

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  01/29/2025
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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618</b></p> <p>Based on interview and record review, the facility failed to ensure a sufficient number of licensed nurses had the necessary training on vest therapy treatments and cough assist therapy treatments for 6 of 6 residents (R1, R3, R4, R5, R6, and R7) reviewed who had orders for vest therapy treatments and 8 of 8 residents (R1, R5, R8, R9, R10, R11, R12, and R13) reviewed who had orders for cough assist therapy.</p> <p>Findings include:</p> <p>R1's factsheet printed 1/29/25 indicated R1 was admitted to the facility on [DATE] with a primary diagnosis of muscular dystrophy. R1's additional diagnoses included chronic obstructive pulmonary disease and shortness of breath. R1 discharged from the facility on 1/22/25.</p> <p>R1's admission hospital paperwork dated 1/17/25 indicated R1 was to receive vest therapy twice a day and a cough assist therapy as needed.</p> <p>R1's provider order dated 1/17/25 indicated the nurse practitioner (NP) ordered the cough assist treatment and licensed nurses would administer the treatment two times a day and as needed with two sets of five cycles with settings at inspiratory pressure of minus thirty five with two point zero time and expiratory pressure of thirty five and time of two point zero with a pause time of two point zero. This order was created and confirmed by the respiratory therapist (RT).</p> <p>R1's provider order dated 1/17/25 indicated NP ordered the vest therapy treatment and licensed nurses would administer this treatment twice a day for airway management. Licensed nurses should push the quick start button at a frequency of six to fifteen, a pressure at sixty percent for twenty minutes twice a day.</p> <p>R1's admission data collection assessment dated [DATE] indicated R1 was admitted to the facility with shortness of breath and had oxygen needs.</p> <p>R1's brief interview for mental status (BIMS) assessment dated [DATE] indicated R1 scored fifteen, which indicated R1 was cognitively intact.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R1's care plan dated 1/20/25 indicated R1 had alteration in oxygen/gas exchange, respiratory status related to acute respiratory failure, muscular dystrophy, chronic obstructive pulmonary disease, and chronic pain syndrome. Licensed staff were to complete interventions of monitoring oxygen saturations as ordered and as needed, administer oxygen as ordered, monitor for shortness of breathing, increased respirations, and difficulty coughing up sputum, monitor and document on respiratory status, and to keep the provider informed of changes.</p> <p>R1's progress note dated 1/21/25 indicated R1 reported shortness of breath, weakness, and was unable to cough out secretions. The cough assist mask did not have a good seal. The vest therapy was too little or too big.</p> <p>R1's treatment administration record (TAR) indicated NP's order for cough assist therapy two times a day and as needed. Licensed nurses would administer two sets of five cycles with settings of inspiratory pressure at negative thirty-five with two-point zero time and an expiratory pressure of thirty-five with two-point zero time and pause time of two point zero. All shifts from evening on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening shift on 1/19/25. The treatments were completed by LPN-H, LPN-I, RN-H, and RN-M. This order was discontinued on 1/28/25.</p> <p>R1's TAR indicated NP's order for vest therapy twice a day. Licensed nurses would push the quick start button with settings frequency from six to fifteen, pressure of sixty percent, and administer for twenty minutes. All shifts from evening on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening shift on 1/19/25. The treatments were completed by LPN-H, LPN-I, RN-H, and RN-M.</p> <p>R1's TAR indicated NP's order for cough assist therapy four times a day. This order does not have instructions. All shifts from evening shift on 1/17/25 to evening shift on 1/22/25 completed this therapy except for the evening and night shift on 1/19/25. The treatments were completed by LPN-H, LPN-I, RN-H, and RN-M.