

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245295	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/30/2024
NAME OF PROVIDER OR SUPPLIER The Emeralds at St Paul LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 420 Marshall Avenue Saint Paul, MN 55102	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654</p> <p>Based on observation, interview, and document review, the facility failed to report allegations of verbal and emotional abuse immediately (within two hours) to the State Agency (SA) for 1 of 4 residents (R10) reviewed for abuse.</p> <p>Findings include:</p> <p>R10's quarterly Minimum Data Set (MDS) dated [DATE] indicated moderate cognitive impairment.</p> <p>On 6/28/24 a progress note written by the facility administrator indicated R10's family member (FM)-A was no longer allowed in the facility due to reports of staying overnights, threatening other residents, soliciting money from residents for hair services. The notes further indicated FM-A became irate, was seen in the main lobby shouting and pointing her finger, and ran up to R10 and shoved him in to a table whereby R10 fell backwards into a chair. Additionally, the note indicated FM-A grabbed R10 by both of his wrists, and left the facility with R10. FM-A proceeded to another resident and then took R10 to the street corner. The note indicate police were called and an officer and two staff escorted R10 back in to the facility, and R10's legal guardian was updated.</p> <p>On 7/10/24 at 5:24 p.m., the administrator stated FM-A was in the facility on 6/27/24, and performed hair services on another resident and only half-completed the service. FM-A then tried to charge that resident money for the work. She didn't think the incident was reportable because the police were called right away and didn't consider reporting a family member abuse of a resident. I guess it possibly is an assault. In the moment, I didn't think of it. Looking back, I should have reported it.</p> <p>The facility's Abuse Prohibition/Vulnerable Adult Policy dated 3/24 directed abuse, inappropriate treatment, and financial exploitation would be reported to the Minnesota Department of Health The policy further indicated abuse would be reported no later than two hours after forming the suspicion of abuse, and exploitation would be reported within 24 hours.</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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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</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** 44654</p> <p>Based on observation, interview and document review, the facility failed to assess, monitor for side effects and drug interactions, implement interventions and follow facility policy to ensure the safety of 2 of 3 residents (R1, R6) who were reported to use crack cocaine all weekend on the facility smoking patio. This resulted in an immediate jeopardy (IJ) for R1 and R6 and had the potential to affect 20 other residents who were identified at risk for illicit drug use.</p> <p>The IJ began on 7/6/24 when R1 and R6 were seen smoking crack cocaine on the facility patio and were not assessed or monitored for potential life-threatening side effects and drug interactions. The director of nursing and administrator were notified of the IJ on 7/25/24 at 5:10 p.m. The IJ was removed 7/26/24, but noncompliance remained at the lower scope and severity level of an D which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE] indicated severe cognitive impairment. R1 was her own decision-maker.</p> <p>R1's Face Sheet printed 7/12/24, lacked family or friends listed in her contact information to help make decisions and listed R1 as the responsible party for her own care and admitted to the facility 12/3/23 with intraabdominal and pelvic mass.</p> <p>R1's Smoking Evaluation dated 6/12/24 indicated R1 was a safe smoker and could keep her smoking materials stored in her personal belongings. The evaluation indicated R1 had cognitive loss, used oxygen, and was educated to remove and store oxygen prior to smoking.</p> <p>R1's care plan dated 3/4/24, lacked indication R1 had a history of smoking marijuana or other illicit substances.</p> <p>R1's Provider Orders printed 7/9/24 lacked directions about monitoring or use of illegal substances. R1 provider orders included paroxetine (Paxil, an antidepressant) dated 2/23/24, Dilaudid (a narcotic pain medication) dated 4/3/24, and gabapentin (an anticonvulsant used to treat seizures and nerve pain) dated 2/22/24.</p> <p>On 3/28/24 a progress note indicated R1 was educated about the facility substance use policy regarding the use of marijuana.</p> <p>On 4/16/24 a progress note indicated R1 was seen smoking marijuana on the smoking patio and refused to give the marijuana or smoking materials to the social worker (SW). R1 was updated on the facility substance use policy. The facility Substance Use Policy dated 6/23, specified illegal or illicit non-prescribed substances or paraphernalia were not allowed on the facility premises and staff would confiscate any illegal or illicit substance or paraphernalia.