STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245295	A. Building B. Wing	01/14/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Emeralds at St Paul LLC	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)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44648 Based on interview and document review the facility failed to ensure a resident right to be free from abuse for 2 of 3 residents (R1 and R2) reviewed when the facility did not comprehensively assess R1 and R2 for vulnerabilities for sexual abuse. R1 had an extensive mental health disease leading to impaired judgement, altered decision making, impaired insight, and hypersexual arousal. R2 had history of alcohol abuse and inappropriate and unwanted sexual behaviors with female staff and residents. Findings include: R1's Minimum Data Set (MDS) dated [DATE] indicated she had normal cognition, schizophrenia (affects ability to think, manage emotions, and make appropriate decisions,) bipolar (personality shifts from depression or mania affecting ability to think clearly,) depression, dependent personality disorder (need for others to care for her, trouble making decisions, and feeling helpless without support from others.) In addition, she had diabetes, and heart failure. R1's Associated Clinical Psychology (ACP) note dated 10/28/24, indicated she had short term memory impairment, dependent personality disorder (need for others to care for her, trouble making decisions, and feeling helpless without the support from others,) impaired insight/judgment, impulsive and mania. R1's care plan dated 1/7/25, indicated she was in a relationship with R2. Both residents were their own decision maker and consented to the relationship. Interventions included monitor resident for distress related to the relationship, continue Associated Clinical Psychology (ACP) visits to monitor the relationship status. Both were instructed if the relationship ended each would respect the decision. R1's progress note dated 1/7/25 through 1/8/25, did not indicate the sexual incident with R1, her molestation allegation, or how they determined her ability to consent for consensual sex. R1's ACP note dated 1/9/25, indicated she had emotional and behavioral symptoms that affected normal functioning. She had short term memory impairment along with impaired insight and judgment. Her evaluation indicated she was non-compliant with her oxygen and often manic. She indicated another resident was lying on top of her and she did not want him around her anymore. (continued on next page)

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's care plan dated 1/10/25, indicated she had a history of sexual trauma from a young age. The sexual trauma led to her history of alcohol abuse, depression, and bipolar disease. R2's care plan dated 7/23/24, indicated he was a vulnerable adult related to decreased cognition and physical abilities. In addition, he currently used alcohol and had a history of flirting with women and making sexually inappropriate comments. Staff interventions included every 15-minute checks and if appropriate 1:1 (when a staff member would always stay with the resident) observations. If alcohol intoxication signs and symptoms were observed staff would conduct vital signs every 15 minutes. R2's care plan dated 8/8/24, indicated he had inappropriate sexual behavior such as attempting to get residents or staff to have sex, sit on his lap, kiss him, and proposed marriage. Staff were instructed to redirect and educate him about his inappropriate communication. R2's Minimum Data Set (MDS) dated [DATE], indicated he had normal cognition. Medical history included depression, diabetes, alcohol and chemical dependency, and heart disease. R2's ACP note dated 11/11/24, indicated his behavior and emotional symptoms affected his ability to function. R1 had extensive alcohol and inappropriate sexual behaviors such as asking staff and residents to go to bed with him. R1 had below normal insight and judgment along with obsessive sexual thoughts. R2's progress note dated 1/7/25 at 7:58 a.m., indicated he was sexually inappropriate with staff. He was redirected and told his behavior was unacceptable. At 11:23 p.m. staff found R1 and R2 in her room kissing. They instructed R2 his behavior was unacceptable, and he replied we can do what we want and informed the staff she wanted to have sex with him. R1 then took R2 to his room. During rounds at 2:35 a.m. staff entered R1's room and found R2 lying on top of her in bed. He jumped off the bed and stated he was unable to remove her pants. R1 was laughing, and said she wanted to have sex with him. R2's progress note dated 1/7/25 at 10:37 a.m., indicated SW-A explained to him his behavior was unacceptable. He was offered the opportunity to transfer to a different facility that would be able to handle his substance abuse and sexual urges. R2's progress note dated 1/7/25 at 1:11 p.m., indicated the administrator spoke with him and confirmed both residents were their own responsible party and stated the sexual activity was consensual. R2's care plan dated 1/7/25, indicated he was having a relationship with R1. Both could spend time together in common areas and appeared to enjoy each other's company. Both residents had the capacity to make their own decisions. During interview on 1/13/25 at 2:19 p.m., R1 stated R2 was in her room for a few hours. He had been drinking alcohol. At one point she told him he had to leave, and she pushed him out of bed on to the floor. He climbed back into bed and attempted to pull her pants down and her shirt was pushed up. When the staff entered the room, he was naked on top of her. She stated the staff did not do anything and wished they had intervened. During interview on 1/13/25 at 2:36 p.m., registered nurse (RN)-A stated she was unsure how to determine if a patient could consent to a sexual relationship with another resident. (continued on next page)

