STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Twin Rivers LLC	305 Fremont Street Anoka, MN 55303

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43367 Based on observations, interviews, and record review the facility failed to ensure staff implemented the care plan for 1 of 3 residents (R3) when staff failed to reposition and check and change incontinent brief for R3 who required assistance with activities of daily living (ADLs). Findings include: R3's quarterly Minimum Data Set (MDS) dated [DATE], identified moderately impaired cognition with no behaviors identified. R3 required substantial to maximal assistance with personal hygiene, dressing, roll left and right, and dependent on staff for toileting hygiene, shower/bath, all transfers, and mobility in a manual wheelchair. R3 was always incontinent of bowel and bladder. R3's active diagnoses included: CVA (cerebrovascular accident) (stroke), hemiplegia (one sided paralysis/weakness), diabetes mellitus (DM), and at risk for pressure ulcers. R3's care plan dated 10/16/24, identified self-care deficit and decreased mobility, instructed staff to check and change and reposition every two to three hours and as needed (PRN) every shift. Nursing assistant care sheet last updated 10/16/24, identified R3 required turn, reposition, check, and change every two to three hours and PRN. R3 was identified as incontinent of bowel and bladder. Observation on 10/16/24 at 9:30 a.m. and 10:00 a.m. R3 laid on left side in bed awake covered with blankets. R3's room had a smell of urine. Observation on 10/16/24 at 10:30 a.m. and 11:12 a.m. R3 laid on left side in bed eyes closed covered with blankets. R3's room had a smell of urine. Observation/interview on 10/16/24 at 11:58 p.m. R3 laid in bed on left side, television on, and door open. R3 had a night gown on, pillow was placed behind her back, and smelled of urine. R3 stated she was unable to reposition herself, had laid in same position since before 6:30 a.m. and became uncomfortable. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Twin Rivers LLC	305 Fremont Street Anoka, MN 55303

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation/interview on 10/16/24 at 1:04 p.m. nursing assistant (NA)-A entered R3's room and removed a lunch tray and exited the room. R3 laid in bed on left side, pillow behind her back, covered with blankets and television on. R3's room had a smell of urine. NA-A immediately returned to R3's room and R3 stated she really would have liked to have been dressed by now. NA-A stated, today we are running behind schedule. NA-A stated R3 had been in bed longer than she should have, got left behind, so busy, while everyone else was being taken care of. NA-A stated R3 normally was one of the first residents up early in the morning. NA-A exited room and then returned with towels and linens. R3's brief was saturated with urine and NA-A cleaned R3's peri area from front to back. NA-A rolled R3 onto her right side and wiped her buttocks clean. R3's skin was intact without redness. NA-A told R3, sorry you got left in bed way too long today. At 1:34 p.m. NA-B entered R3's room with a total lift machine, hooked up loops to lift sheet located underneath R3. NA-A lifted R3 off the bed with lift machine and lowered her down onto the wheelchair. NA-A removed the lift sheet loops, NA-B tucked them behind R3, combed her hair and NA-A pushed R3 in wheelchair out of the room. NA-B removed the sheets from R3's bed and stated R3's bed had a large yellow urine stain saturated all the way to the mattress in the middle of the bed where R3's bottom was positioned. NA-B stated unsure of when R3 was changed last had not been in her room since she arrived at 6:30 a.m. (8 hours ago). NA-B stated R3 was usually incontinent of bowel and bladder and her incontinent brief should have been checked and changed every two to three hours. During an interview on 10/16/24 at 2:32 p.m. NA-A stated arrived at facility at 6:30 a.m. and just after 1:00 p. m. (over 6 1/2 hours) was the first time R3 had her incontinent brief checked and changed. NA-A stated breakfast and lunch were brought to her room, R3 could feed herself, liked to stay in bed, but her incontinent brief should have been checked and changed every two to three hours. NA-A stated she understood R3 was a priority, should have been gotten up right after breakfast, and not ok to be left for that many hours without her incontinent brief check and changed. NA-A stated she had stopped in twice, once around 8:40 a.m. and again at 12:00 p.m., checked on R3 and adjusted her top half due to leaning over to one side. NA-A stated she should have offered to change her incontinent brief. NA-A stated she charted when a resident was incontinent but not each time and no documentation as to when she was repositioned. During an interview on 10/17/24 at 2:15 p.m. family member (FM) stated R3 was always a very clean person and as to how she looked. FM stated would have bothered R3 to have laid in bed without assistance and not able to move and/or get herself cleaned up for the day. During an interview on 10/17/24 at 10:42 a.m. administrator stated she was aware of lack of charting consistency and accuracy to show what the NA's have completed regarding toileting/cares. Administrator stated a lot of the residents chose to stay in bed. Administrator stated staff would be expected to follow the resident care plan and when indicated incontinent brief should have been checked and changed every two to three hours. Administrator indicated she expected staff to have provided personalized cares to each resident which meant they would receive adequate care they need. Administrator was unable to provide a bath aide every day. Administrator stated staff were also expected to toilet and reposition residents according to the care plan. Administrator verified staff were expected to document once a day if the resident was repositioned, toileted, and if they had a bath done, rather than every time it happened, was not possible with their workload. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Twin Rivers LLC	305 Fremont Street Anoka, MN 55303