</p> <p>R3's Face sheet printed 1/29/25 indicated R3 was admitted to the facility on [DATE] with a primary diagnosis of chronic respiratory failure with hypoxia. R3's additional diagnoses were chronic respiratory failure with hypercapnia, dependence on respirator (ventilator) status, and encounter for attention to tracheostomy.</p> <p>R3's care plan dated 2/21/2016 indicated R3 had a ventilator due to chronic respiratory failure with ventilator dependence, seizure disorder, and vegetative state. R3's goal was to have adequate gas exchange with continuous use of ventilator and vest treatment for secretion management.</p> <p>R3's provider order dated 7/28/23 indicated R3 was to have vest therapy twice a day and every six hours as needed. Licensed nurses would set the pressure at three, frequency for twelve to fourteen, for thirty minutes. This treatment was ordered by the NP and entered by the RT.</p> <p>R3's respiratory assessment dated [DATE] indicated R3 used vest therapy to manage chronic respiratory failure with hypoxia.</p> <p>R3's BIMS assessment dated [DATE] indicated R3 scored zero, which indicated R3 had severe cognitive impairment.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3's TAR for January 2025 indicated R3 required vest therapy with pressure settings of three, frequency of twelve to fourteen, for thirty minutes twice a day and every six hours as needed. This order was completed in all shifts from morning on 1/1/25 until 1/28/25. This order was completed by RN-D, RN-E, RN-J, RN-N, RN-O, RN-P, and RN-Q.</p> <p>R4's Face sheet printed on 1/29/25 indicated R4 was admitted to the facility on [DATE] with a primary diagnosis of acute respiratory failure with hypoxia. R4's additional diagnosis included chronic obstructive pulmonary disease.</p> <p>R4's care plan dated 9/11/24 indicated R4 had alterations in oxygen and gas exchange with interventions to administer oxygen as needed, monitor and document on respiratory status, and to keep the provider informed of changes.</p> <p>R4's provider order dated 9/18/24 indicated R4 would receive vest therapy twice a day with instructions of pressure settings at five to ten per R4's comfort and speed of five to fifteen per R4's comfort. Treatment was ordered by the NP and entered by the DON.</p> <p>R4's minimum data set (MDS) dated [DATE] indicated R4 used oxygen therapy.</p> <p>R4's BIMS assessment dated [DATE] indicated R4 scored three, which indicated R4 had severe cognitive impairment.</p> <p>R4's TAR for January 2025 indicated R4 would receive chest therapy twice a day with pressure from five to ten per R4's comfort and speed of five to fifteen per R4's comfort. Treatment was completed twice a day from the morning of 1/1/25 to the evening of 1/28/25 except for the morning shift on 1/5/25 was not documented on, when the resident refused on the evening on 1/1/25, evening on 1/2/25, morning and evening on 1/4/25, evening on 1/5/25, evening on 1/6/25, evening on 1/7/25, evening of 1/8/25, morning of 1/19/25, evening on 1/20/25, evening on 1/26/25, and evening on 1/28/25. The evening of 1/11/25, evening of 1/12/25 the licensed nurse documented missed. RN-T documented the evening of 1/13/25, evening of 1/14/25, evening of 1/15/25, evening of 1/18/25, evening of 1/19/25, evening of 1/25/25, and 1/27/25 indicated the treatment was not given but was not documented as why it was missed. The evening of 1/22/25 was documented by LPN-L as the treatment was not given but was not documented as why it was missed. These treatments were completed by LPN-A, LPN-B, LPN-J, LPN-K, LPN-L, LPN-M RN-A, RN-R, RN-Z, and RN Nurse Manager (RNNM)-A.</p> <p>R5's Face sheet printed on 1/29/25 indicated R5 was admitted to the facility on [DATE] with a primary diagnosis of chronic respiratory failure with hypercapnia. R5's additional diagnoses included encounter for attention to tracheostomy and chronic obstructive pulmonary disease.</p> <p>R5's care plan dated 10/23/23 indicated R5 had alteration oxygen exchange and respiratory status in her airway due to acute on chronic hypoxia and hypercapnic respiratory failure with ventilator dependency.