

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0561</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 and the facility must promote and facilitate resident self-determination through support of resident choice.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the failed to facilitate resident preferences for bathing and meals for 1 of 1 resident (R27) reviewed for choices.</p> <p>Findings include:</p> <p>R27's admission Minimum Data Set (MDS) dated [DATE], indicated R27 was cognitively intact. The assessment identified R27 received assistance with activities of daily living (ADLs) including dressing, grooming, bathing, mobility, and incontinence care (managing of bowel and bladder). The MDS identified it was very important to R27 to choose between a tub bath, shower, bed bath, or sponge bath, and somewhat important to choose what clothes she wished to wear. R27's medical diagnoses included multiple sclerosis (MS), malnutrition (an imbalance of energy and nutrients consumed), thrombocytosis (increase platelet count), pseudobulbar affect (a condition characterized by uncontrollable and inappropriate episodes of laughing or crying, often disconnected from person's actual emotion state). R27 received routinely schedule pain medication, as well as availability of additional pain medication as needed.</p> <p>R27's care plan with a print date of 5/21/25, identified R27 had the potential for alteration in nutrition related to MS, severe protein calorie malnutrition and dyspepsia (indigestion). The goal for R27 was for her to meet estimated nutrient needs, and to either maintain weight or gain weight to ideal body weight range. The care plan directed staff to provide diet as ordered by the provider. Staff were also encouraged to monitor food and fluid intake per facility protocol and encourage adequate fluid intake. The care plan directed staff to offer fluids and snacks between meals. R27's care plan also identified R27 had a self care deficit related to post surgical status, weakness and MS. The goal indicated R27 will accept assistance with self cares and will be dressed, groomed, and bathed per preferences. The care plan directed staff to follow through with instructions provided by occupational therapy. Staff were also directed to provide with assist of one with dressing and bathing. R27's care plan also identified R27 had alteration in mobility related to post surgical status, weakness and MS. The care plan directed staff R27 was to receive physical therapy (PT) as per doctors orders, and instructed staff to follow PT instructions. The care plan indicated R27 was to receive assist with movement in and out of bed and was to receive assist of one with transfers, however lacked further instructions. Although R27's care plan indicated R27 was on enhanced barrier precautions (increase precautions implemented to prevent the spread of infection) related to surgical incisions, the care plan lacked indication as to how the surgical sites were to be managed, additionally lacked any restrictions in showering related to incisions.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Nursing Assistant care sheet dated 5/21/25, indicated R27 was to receive assistance to transfer with an EZ stand (a mechanical lift to aid in transfers) and did not ambulate. The NA care sheet outlined R27 required assist of one with dressing, bathing, toileting, and required set up for grooming and eating. The care sheet provided no additional instructions to staff for provision of care.</p> <p>On 5/19/25 at 5:48 p.m., R27 was served her evening meal. Family member (FM)-A was present in room and asked R27 what she was having for supper. R27 stated she was unaware of what she was having for supper, as she had not ordered the meal selection. R27 uncovered plate and stated it was a tuna fish sandwich and she did not wish to eat this. R27 observed the coffee came without sugar and cream, which she has requested be with meals, and there were also no straws on the tray for resident use with all beverages. R27 placed her call light on to request missing items on tray. R27 stated she was unaware of what the food choices were as she had no menu in her room. R27 stated there was an alternate menu available, however, the evening meal must be ordered by 3:00 p.m. in order to receive this. R27 stated she was unsure what alternatives were available or how to order them. R27 stated she had no special diet, and had been struggling with weight loss. R27 stated she was to receive two supplements per day to help nutrition, but was unsure she had received them consistently. R27 was noted to have liquid protein supplement drinks in her room, however, R27 they were brought in for her by her friend.</p> <p>On 5/19/25 at 5:58 p.m. R27 expressed frustration she had not received a bath/shower since she had arrived. FM-A affirmed that R27 had doctor's appointments last week and wished to receive a bath/shower before going to her appointments, however, had not received assistance. R27 stated an unidentified certified nursing assistant (NA) came in to provide assistance with a sponge bath, however, R27 wanted a shower to be able to wash her hair as it had not been washed in the weeks since admission. R27 stated the NA put it down that she refused her bath. R27 reported when she asked when she could receive a shower, was told she had to wait for the next shower day. R27 stated Nobody knows how to do a shower. R27 stated neither PT/OT had worked with her regarding the transfer required for completing a bath and shower. FM-A stated R27's hair had not washed since admission and R27 had expressed desire to shower prior to appointments due to lack of bathing since admission, and desire to be clean for medical appointments.