facility's BM protocol.</p> <p>Review of facility document titled Bowel Protocol dated 5/17, directed staff to print and review bowel report daily after 4:00 a.m. and the day nurse would review for any urgent bowel concerns and offer prune juice. Further, protocol directed staff on day two with no bowel movement evening shift would administer Milk of Magnesia, day three with no bowel movement results staff would administer a Bisacodyl suppository, day four with no bowel movement results administer a fleet enema. In addition, the protocol directed staff if no bowel movement results on day three the day shift nurse would be expected to call the provider for further orders and request routine or change in medication.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER St Clare Living Community of Mora		STREET ADDRESS, CITY, STATE, ZIP CODE 110 North 7th Street Mora, MN 55051	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43083</p> <p>Based on interview and document review, the facility failed assess and implement new intervention(s) to prevent future falls for 1 of 3 residents (R2) reviewed for accidents.</p> <p>Findings include:</p> <p>R2's significant change Minimal Data Set (MDS) dated [DATE], revealed R2 had diagnoses which included Alzheimer's Disease, constipation and had severely impaired cognition. Further, MDS assessment indicated R2 had two or more falls with no injuries since last assessment.</p> <p>R2's care plan revised 2/28/24, identified R2 was at risk for falls related to diagnoses and medications which may increase the risk for falls. R2's care plan revealed the following interventions to reduce the occurrence and injuries with falls: therapy assessment, encourage resident to wear gripper slippers at night, toileting between 3:30 a.m. and 4:00 a.m., encourage and participate in activities, ambulate with staff daily, bolstered mattress on bed, padded call light within reach and position to help alert staff when attempting to get up from bed.</p> <p>R2's Fall Risk assessment dated [DATE], identified R2 had intermittent confusion, poor recall, judgment, and safety awareness and was determined to be at risk for falls.</p> <p>R2's Safety Events-Fall report dated 2/12/24, revealed R2 had an unwitnessed fall in her room at 8:15 p.m. R2 was noted to be attempting to self-transfer from bed to her wheelchair and did not sustain an injury. Further, report indicated R2 was impulsive with poor safety awareness. Interdisciplinary team (IDT) reviewed and ruled out abuse and neglect, and refer to fall CP [care plan] for interventions. However, R2 medical record lacked evidence a new intervention was implemented to prevent re-occurrence.</p> <p>R2's Safety Events-Fall report dated 2/25/24, revealed R2 had an unwitnessed fall in her room at 8:16 p.m. R2 was self-transferring, without shoes or gripper socks, and fell . R2 did not sustain an injury. Further, report indicated R2 was impulsive with poor safety awareness and does not remember to use call light or that she requires assistance with mobility. IDT was noted to review the fall. However, R2 medical record lacked evidence a new intervention was implemented to prevent re-occurrence.</p> <p>On 4/11/24 at 12:24 p.m., R2 was observed in her room sitting in her wheelchair. R2 appeared to be positioned well in wheelchair, shoes on, bed was appropriate height and had a concave mattress, room was free of clutter, and gray padded call light was within reach. R2 denied having any falls while living in the facility and stated if she needed staff, she would use the call light.</p> <p>On 4/11/24 at 2:00 p.m., registered nurse (RN)-A stated R2 was at risk for falls and staff were directed to visually check on her frequently, bed in lowest position when in bed, walking program, and R2 was enrolled with hospice. Further, RN-A stated R2 had not had a fall for two months.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245291	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/12/2024
NAME OF PROVIDER OR SUPPLIER St Clare Living Community of Mora		STREET ADDRESS, CITY, STATE, ZIP CODE 110 North 7th Street Mora, MN 55051	
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/11/24 at 2:44 p.m., nursing assistant (NA)-A stated R2 was identified as a fall risk due to R2 self-transferring without staff assistance. Further, NA-A stated staff were directed to keep bed in low position when R2 was in bed, padded call light placed next to her to alert staff when R2 was moving, gripper socks when in bed or shoes on when in wheelchair, wheelchair next to bed in case R2 attempts to self transfer out of bed, and visually checking R2 frequently.</p> <p>On 4/11/24 at 3:51 p.m., RN-B stated the IDT will meet and review each fall that occurs and determine a root cause for the fall and any further interventions needed. Further, RN-B stated the root cause analysis and new interventions are documented in the incident report (Safety Event-Fall) and the new interventions would be verbally communicated to staff as well as updating the resident's care plan. RN-B stated R2 was identified to be at risk for falls and interventions include frequent visual checks, toileting plan, gripper socks at bedtime, concave mattress, and a gray padded call light. In addition, RN-B confirmed R2 had fallen on 2/12/24 and 2/25/24, and there were no new interventions implemented following either fall to prevent reoccurrence. RN-B stated these two falls both occurred closer to the time when R2 likes to go to bed, and the IDT will try to identify a trend or pattern with falls and implement an intervention to hopefully decrease the fall but we did not do that here it appears.</p> <p>On 4/12/24 at 11:20 a.m., director of nursing (DON) indicated each morning the IDT would review any incidents that occurred. DON stated the nurse manager would be expected to gather more information related to the fall and the IDT would discuss the fall and determine a root cause for each fall and develop an intervention.</p> <p>Review of facility policy titled Falls and Fall Risk Managing revised 9/23, revealed if falling reoccurs despite initial interventions, staff would implement additional or different interventions, or if underlying causes cannot be identified still would try various interventions based on the assessment of the nature or category of falling was reduced or stopped. Further, policy indicated if the resident continues to fall, staff would re-evaluate the situation and whether it was appropriate to continue or change current interventions.</p>		