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/17/24 at 12:05 p.m. clinical coordinator/licensed practical nurse (LPN)-A stated staff would be expected to check and change R3's incontinent brief and reposition her every two to three hours to prevent skin breakdown and made sure she was comfortable. LPN-A stated was not acceptable to have left R3 from 6:30 a.m. to after 1:00 p.m. without changing her incontinent brief and being repositioned. Facility policy Activities of Daily Living (ADLs)/Maintain Abilities Policy dated 3/31/23, identified was the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff understood, honor and support the principles of quality of life and care and services provided are person-centered for each resident. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Twin Rivers LLC	305 Fremont Street Anoka, MN 55303

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 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** 43367 Based on observations, interviews, and record review the facility failed to ensure staff implemented the care plan for 1 of 3 residents (R3) when staff failed to reposition and check and change incontinent brief for R3 who required assistance with activities of daily living (ADLs). Findings include: R3's quarterly Minimum Data Set (MDS) dated [DATE], identified moderately impaired cognition with no behaviors identified. R3 required substantial to maximal assistance with personal hygiene, dressing, roll left and right, and dependent on staff for toileting hygiene, shower/bath, all transfers, and mobility in a manual wheelchair. R3 was always incontinent of bowel and bladder. R3's active diagnoses included: CVA (cerebrovascular accident) (stroke), hemiplegia (one sided paralysis/weakness), diabetes mellitus (DM), and at risk for pressure ulcers. R3's care plan dated 10/16/24, identified self-care deficit and decreased mobility and instructed staff to check and change and reposition every two to three hours and as needed (PRN) every shift. Nursing assistant care sheet last updated 10/16/24, identified R3 required turn, reposition, check and change every two to three hours and PRN. R3 was identified as incontinent of bowel and bladder. Observation on 10/16/24 at 9:30 a.m. and 10:00 a.m. R3 laid on left side in bed awake covered with blankets. R3's room had a smell of urine. Observation on 10/16/24 at 10:30 a.m. and 11:12 a.m. R3 laid on left side in bed eyes closed covered with blankets. R3's room had a smell of urine. Observation/interview on 10/16/24 at 11:58 p.m. R3 laid in bed on left side, television on, and door open. R2 had a night gown on, pillow was placed behind her back, and smelled of urine. R3 stated she was unable to reposition herself, had laid in same position since before 6:30 a.m. and, became uncomfortable. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Twin Rivers LLC	305 Fremont Street Anoka, MN 55303