</p> <p>On 5/20/25 1:01 p.m., R27 had been delivered her noon meal. R27 stated the tray lacked sugar and cream for coffee, as well as straws to use with her beverages. R27 stated she had requested this from staff however, they had not returned with the items. R27 stated this was the same case with breakfast. A tray slip was observed on resident tray, which identified R27 requested sugar and cream for coffee, and straws for all beverages. R27 stated she was unaware she was scheduled to receive a bath this afternoon, however, stated she would like her hair washed and linens changed.</p> <p>On 5/20/25 at 4:10 p.m., R27 was observed in her room. R27 stated the shower was completed and hair was washed twice. R27 identified the linens were placed back on bed properly, however, noted they had not been changed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/20/25 at 3:49 p.m., an interview was held with both registered dietitian (RD) and regional culinary director (RCD), about availability of menus and the Bistro option for alternates. RD stated residents were provided with a regular menu and bistro menu upon admission. RD was unsure as to when updated menus were provided to those who remained in their rooms for meals. RD and RCD both stated the Bistro menus were available in the dining room for ordering alternatives. RD was unsure if Bistro menus were delivered to rooms for those who did not dine in the dining room. RD stated if there were specific requests by a resident, this was indicated on the tray slip and these requests should be facilitated by the dietary staff. R27's tray slip was reviewed at time with RD, and it was noted although the preferences/requests were on the dietary slip, it was not identified in the place where it was normally listed.</p> <p>During interview on 5/21/25 at 9:27 a.m., physical therapy assistant (PTA)-A stated she participated in the therapy for R27. At present time, PTA-A stated they were working with R27 on core strength, transfers into and out of bed, and in/out of wheelchair. PTA-A stated they were also working on range of motion (ROM) for lower extremities and joint mobility. PTA-A stated R27 has been an EZ Stand transfer for nursing staff since 4/29/25. Occupational therapist (OT)-A joined the conversation and stated both PT/OT are working with wheelchair positioning. OT-A stated OT-A does not have a specific goals for showers. OT-A stated she had not been informed by nursing staff of any concerns regarding showers, therefore, that had not been part of the therapy plan.</p> <p>During interview on 5/21/25 at 10:08 a.m., the clinical coordinator (CC)-A stated R27 had received assistance to complete bathing on 5/20/25. CC-A stated R27 was unable to complete showers/baths prior to that time related to incisions on her stomach following a laparoscopic procedure (A procedure completed with a scope through several small incisions on the abdomen). CC-A stated R27 required clearance from the medical provider because of the laparoscopic incisions. CC-A stated they had offered to complete a shower on an earlier occasion however, R27 had declined the shower related to the time of day. CC-A stated if it is not their shower day, staff were instructed to accommodate the request if we had extra time. CC-A stated she would expect staff would have offered it multiple times until she agreed to it. CC-A stated lack of shower, or washing of hair, for extended time would not feel very good. Residents were assigned a time for bathing/showering based on their room placement. They tried to work with residents a different day/time was requested however, it was not always possible. CC stated she was unaware of any concerns regarding bathing status until resident care conference on 5/15/25. CC stated R27 had received sponge baths since her admission however, she was unsure if her hair was washed. CC stated when there were recommendations for OT/PT this was relayed to staff. CC stated if staff had concerns with provision of care, PT/OT was consulted. CC stated when trays were delivered to residents in their room, it would be her expectation for staff to respond to requests made by residents upon receipt of their tray.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0561</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 5/21/25 at 4:54 p.m., the director of nursing (DON) stated baths were scheduled on a weekly basis. This was completed based on their designated time based upon room placement. DON stated if the resident did not care for the time slot, there may be some flexibility in adjusting it, however, that was not always possible. DON stated We try to be flexible but there is only so much wiggle room in that. If a bath was refused, and it was requested on another day, and the aides had time, it may occur, otherwise the next bath/shower would be completed the following week on the routinely scheduled time. Upon inquiring why a shower was not completed for R27, DON stated that if the person had a laproscopic surgery, they would not have a shower if there were restrictions placed per the doctor's orders upon admission or following the procedure. If there were not restricted orders, the individual could receive a shower. A request was made for verification of orders in place upon admission to abstain from showers, however, DON failed to provide order which identified shower restrictions were in place upon admission.