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 5/30/24 a progress note indicated social services met with R1 after R1 was seen exchanging money and a bag with another resident, R2. R1 denied the behavior but admitted use of marijuana.</p> <p>On 7/5/24 a progress note indicated R1 was seen smoking crack out of a small pipe, and R1 stated she would do whatever she wanted. The progress notes further indicated social service staff re-educated R1 about the substance use policy, offered substance use support, and informed R1 she was banned from smoking on the smoking patio with other residents. R1 continued to smoke on the patio regardless of social services staff asking her not to.</p> <p>On 7/8/24 a progress note indicated R1 and another resident (R6) were smoking crack all weekend on the smoking patio (7/6/24 and 7/7/24) and were seen purchasing drugs across the street from the facility. The progress note indicated R1 confirmed smoking crack with the other resident, and [R6] sold it to her. R1's room was searched, and nine broken glass crack pipes were taken from her room because drug paraphernalia was not allowed on campus per the Substance Use Policy.</p> <p>R6's admission MDS dated [DATE] did not include a cognitive assessment as R6 refused to participate, but indicated R6 was an independent decision-maker.</p> <p>R6's Face Sheet printed 7/12/24, indicated R6 admitted to the facility with diagnoses of osteomyelitis (inflammation of the bone), and a history of frost bite.</p> <p>R6's care plan dated 6/19/24 indicated R6 smoked in the facility and was noted to smoke marijuana in the facility. The care plan further indicated R6 had a history and diagnosis of substance use.</p> <p>R6's Provider Orders printed 7/9/24, lacked directions about monitoring or use of illegal substances. R6's provider orders included Oxycodone (a narcotic pain medication) dated 6/11/24, lisinopril (a medication used to treat high blood pressure and heart failure) dated 7/9/24, and gabapentin dated 6/11/24.</p> <p>On 7/5/24 a progress note indicated R6 was seen smoking a white substance out of a small pipe, and R1 admitted to using drugs.</p> <p>On 7/9/24 a progress note indicated R6 and another resident (R1) were seen smoking crack all weekend on the smoking patio and were seen purchasing drugs across the street from the facility. R6 denied smoking crack and denied selling it to the other resident. Staff searched R6's room and found a marijuana pipe and a pocketknife.</p> <p>On 7/9/24 at 2:27 p.m., during an interview anonymous reporter (AR)-B stated R1 used marijuana, and used both marijuana and crack on the smoking patio. You can smell the marijuana. AR-B stated R1 smoked crack cocaine on the patio or by the facility front door. AR-B stated, It's just known she uses and she does it on the patio.</p> <p>On 7/9/24 at 2:55 p.m., during an interview nursing assistant (NA)-A stated R1, Puts something in a little glass pipe and smokes it outside, with other residents, and had seen it. NA-A denied reporting it to administration.</p> <p>On 7/25/24 at 11:58 a.m., in a subsequent interview NA-A stated she did not report drug use because she didn't know she needed to because, Everyone knew already.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 7/9/24 at 4:17 p.m., during an interview NA-F stated a lot of the residents smoked marijuana, and residents from the apartment building across the street sat in front of the facility with facility residents. She has seen, Stuff is exchanged from one hand to another, and you know it is something illegal by the way they act.</p> <p>On 7/25/24 at 11:37 a.m., in a subsequent interview NA-F stated she didn't report drug use to administration because, They [administration] knew people were smoking marijuana. Nobody said what we were supposed to do.</p> <p>On 7/9/24 at 4:49 p.m., during an interview the administrator stated during her investigation several residents reported seeing R6 buy drugs across the street from the facility in the previous two days on 7/6/24 and 7/7/24. Further, the administrator stated R1 admitted to using crack cocaine and R6 sold it to her. All we can do is ask if we can search, remove it if we find it, and re-educate the resident. If I actually saw them using [drugs] I would call the police. The administrator stated she suggested R1 relocate to a different facility as R1 was known to use illicit drugs. The administrator stated residents told a social services staff they saw drug deals and crack smoked on the patio, R1 has always purchased marijuana and, Wouldn't put it past her to share. The Substance Use policy dated 6/2023, indicated staff should confiscate illegal or illicit substances or paraphernalia, and if any amount of illicit substance was found, staff would contact police for instructions on how to handle it.