</p> <p>R5's provider order dated 8/31/24 indicated R5 would receive vest therapy with pressure settings of four, frequency of ten, for twenty minutes twice a day. This treatment was ordered by the NP and confirmed by RN-U.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R5's BIMS assessment dated [DATE] indicated R5 scored zero, which indicated R5 had severe cognitive impairment.</p> <p>R5's provider order dated 1/23/25 indicated R5 was to receive cough assist with two sets of five cycles with settings of inspiratory pressure of thirty give with two point zero time and expiratory pressure of thirty give and time of two point zero and pause time of two point zero twice a day and as needed. This treatment was ordered by the NP and created and confirmed by the RT.</p> <p>R5's TAR for January 2025 indicated R5 was to receive vest therapy with pressure settings at four, frequency at ten, for twenty minutes twice a day. All treatments were completed from the morning of 1/1/25 to the evening of 1/28/25. These treatments were completed by LPN-C, RN-D, RN-F, RN-J, RN-L, RN-M, RN-N, RN-R, RN-U, and RN-V.</p> <p>R5's TAR for January 2025 indicated R5 was to receive cough assist with two sets of five cycles with settings of inspiratory pressure of thirty give with two point zero time and expiratory pressure of thirty give and time of two point zero and pause time of two point zero three times a day and as needed. All treatments were given from the evening on 1/23/25 tonight on 1/28/25. These treatments were completed by LPN-C, RN-D, RN-F, RN-J, RN-N, RN-R, and RN-V.</p> <p>R6's Face sheet printed on 1/29/25 indicated R6 was admitted to the facility on [DATE] with a primary diagnosis of chronic respiratory failure with hypoxia. R6's additional diagnosis included encounter for attention to tracheostomy.</p> <p>R6's care plan dated 7/20/21 indicated R6 had a ventilator due to chronic respiratory failure with ventilator and tracheostomy dependency.</p> <p>R6's provider order dated 11/1/23 indicated R6 would receive vest therapy with instructions to push the quick start button with a frequency of six to fifteen, pressure of sixty percent, for thirty minutes twice a day. This treatment was ordered by the NP and entered by the RT.</p> <p>R6's BIMS assessment dated [DATE] indicated R6 scored zero, which indicated R6 had severe cognitive impairment.</p> <p>R6's TAR for January 2025 indicated R6 would receive vest therapy with instructions to push the quick start button with a frequency of six to fifteen, pressure of sixty percent, for thirty minutes, twice a day. This was completed for all treatments from the morning of 1/11/25 to the evening of 1/28/25. This treatment was completed by RN-D, RN-E, RN-J, RN-N, RN-O, RN-P, and RN-Q.</p> <p>R7's Face sheet printed 1/29/25 indicated R7 was admitted to the facility on [DATE] with a primary diagnosis of chronic respiratory failure with hypoxia. R7's additional diagnosis included encounter for attention to tracheostomy.</p> <p>R7's care plan dated 9/14/21 indicated R7 had chronic respiratory failure related to chronic respiratory failure with tracheostomy dependency.</p> <p>R7's BIMS assessment dated [DATE] indicated R7 scored fifteen, which indicated R7 was cognitively intact.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R7's provider order dated 1/3/25 indicated R7 would receive vest therapy with instructions to push quick start button with a frequency of six to fifteen, pressure of sixty percent, for twenty minutes one time a day. This treatment was ordered by the medical director (MD) and created by the RT.</p> <p>R7's TAR for January 2025 indicated R7 was to receive vest therapy with instructions to push quick start button with frequency at six to fifteen, pressure at sixty percent, for twenty minutes, one time a day. All treatments were completed except for on 1/20/25. Treatments were completed by LPN-D, RN-J, RN-P, RN-R, RN-W, and RN-AA.</p> <p>R8's Face sheet printed on 1/29/25 indicated R8 was admitted to the facility on [DATE] with a primary diagnosis of acute and chronic respiratory failure with hypoxia and hypercapnia. R8's additional diagnosis included tracheostomy status.</p> <p>R8's BIMS assessment dated [DATE] indicated R8 scored zero, which indicated R8 had severe cognitive impairment.