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0600 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 1/13/25 at 2:45 p.m., nursing assistant (NA)-A stated If she entered a room, and they were having relationships she would excuse herself and leave them alone. During interview on 1/13/25 at 3:11 p.m., the administrator stated she was unaware of any policy regarding the steps to determine consent to sex. She said both residents had intact cognition and made their own health care decisions, so no further investigation was needed. During interview on 1/14/25 at 10:40 p.m., the director of nursing (DON) stated if a resident could make their own decisions, and were not medically impaired, they were safe to have a sexual relationship with another resident. He was unsure whether their decision to have sex were compromised by drinking alcohol. During interview on 1/14/25 at 2:30 p.m., social worker (SW)-B from ACP stated R2 had been going through a manic phase at the time and could lead to hypersexual behaviors. R2 had boundary issues causing other residents to feel uncomfortable when he was around. Eventually the staff was forced to restrict other smokers on the patio when he was smoking. She saw R2 on 1/9/25 and encouraged him not to be sexual at the facility and avoid drinking alcohol. The facility policy Abuse Prohibition/Vulnerable Adult Policy dated 3/24, indicated the purpose for the policy was to protect all residents from abuse, and to promptly investigate all incidents. The supervisor would be notified immediately of any situation and initiate steps to protect the resident until the investigation was completed. The medical team would be notified of the situation. The facilities investigation team would review all the facts to determine if additional investigation was required. Once the investigation is completed, the Quality Assurance and Performance Improvement (QAPI) committee would determine the thoroughness of the investigation, and associated risk factors.

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44648 Based on interview and document review the facility failed to follow the care plan interventions for inappropriate sexual behavior, intoxication, and develop a care plan for behavioral health for 2 of 3 residents (R1 and R2), when R2 was found abusing R1. R1's care plan indicated placing him on every 15-minute checks or 1:1 observation when found having sexual activity. In addition, vital signs every 15 minutes when staff suspected alcohol use. R1's care plan was not developed for her schizophrenia (inability to think, manage emotions, and make appropriate decisions,) bipolar (personality shifts from depression or mania impeding ability to think clearly,) dependent personality disorder (need for others to care for her, trouble making decisions, and feeling helpless without support from others) and the Associated Clinical Psychology (ACP) assessment identified she had impaired insight, impaired judgment, and impulsivity. Findings include: R2's care plan dated 7/23/24, indicated he was a vulnerable adult related to decreased cognition and physical abilities. In addition, he currently used alcohol and had a history of flirting with women and making sexually inappropriate comments. Staff interventions included every 15-minute checks and if appropriate 1:1 (when a staff member would always stay with the resident) observations. If alcohol intoxication signs and symptoms were observed staff would conduct vital signs every 15 minutes. R2's care plan dated 8/8/24, indicated he had inappropriate sexual behavior such as attempting to get residents or staff to have sex, sit on his lap, kiss him, and proposed marriage. Staff were instructed to redirect and educate him about his inappropriate communication. R2's Minimum Data Set (MDS) dated [DATE], indicated he had normal cognition. Medical history included depression, diabetes, alcohol and chemical dependency, and heart disease. R2's Associated Clinical Psychology (ACP) note dated 11/11/24, indicated his behavior and emotional symptoms affected his ability to function. R1 had extensive alcohol and inappropriate sexual behaviors such as asking staff and residents to go to bed with him. R1 had below normal insight and judgment along with obsessive sexual thoughts. R2's progress note dated 1/7/25 at 7:58 a.m., indicated he was sexually inappropriate with staff. He was redirected and told his behavior was unacceptable. At 11:23 p.m. staff found R1 and R2 in her room kissing. They instructed R2 his behavior was unacceptable, and he replied we can do what we want and informed the staff she wanted to have sex with him. R1 then took R2 to his room. During rounds at 2:35 a.m. staff entered R1's room and found R2 lying on top of her in bed. He jumped off the bed and stated he was unable to remove her pants. R1 was laughing, and said she wanted to have sex with him. R2's progress note dated 1/7/25 at 10:37 a.m., indicated social worker (SW)-A explained to him his behavior was unacceptable. He was offered the opportunity to transfer to a different facility that would be able to handle his substance abuse and sexual urges. