

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 09/18/2024
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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569</p> <p>Based on interview and document review the facility failed inform a resident of the outcome of a grievance 1 of 1 resident (R3) who filed a grievance regarding concerns for another resident, R4.</p> <p>Findings include:</p> <p>R4's admission MDS dated [DATE], indicated she was rarely/never understood and identified severe cognitive impairment.</p> <p>R3's quarterly MDS dated [DATE], indicated she had intact cognition.</p> <p>Facility Grievance Summary dated 8/25/24, indicated R3 reported she placed her call light on because her roommate (R4) was moaning in pain. R3 reported the told the NA she thought R4 was having pain due to the moaning and stated the NA responded by saying, She can't talk. She's not in pain., and walked out of the room. The summary investigation indicated, nurse manager to get NA statement. The summary of findings indicated R4's roommate stated she was having pain and requested help. The NA stated the nurse came in and helped R4 right away. Summary of actions indicated, R4 was helped by the nurse. The administrator signed the grievance resolution.</p> <p>During interview on 9/18/24 at 12:52 a.m., R3 stated no one had followed up with her or talked to her about the grievance she had filed on 8/25/24. R3 further stated she had recently recorded a conversation with a NA who had been mocking R4. R3 said she had reported the incident to the social services designee (SSD) who had reported it to the administrator. R3 stated no one had followed up with her after that incident either.</p> <p>During interview on 9/18/24 at 12:25 p.m., the administrator stated social services usually followed up on the grievances.</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
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<p>F 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 9/18/24 at 1:13 p.m., the SSD stated following a concern by a resident she would complete a grievance form. The SSD stated one morning a few weeks prior, R3 was waiting for her in the lobby when she arrived at the facility and reported a NA had been mocking her roommate. The SSD said R3 played a recording on her phone and upon listening to the recording she heard arguing between R3 and the NA. The SSD stated during the recording she heard R3 ask the NA, who are you yelling at? and the NA had replied, you. The SSD said R3 told the NA he should apologize for mocking R4, and the NA had denied it. The SSD said when the administrator arrived at the facility she had her listen to the recording. The SSD stated R3 did not have a history of making false accusation and said she believed R3. The SSD stated R3 was not usually up that early and said the incident must have really bothered her.</p> <p>During interview on 9/18/24 at 1:43 p.m., the director of social services (DSS) stated when a resident had a complaint or concern, she took the information and completed a grievance form. The DSS stated the complaint was assigned to the appropriate department to investigate and said after the grievance was resolved she would follow up with the resident or family member who had the concern. The SSD stated she had not been aware of the grievances involving R3.</p> <p>During interview on 9/18/24 at 2:50 p.m., the administrator was asked how grievances were resolved and said the facility had grievance meetings and talked about the concerns. The administrator stated the clinical team and social services should have followed up on the grievances but said she did not know if they documented the follow up and did not know if there was any additional information related to the above-mentioned grievances.</p> <p>Facility complaint and Grievance Policy dated 9/2023, indicated any resident, resident representative, or applicant for admission who has reason to believe that he/she had been mistreated, denied services, or discriminated against in any aspect by the facility may file a complaint or grievance. The policy indicated a grievance form should be completed when a complaint has been given to any employee of the facility. This includes when a grievance has been resolved right away to show documentation that it was addressed and resolved to the satisfaction of the person submitting the concern. The policy indicated unless anonymity has been requested, the written grievance must be signed and dated by the person making the complaint. The form should be completed and returned to the administrator ' s office. The written grievance should be submitted to the administrator as soon as is reasonably possible after the date of the incident prompting the complaint. The administrator or designated grievance official shall conduct an investigation of the grievance to determine its validity. At the time of the investigation, the complainant will be informed by the facility of available advocate services.</p>		