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation/interview on 10/16/24 at 1:04 p.m. nursing assistant (NA)-A entered R3's room and removed a lunch tray and exited the room. R3 laid in bed on left side, pillow behind her back, covered with blankets and television on. R3's room had a smell of urine. NA-A immediately returned to R3's room and R3 stated she really would have liked to have been dressed by now. NA-A stated, today we are running behind schedule. NA-A stated R3 had been in bed longer than she should have, sort of got left behind, so busy, while everyone else was being taken care of. NA-A stated R3 normally was one of the first residents up early in the morning. NA-A exited room and then returned with towels and linens. R3's brief was saturated with urine and NA-A cleaned R3's peri area from front to back. NA-A rolled R3 onto her right side and wiped her buttocks clean. R3's skin was intact without redness. NA-A told R3, sorry you got left in bed way too long today. At 1:34 p.m. NA-B entered R3's room with a total lift machine, hooked up loops to lift sheet located underneath R3. NA-A lifted R3 off of the bed with lift machine and lowered her down onto the wheelchair. NA-A removed the lift sheet loops, NA-B tucked them behind R3, combed her hair and NA-A pushed R3 in wheelchair out of the room. NA-B removed the sheets from R3's bed and stated R3's bed had a large yellow urine stain saturated all the way to the mattress in the middle of the bed where R3's bottom was positioned. NA-B stated unsure of when R3 was changed last had not been in her room since she arrived at 6:30 a.m. (8 hours ago). NA-B stated R3 was usually incontinent of bowel and bladder and her incontinent brief should have been checked and changed every two to three hours. During an interview on 10/16/24 at 2:32 p.m. NA-A stated arrived at facility at 6:30 a.m. and just after 1:00 p. m. (over 6 1/2 hours) was the first time R3 had her incontinent brief checked and changed. NA-A stated breakfast and lunch were brought to her room, R3 could feed herself, liked to stay in bed, but her incontinent brief should have been checked and changed every two to three hours. NA-A stated she understood R3 was a priority, should have been gotten up right after breakfast, and not ok to be left for that many hours without her incontinent brief check and changed. NA-A stated she had stopped in twice, once around 8:40 a.m. and again at 12:00 p.m., checked on R3 and adjusted her top half due to leaning over to one side. NA-A stated she should have offered to change her incontinent brief. NA-A stated she charted when a resident was incontinent but not each time and no documentation as to when she was repositioned. During an interview on 10/17/24 at 2:15 p.m. family member (FM) stated R3 was always a very clean person and as to how she looked. FM stated would have bothered R3 to have laid in bed without assistance and not able to move and/or get herself cleaned up for the day. During an interview on 10/17/24 at 10:42 a.m. administrator stated she was aware of lack of charting consistency and accuracy to show what the NA's have completed regarding toileting/cares. Administrator stated a lot of the residents chose to stay in bed. Administrator stated staff would be expected to follow the resident care plan and when indicated incontinent brief should have been checked and changed every two to three hours. Administrator indicated she expected staff to have provided personalized cares to each resident which meant they would receive adequate care they need. Administrator was unable to provide a bath aide every day. Administrator stated staff were also expected to toilet and reposition residents according to the care plan. Administrator verified staff were expected to document once a day if the resident was repositioned, toileted, and if they had a bath done, rather than every time it happened, was not possible with their workload. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Twin Rivers LLC	305 Fremont Street Anoka, MN 55303

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/17/24 at 12:05 p.m. clinical coordinator/licensed practical nurse (LPN)-A stated staff would be expected to check and change R3's incontinent brief and reposition her every two to three hours to prevent skin breakdown and made sure she was comfortable. LPN-A stated was not acceptable to have left R3 from 6:30 a.m. to after 1:00 p.m. without changing her incontinent brief and being repositioned. Facility policy Activities of Daily Living (ADLs)/Maintain Abilities Policy dated 3/31/23, identified was the facility's responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff understood, honor and support the principles of quality of life and care and services provided are person-centered for each resident. A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, and personal and oral hygiene.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Twin Rivers LLC	305 Fremont Street Anoka, MN 55303