</p> <p>R8's care plan dated 12/24/24 indicated R8 had a ventilator due to chronic respiratory failure with hypoxia and ventilator dependency.</p> <p>R8's provider order dated 1/8/25 indicated R8 would receive cough assist treatment with instructions of two sets of five cycles with inspiratory pressure of thirty-five and two point zero time and expiratory pressure of thirty five and two point zero time with pause time of two point zero to be done three times a day and as needed. This treatment was ordered by the MD and entered by the RT.</p> <p>R8's TAR for January 2025 indicated R8 would receive cough assistance with instructions at two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero with expiratory pressure at thirty-five and time of two with pause time of two point zero. This treatment would be done three times a day. All treatments were completed from morning on 1/1/25 to evening of 1/28/25 except from when R8 was in the hospital from the evening of 1/6/25 to the morning of 1/8/25. Treatments were completed by LPN-C, RN-D, RN-E RN-F, RN-J, RN-L, RN-M, RN-N, RN-R, RN-U, and RN-V.</p> <p>R9's Face sheet printed on 1/29/25 indicated R9 was admitted to the facility on [DATE] with a primary diagnosis of acute and chronic respiratory failure with hypercapnia. R9's additional diagnoses included tracheostomy status and acute and chronic respiratory failure with hypoxia.</p> <p>R9's care plan dated 6/11/24 indicated R9 had respiratory failure and was admitted to the facility on [DATE] with a tracheostomy.</p> <p>R9's BIMS assessment dated [DATE] indicated R9 scored fifteen, which indicated R9 was cognitively intact.</p> <p>R9's provider order dated 1/13/25 indicated R9 would receive cough assist with two sets of five cycles, inspiratory pressure of thirty-five with two-point zero time and expiratory pressure of thirty-five and time of two point zero with pause time of two point zero every three times a day and as needed. This treatment was ordered by the NP and created by the RT.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R9's TAR dated January 2025 indicated R9 would receive cough assist with two sets of five cycles, inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero with pause time of two point zero twice a day and as needed. All treatments were completed from evening of 1/14/25 to morning on 1/29/25. Treatments were completed by RN-D, RN-F, RN-J, RN-N, RN-U, and RN-V.</p> <p>R10's Face sheet printed on 1/29/25 indicated R10 was admitted to the facility on [DATE] with a primary diagnosis of acute respiratory failure with hypoxia. R10's additional diagnosis included encounter for attention to tracheostomy.</p> <p>R10's care plan dated 11/11/24 indicated R10 had an alteration in respiratory related to placement of tracheostomy due to chronic respiratory failure with ventilator dependent.</p> <p>R10's BIMS assessment dated [DATE] indicated R10's score was fifteen, which indicated R10 was cognitively intact.</p> <p>R10's provider order dated 12/30/24 indicated R10 would receive cough assist treatment two sets of five cycles with inspiratory pressure of thirty-five with two-point zero time and expiratory pressure of thirty-five and time of two point zero and pause time of two point zero three times a day and as needed. This treatment was ordered by the NP and created by the RT.</p> <p>R10's TAR for January 2025 indicated R10 would receive cough assist treatment at two sets of five cycles with inspiratory pressure of thirty-five and a two point zero time and an expiratory pressure of thirty-five, a time of two point zero, and a pause time of two point zero three times a day and as needed. All treatments were completed from the morning of 1/1/25 to the morning of 1/29/25. Treatments were completed by LPN-E, LPN-F, LPN-G, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N, RN-O, RN-P, RN-U, and RN-X.</p> <p>R11's Face sheet printed on 1/29/25 indicated R11 was admitted to the facility on [DATE] with a primary diagnosis of acute and chronic respiratory failure with hypoxia and hypercapnia. R1's additional diagnosis was encounter for attention to tracheostomy.