</p> <p>On 7/10/24 at 9:20 a.m., during an interview social services designee (SS)-A stated R1 reported to her she bought drugs from R6 and could do what she wanted. SS-A stated R1 had a friend across the street who staff suspected was selling drugs to R1, and had come to facility twice in the prior two days. SS-A stated the administrator banned this friend from the facility. SS-A stated she offered R1 drug treatment, but R1 declined. Further, SS-stated if staff saw drug deals, it had not been reported to her. SS-A stated she asked administrative staff for supervised smoking for R1 and R6 and was told there was no staff available for that intervention, or for supervised leaves of absence for either resident. SS-A acknowledged knowing R1 and R6 smoked crack on the patio no longer qualified them as safe smokers. SS-A further acknowledged another resident, R6, was the resident who smoked crack cocaine with R1, but R1 did not acknowledge buying drugs from R6. SS-A stated R1 had less money than she used to, and wasn't buying anything other than drugs.</p> <p>On 7/25/24 at 9:58 a.m., during a subsequent interview SS-A stated when drug use was suspected facility interventions included room searches, staff removed drug paraphernalia, and resident re-education. SS-A stated the facility asked residents to smoke marijuana on the public sidewalk instead of on the facility grounds but resident met people from across the street and bought drugs from them. SS-A stated the facility staff told residents they were not allowed to smoke cannabis on the patio, but the facility policy did not indicate that. SS-A stated she did not report drug use to administration right away, but puts a note in the medical records, re-educates the residents and then updates the nurse manager and the administrator.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 7/10/24 at 10:44 a.m., during an interview pharmacist (PH)-A stated he was not aware of illicit drug use by either R1 or R6. PH-A stated if either R1 or R6 were using crack cocaine or marijuana, the pharmacist should have been notified as there could be contraindications or side effects with other medications. The pharmacist should have been notified due to potential drug interactions, including death, and amphetamines could worsen resident health conditions. R6 could have negative interactions between crack cocaine and Oxycodone which could make R6 more high, or have addiction results, and the reaction between crack cocaine and gabapentin could be increased sedation. Those two would be a big concern. R6 used lisinopril for elevated blood pressure, but if R6 was not taking his medications as he often refused, his blood pressure could elevate and he could have heart problems, drug interactions, and death. R1 could have similar sedating effects from using crack cocaine and gabapentin together, and if R1 used paroxetine with crack cocaine she could have increased anxiety, depression, and suicidal thoughts.</p> <p>On 7/10/24 at 12:13 p.m., during an interview R6 stated, Don't be asking me no questions about drugs.</p> <p>On 7/10/24 at 1:33 p.m., during an interview nurse practitioner (NP)-B stated she was not informed R6 was using illicit drugs. Staff should have informed her of suspected drug use so she would know what was safe to prescribe and, If they knew on Friday, they should have called on Friday.</p> <p>On 7/10/24 at 2:05 p.m., during an interview the director of nursing (DON) stated when staff knew residents were using drugs, staff should report it to their supervisors, try to remove the drugs safely, and report it to the provider and family members. He was unsure if the pharmacist was notified about R1's and R6's drug use. On 7/5/24 staff was educated about checking on R1 every hour to monitor for adverse effects of drug use, intoxication, and to notify the provider right away if drug use was suspected. He did not have a copy of the education provided, nor a list of which staff was educated on 7/5/24, and acknowledged the orders for hourly checks started on 7/10/24. He expected staff to pass the information to other staff during report, but acknowledged he did not add the information to the report sheet. He acknowledged police were not notified of crack cocaine use on the property. Nursing staff was likely not wanting to get involved in the drug issue. If the pharmacist was not informed about illicit drug use, there could be reactions to some medications. He denied knowledge of any other residents other than R1 and R6 using marijuana or crack cocaine.</p> <p>On 7/25/24 at 2:11 p.m., during a subsequent interview the DON stated he was not told about the drug use until 7/8/24, and did not know why staff did not report it to him over the weekend. The DON stated there was no indication staff assessed R1 and R6 after the reported drug use, the provider was notified, or medications were held.</p> <p>On 7/10/24 at 2:11 p.m., during an interview NP-A stated she was notified of R1's crack cocaine use on 7/5/24, and acknowledged R1 used crack cocaine previously.