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide for the safe, appropriate administration of IV fluids for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43367 Based on observation, interview and document review, facility failed to practice competent, safe, and sterile technique when administering intravenous (IV) medication via peripherally inserted central catheter (PICC) (enters a peripheral vein and extends to the supervisor vena cava of the heart) 1 of 1 resident (R6) reviewed for medication administration. Findings include: R6's admission Minimum Data Set (MDS) dated [DATE], identified R6 was admitted to facility from hospital. R6 was admitted with an IV access and had diagnoses of a multidrug resistant organism (microorganisms, mainly bacteria, that are resistant to one or more classes of antimicrobial agents), and paraplegia (paralysis that affected the lower half of the body and ability to walk). R6's orders included: Flush pulsating before medications with 10 cubic centimeters (cc) saline, PICC line per nurse. Start date 10/2/24. Meropenem 1 gram (gm) /100 milligram (mg) normal saline (NS) 100 milliliters (ml) infuse over 30 minutes at 200 ml /per hour. PICC line per nurse. Start date 10/15/24 discontinue 10/22/24. During medication administration observation on 10/16/24 at 4:30 p.m. licensed practical nurse (LPN)-A sanitized hands, completed verification of the medication Meropenem IV and NS flush with the order and electronic medication administration record (EMAR). LPN-A entered R6's room, applied gloves, open prepackaged NS syringe that contained 10 ml of solution, and expelled a small amount of fluid out of the syringe. LPN-A wiped off the end of R6's PICC with an alcohol swab then connected the NS syringe. LPN-A pushed the fluid into R6's PICC line without pulling back to check placement. LPN-A removed NS syringe and end cap from antibiotic IV tubing and attached it to the end of R6's PICC without cleansing the end of it off first, then opened the clamp to the antibiotic tubing. LPN-A removed gloves, gown, and sanitized hands, and exited the room. LPN-A approached medication cart and documented in EMAR. During an interview on 10/16/24 at 4:45 p.m. LPN-A stated in about 30 minutes planned on returning to R6's room, antibiotic tubing would be disconnected, and PICC flushed with another 10 ml of NS. LPN-A verified he did not pull back to see if blood return to verify placement, that was not the standard of practice anymore. LPN-A stated he did not wipe of the end of the PICC line prior to attaching the antibiotic tubing, was not necessary because it had been hooked up right away directly straight to the antibiotic and there was no need to. LPN-A stated he had received some facility orientation such as a tour and showed around when he first started at facility. LPN-A stated IV education was not provided and he had gone by what he had learned in nursing school. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245298	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Estates at Twin Rivers LLC	305 Fremont Street Anoka, MN 55303

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 0694 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 10/17/24 at 2:06 p.m. floor manager/registered nurse (RN)-A stated the nursing staff were expected to cleanse of end of IV PICC line prior to each time it was accessed to help prevent bacteria from getting into the line and cause infection. RN-A stated nursing staff were expected to attach the NS syringe and drawback to get blood return to assure it was positioned in the correct spot where it needed to be administered. RN-A stated she was unsure if agency staff were required to have completed the same skills education for a PICC line, would check on this. No further response was received. On 10/17/24 at approximately 2:30 p.m. surveyor requested LPN-A's orientation/skills documentation. Facility was unable to provide the documents. On 10/23/24 at 12:16 p.m. director of nursing (DON) emailed surveyor and indicating LPN-A was agency staff, the facility did not provide education on IV administration skills for agency staff. DON stated the agency staff were oriented to the building such as location of supplies and linens, location of bathroom and dining room. DON stated the current administration was unable to find orientation documentation for LPN-A. DON stated the facility has had many new management members, processes were being changed to ensure adequate record keeping was being completed. DON stated agency staff were expected to have followed the standards of nursing practice and what was learned in college. DON stated going forward the orientation process for agency staff would include education on policies and procedures for PICC line flushing and medication administration. An Attempt to contact the facility pharmacist was unsuccessful. Facility PICC flushing skills check off list undated, identified perform hand hygiene, put on gloves to comply with standard precautions. Perform vigorous mechanical scrub of the needless connector for at least five seconds using an antiseptic pad; allow it to dry completely. Trace the tubing from the patient to its point of origin to make that you are accessing the correct port. While the sterility of the syringe tip is maintained, attach a prefilled 10 ml syringe containing preservative-free normal saline solution to the needless connector. Unclamp the catheter and slower aspirate for blood return, that is the color and consistency of whole blood. If blood return is not obtained, take steps to locate and external cause of obstruction. Remove and discard the syringe. Perform a vigorous mechanical scrub of the needless connector for at least five seconds using an antiseptic pad; allow it to dry completely. Administer IV fluid through the catheter, as prescribed, or proceed with locking the device if indicated. Facility orientation check list undated, identified New Employee: complete and return to the DON within 30 days of first day of orientation. Skills: basic resident cares, body mechanics and resident safety, documentation and communication, technical skills and vital signs, urine collection, oxygen use, accurately record, reports, and documents, housekeeping, and maintenance indicated for NA's. Facility policy Flushing midline and central line IV catheters dated April 2017, identified flushing when giving medication. Disinfect needless connection device with alcohol wipe. Remove air bubbles from syringe. Connect 10 ml syringe containing preservative-free 9 % normal saline to catheter via needless connection device. Aspirate slowly for blood return to ensure patency of catheter. Flush with preservative-free 9 % normal saline using push-pause method. Disinfect needleless connection device with alcohol wipe. Connect primed medication tubing to needleless connection device. Administer medication.