</p> <p>R11's provider order dated 12/30/24 indicated R11 would receive cough assist treatment with two sets of five cycles with inspiratory pressure of thirty-five- and two-point zero time and expiratory pressure of thirty-five- and two-point zero time with two-point zero pause time three times a day and as needed. This treatment was ordered by the MD and created by the RT.</p> <p>R11's respiratory assessment dated [DATE] indicated R11 received cough assist therapy.</p> <p>R11's BIMS assessment dated [DATE] indicated R11's score was fifteen, which indicated R11 was cognitively intact.</p> <p>R11's care plan dated 12/31/24 indicated R11 had alteration in respiratory related to placement of tracheostomy due to chronic respiratory failure with ventilator dependent.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R13's TAR for January 2025 indicated R13 would receive with two sets of five cycles with inspiratory pressure of thirty-five and time of two point zero and expiratory pressure of thirty-five and time of two point zero and a pause time of two point zero three times a day and as needed. All treatments were completed except when R13 was in the hospital from the evening of 1/17/25 to the morning of 1/18/25 and the evening of 1/23/25 to the evening of 1/29/25. Treatments were completed by LPN-E, LPN-F, RN-D, RN-E, RN-F, RN-J, RN-L, RN-N, RN-O, RN-P, RN-R, RN-U, RN-X, and RN-Y.</p> <p>During an interview on 1/28/25 at 10:48 a.m., RN-A stated he had not been trained on how to complete a cough assist treatment or a vest treatment. Staff education starts with the nurse managers (NM) but if there is an all-staff meeting, the administrator and DON will provide the education. RN-A would go to another nurse working if he had questions about how to use or maintain the machines.</p> <p>During an interview on 1/28/25 at 11:11 a.m., LPN-A stated she did not know what a cough machine or a vest therapy machine was. LPN-A received an orientation packet when she started working on the facility a couple months ago and was trained by the NM's.</p> <p>During an interview on 1/28/25 at 11:36 a.m., NM-A stated all licensed nurses were trained on how to use and maintain a cough assist machine and a vest therapy machine but could not recall when the staff were trained. If a licensed nurse had not worked with the machines before, another nurse would come demonstrate it for that nurse. NM-A stated staff education happens during in-service training as well as specific trainings in morning huddles. In-service training is completed by the administrator, DON, and the interdisciplinary (IDT) team.</p> <p>During an interview on 1/28/25 at 12:48 p.m., RN-B stated he had been trained on how to complete a cough assist treatment and a vest treatment on a resident but it was a long time ago. Education would be provided by NM-B. RN-B stated there was not any resident that uses a cough assist machine or a vest therapy machine in the facility.</p> <p>During an interview on 1/28/25 at 12:54 p.m., RN-C stated she is an agency nurse and was not trained on how to complete a cough assist treatment or a vest treatment for a resident.</p> <p>During a correspondence on 1/28/25 at 2:17 p.m., the administrator stated the facility does not have competencies specific to cough assist treatments or vest treatments. The facility did not have a specific policy on cough assist treatments or vest treatments.</p> <p>During an interview on 1/28/25 at 2:56 p.m., RN-D stated he had not been trained on how to complete a vest treatment for a resident but had been trained on how to complete a cough assist treatment but could not recall when he was trained.</p> <p>During an interview on 1/28/25 at 3:20 p.m., RN-E stated she didn't think she was trained on how to complete a cough assist treatment or a vest treatment for a resident.</p> <p>During an interview on 1/28/25 at 2:53 p.m., RN-F stated he was not trained on how to complete a cough assist treatment or a vest treatment for a resident.</p> <p>During an interview on 1/28/25 at 3:00 p.m., RN-H stated she was not trained on how to complete a vest treatment for a resident. RN-H stated she was trained on how to complete a cough assist treatment when R1 was admitted into the facility.</p> <p>(continued on next page)</p>		

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  01/29/2025
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.			