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R2's progress note dated 1/7/25 at 1:11 p.m., indicated the administrator spoke with him and confirmed both residents were their own responsible party and stated the sexual activity was consensual. R2's care plan dated 1/7/25, indicated he was having a relationship with R1. Both could spend time together in common areas and appeared to enjoy each other's company. Both residents had the capacity to make their own decisions. Administrator's handwritten note dated 1/7/25, indicated registered nurse (RN)-B told her R1 and R2 were fooling around during the night. She redirected both residents several times. She overheard R2 telling R1 he was unable to get her into bed. R1 was instructed to go to her room. Later, she found both residents on R2's bed kissing. They told her it was consensual. Both residents were interviewed. R1 indicated they were attracted to each other and only kissed. R2 indicated he did not remember much; they were just hanging out and the nurse told them to go to bed. R2's ACP note dated 1/13/25, indicated they discussed his inappropriate sexual behaviors and alcohol use. SW-B instructed him not to engage in sexual relationships while living at the facility. R1's Minimum Data Set (MDS) dated [DATE] indicated she had normal cognition, schizophrenia (affects ability to think, manage emotions, and make appropriate decisions,) bipolar (personality shifts from depression or mania affecting ability to think clearly,) depression, dependent personality disorder (need for others to care for her, trouble making decisions, and feeling helpless without support from others.) In addition, she had diabetes, and heart failure. R1's ACP note dated 10/28/24, indicated she had short term memory impairment, dependent personality disorder (need for others to care for her, trouble making decisions, and feeling helpless without the support from others,) impaired insight/judgment, impulsive and mania. R1's ACP note dated 1/9/25, indicated she had emotional and behavioral symptoms that affected normal functioning. She had short term memory impairment along with impaired insight and judgment. R1's care plan printed date 1/14/24 did not address how symptoms of schizophrenia, bipolar disease, dependent personality disorder, and social worker (SW)-B's notes identified her impaired insight, impaired judgment, impulsive behavior, and mania would affect her ability to make decisions and develop interventions to prevent abuse. During interview on 1/13/25 at 2:19 p.m., R1 stated R2 was in her room for a few hours. He had been drinking alcohol. At one point she told him he had to leave, and she pushed him out of bed on to the floor. He climbed back into bed and attempted to pull her pants down and her shirt was pushed up. When the staff entered the room, he was naked on top of her. She stated the staff did not do anything and wished they had intervened. During interview on 1/13/25 at 2:36 p.m., RN-A stated if she entered her room and found two residents having sex, she would excuse herself and come back later. During interview on 1/13/25 at 2:45 p.m., nursing assistant (NA)-A stated . If she entered a room and they were having relationships she would excuse herself and leave them alone. (continued on next page)

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F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 1/13/25 at 3:11 p.m., the administrator stated RN-B told her during the early morning on 1/7/25, she found R1 and R2 together in R1's room sitting on her bed. Both were laughing and told her they were okay. During interview on 1/14/25 at 11:00 a.m., SW-A stated since R2's admission he was found intoxicated several times and alcohol was found in his room. R2 was re-educated on the drinking policy and signed a safety plan regarding his behavior. Staff did not want to discharge him for his behavior, and they were trying to figure out a plan to keep him and other residents safe. During interview on 1/14/25 at 2:30 p.m., SW-B from ACP stated R2 had boundary issues causing other residents to feel uncomfortable when he was around. Eventually the staff was forced to restrict other smokers on the patio when he was smoking. She saw R2 on 1/9/25 and encouraged him not to be sexual at the facility and avoid drinking alcohol. A care plan policy was not obtained. Prevention of abuse includes employee screening, training, antiretaliation to encourage reporting. Prevention. Each referral received is assessed through the pre-admission medical screening process for susceptibility to abuse by individuals and their risk of abusing others. This assessment includes risk of self-abuse. Plans are developed and measures taken to minimize risks. Ongoing assessments are completed with each quarterly care conference. The Interdisciplinary Care Plan Team reviews residents requiring behavioral interventions at least quarterly and/or during Target Behavior meetings to develop individual behavior plans. Residents and families are informed of the Residents' Rights and Grievance procedure upon admission to the facility and annually through Resident Council. Department Directors are updated regarding falls and resident incidents and are responsible for ongoing supervision of subordinates regarding abuse prevention. Identification and analysis of physical environmental factors that may make abuse and neglect more likely to occur is completed and reviewed by the QAPI committee.