</p> <p>On 7/10/24 at 3:20 p.m., during an interview the administrator stated the police were now notified about R1's and R6's crack cocaine use in the facility. She would have expected to see a care plan for both residents about it, providers updated, the pharmacists, and responsible parties updated. The administrator stated the policy indicated the provider would be notified and the police were notified if drugs other than cannabis was found. Additionally, the administrator acknowledged the policy lacked instruction to notify the pharmacist.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>On 7/10/24 at 12:48 p.m., during an interview AR-A stated he saw R1 and R6 smoke marijuana in their rooms and on the smoking patio, and on 7/4/24 he saw them smoke crack cocaine on the smoking patio. AR-A further stated he witnessed R6 wheel his wheelchair up to a car in the street to buy drugs. [R6] goes every day between two and three p.m., to buy drugs. Everyone knows.</p> <p>On 7/10/24 at 1:58 p.m., during an interview R1 stated she did use crack cocaine, didn't care if it interacted with her other medications, and would do it if she wanted. She admitted to smoking crack cocaine on the smoking patio.</p> <p>On 7/10/24 at 4:49 p.m., during an interview AR-C stated R6 was on the patio smoking crack and was known to go to a nearby hospital, Hustling people for money. AR-C stated she requested supervised outings for R6 but was told there was no staff or family to take R6 out. AR-C stated R6 was deemed a safe cigarette smoker, but was not assessed for smoking illicit drugs on the patio, It is not safe for other residents on the patio. AR-B stated other residents were trying to stay drug-free and using drugs, marijuana, or crack on the patio near them could trigger relapse to using again. Additionally, AR-C stated administrative staff was aware of many marijuana users in the facility. AR-C stated R6 got drugs from the shelter where he used to live and wanted to go back to R6 for that reason. AR-C further stated other residents were trying to maintain sobriety, and could be triggered to use drugs again if others were using drugs around them.</p> <p>On 7/25/24 at 9:25 a.m., during a subsequent interview AR-C stated the facility had no interventions in place to prevent drug use and further stated all she was allowed to do was re-educate the residents about it.</p> <p>The administration identified on 7/25/24, at 12:05 p.m. identified they had approximately 20 current residents who had a history of drug abuse and were potentially at risk for relapse for drug abuse.</p> <p>Although the facility was aware R1 and R6, were smoking and using illicit drugs in which broken crack pipes were found in R1's room and staff were aware this was occurring. The facility had not assessed or monitored these resident for potential life-threatening side effects and drug interactions when using these drugs. In addition the facility had not implemented interventions to mitigate the risk of residents purchasing and bringing these drugs back to the facility even though the facility identified approximately 20 residents in their facility had a history of drug abuse and were potentially at risk for a relapse.</p> <p>The facility's Substance Use Policy dated 6/23 directed due to negative health side effects from mixing some prescribed medications with alcohol and/or illegal substances, a resident who the facility has a reasonable suspicion or believe has been using alcohol or illegal substances will be subject to the policy. The policy directed illegal or illicit non-prescribed substances or paraphernalia were not allowed on the facility premises. The policy directed care plans should include risks of leaving the facility without notification, signs and symptoms of use, and risk of overdose. The policy further directed staff to review medication administration records and orders for medications that are contraindicated with substance use, call physician or NP, and document notification. The policy directed social services staff would revise the resident plan of care focus for Substance Use and Disorders.</p> <p>The policy lacked direction to notify the pharmacist of suspected or known drug use.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p> <p>Note: The nursing home is disputing this citation.</p>	<p>46885</p> <p>The immediate jeopardy that began on 7/6/24, was removed on 7/26/24 at 5:00 p.m., when the facility updated R1's orders and the care plan was updated to include monitoring and reflect history and use of smoking marijuana and substances. R1 was educated on the risks and benefits of substance use and re-educated on the substance use policy. Additionally R1's physician and pharmacy consultant were notified of R1's substance use and like residents were reviewed to ensure orders were in place, care plans updated, providers and pharmacist were notified and the risk versus benefits completed. Additionally, staff education was completed on signs of intoxication and how to respond along with notification to the hospice provider. This was verified through observation, interview and document review.</p>