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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/28/25 at 3:03 p.m., RN-G stated she could not recall whether she had been trained on either a cough assist treatment or a vest treatment for a resident.</p> <p>During an interview on 1/28/25 at 3:10 p.m., RT stated either the DON or RTD would complete respiratory education for licensed nurses. RT stated she thought she had completed some training with the licensed nurses on cough assist machines and vest therapy machines but could not recall who she trained or when she trained them. RT did not keep a record of the licenses nurses she trained. Cough assist treatments and vest therapy treatments are a specialized skill set that all license nurses need to know prior to them performing it on a resident.</p> <p>During an interview on 1/28/25 at 3:14 p.m., RN-I stated she had not been trained on how to complete a vest treatment for a resident but thought she was trained on how to complete a cough assist treatment when she first started her employment at the facility.</p> <p>During an interview on 1/28/25 at 3:25 p.m., RN-J stated he was unsure if he had been trained on how to complete a cough assist treatment or a vest treatment for a resident.</p> <p>During an interview on 1/28/25 at 3:27 p.m. RN-L stated he thought he was trained on how to complete a vest therapy treatment a year ago. RN-L stated he did not think he was trained on how to complete a cough assist treatment but knew how to perform it from being employed at the facility for so long.</p> <p>During an interview on 1/28/25 at 3:29 p.m., RN-K stated she had not been trained on how to complete a cough assist treatment or a vest treatment for a resident.</p> <p>During an interview on 1/29/25 at 8:58 a.m., RN-M stated she thought she was trained on how to complete a cough assist treatment and a vest treatment for a resident but could not recall when she was trained.</p> <p>During an interview on 1/29/25 at 1:35 p.m., RN-J stated the provider will put the order in for either a cough assist treatment or a vest therapy treatment. The RT would put in the order for the treatments and then the licensed nurses would complete the treatments.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/29/25 at 1:36 p.m., RTD stated he has been out of the facility since late October 2024. RTD stated he would be the one who would typically do any respiratory training with the licensed nurse but since he had not been in the facility since October 2024, he would rely on the DON and RT to provide the necessary training. RTD stated some of the nurses have been trained by him on how to complete a cough assist treatment and a vest treatment but could not recall who he trained, when they were trained, and if he had documentation of that training. RTD stated the cough assist treatment, and a vest treatment is a specialized skill that licenses nurses need to have in order for the resident to be safe during the treatment. The provider will either verbally tell the RT or RTD that they want a resident to complete either cough assist treatment or vest therapy treatment and then the RT or RTD would put the order into the resident's chart, or the provider will director put the order into the resident's chart. The provider will determine the settings of the treatments. Once the order is entered into a resident's chart, the RT or RTD will set up the equipment in the resident's room and they will start the services. If a resident has a tracheostomy, then the nurse will hook the machine tubing up to the resident's tracheostomy and then will complete the treatments. If the resident does not have a tracheostomy, the resident would wear a mask during the treatment. The licensed nurse would set the settings on the machine. During the treatment, if the resident is having pain, the nurse would stop the treatment immediately. If the resident is having shortness of breath during the treatment, the nurse can increase or decrease the speed or pressure of the treatments. RTD was unsure who bills insurance for the treatments. RTD stated the facility has cough assist machines and vest treatment machines but if those machines are being used by other residents, the RT will rent a machine through the durable medical equipment (DME) company.</p> <p>During an interview on 1/29/25 at 2:06 p.m., the administrator stated she was unsure if the facility had any in-service training on cough assist treatments or vest treatments or not. Cough assist treatment and vest treatment is a competency but was unsure if the facility had documentation on this or not.</p> <p>During an interview on 1/29/25 at 3:09 p.m., the administrator stated RN-H worked with R1 on 1/19/25 who did not complete the cough assist treatment or vest treatment.</p> <p>During an interview on 1/29/25 at 3:12 p.m., RN-H stated she was unsure why R1 did not get his cough assist treatment done on 1/29/25.</p> <p>During correspondence on 1/29/25 at 3:24 p.m., the administrator stated she is unable to find any documentation for cough assist treatments or vest treatment competencies for licensed nurses.</p> <p>During an interview on 1/29/25 at 3:41 p.m., the DON stated if a licensed nurse is tech savvy then the licensed nurse should be able to figure out the machine and treatment but if the licensed nurse is not tech savvy then the licensed nurse should get the training on how to provide a cough assist treatment and a vest treatment. DON stated the licensed nurses would stay be the resident during the cough assist treatment and the vest treatment and they are monitoring if the resident is congested, not able to produce secretions, if the resident is breathing or wheezing, and if the resident's temperature increases. DON stated, a lot of times the residents are familiar to their cares and will say something is wrong, and then the nurse will do with that information and the licensed nurse sees fit. DON stated his expectation is that all licensed nurses would be educated and trained on treatments prior to providing the treatments. DON stated it is the responsibility of RTD and RT to provide education on cough assist treatment and vest treatment.</p> <p>(continued on next page)</p>		

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<p>F 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 1/29/25 at 4:12 p.m., the administrator stated she would expect licensed nurses to be trained on cough assist treatments and vest treatments upon an employee's orientation when they are getting acclimated to the floor, they are working on in order to take care of a resident appropriately.</p> <p>A policy on cough assist treatment and vest treatment was requested but none was received.</p>