</p> <p>Upon review of R27's After Discharge Orders, from 4/28/25, the notes indicated resident had a laparoscopic procedure, however, had not restricted resident from receiving showers</p> <p>A review of the standing orders, filed 5/20/25 electronically, lacked indication for shower restrictions for those with laparoscopic surgical sites. The document did refer to the policy Skin and Wound Management. The document, not labeled with R27's name, was identified as being signed by the provider 2/1/25.</p> <p>A review of the policy, Skin Assessment and Wound Management, dated 2/25 lacked indication as to management of a laparoscopic surgical site.</p> <p>The facility policy, titled Activities of Daily Living (ADL's) Maintain Ability Policy, dated 3/31/23, was reviewed. The statement of intent reads as follows:</p> <p>It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident ' s quality of life by ensuring all</p> <p>staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident ' s preferences, choices, values and beliefs. Upon review of the procedure, the policy indicated: The facility will provide care and services for the following activities of daily living: . d. Dining-eating, including meals and snacks, . The policy also identified: A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming, .</p> <p>A policy was requested for resident choices and food preferences, but was not received.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>Based on observation, interview and document review, the facility failed to revise resident care plans with updated interventions for 1 of 1 residents (R27) reviewed for choices and activities of daily.</p> <p>Findings include:</p> <p>R27's admission Minimum Data Set (MDS) assessment, dated 5/2/25, indicated R27 was cognitively intact. The assessment identified R27 received assistance with activities of daily living (ADL's) including dressing, grooming, bathing, mobility, and incontinence care (managing of bowel and bladder). The MDS identified it was very important to R27 to choose between a tub bath, shower, bed bath, or sponge bath, and somewhat important to choose what clothes she wished to wear. R27's medical diagnoses included multiple sclerosis, malnutrition (an imbalance of energy and nutrients consumed), thrombocytosis (increase platelet count), pseudobulbar affect (a condition characterized by uncontrollable and inappropriate episodes of laughing or crying, often disconnected from person's actual emotion state). R27 received routinely schedule pain medication, as well as availability of additional pain medication as needed.</p> <p>R27's care plan, print date of 5/21/25, identified R27 had alteration in mobility related to post hysterectomy (surgical removal of uterus), weakness, and MS (multiple sclerosis- a disease that causes breakdown of the protective covering of nerves. Multiple sclerosis can cause numbness, weakness, trouble walking, vision changes and other symptoms). This was initiated on 5/2/25. The care plan directed staff to follow ACP (Associated Clinic of Psychology) recommendation to offer reminders re: her options re: (regarding) transfers and offer of reassurance from staff. The care plan identified R27 was to receive physical therapy (PT) per medical doctor (MD) and to follow PT instructions. Staff were directed to assist with movements in bed and in/out of bed. Staff were directed to assist with transfers with assist of one. The care plan also identified R27 had a self-care deficit related to post hysterectomy, weakness, MS. The goal statement indicated resident will be dressed, groomed and bathed per preferences. The identified R27 was to receive occupational therapy (OT) per MD (medical doctor) and staff were directed to follow OT instructions. The care plan identified R27 was to receive assist of one with bathing and dressing. The care plan lacked information regarding resident's transfer into/out of wheelchair, wheelchair positioning, and amount of time to be up in wheelchair. Although the care plan indicated R27 was to be dressed, groomed, or bathed per preferences, the care plan lacked direction as to what R27 had expressed as her preference. The care plan lacked any direction as to work with R27 with transfers and mobility related to side effects of MS. Additionally, the care plan lacked direction to staff as to how bathing was to be completed, and how dressing changes were to be managed. R27 was admitted after she had undergone a laparoscopic hysterectomy and had four small surgical sites which were covered with dressings.</p> <p>A therapy communication from physical therapy, dated 4/29/25, indicated R27 was to be transferred with use of an EZ stand (a mechanical lift used to assist with transfers). The form indicated R27 was to be up in chair three times a day.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The nursing assistant care sheet, updated 5/21/25, indicated R27 was to transfer with the EZ stand and did not ambulate. The care sheet also identified R27 received assist of one with dressing, bathing, and toileting. The care sheet indicated R27 received assist for set up for grooming and eating. The care sheet indicated R27 was able to make her needs known. The care sheet lacked direction to assist R27 up in the chair three times a day. The care sheet lacked any information as to any interventions to be implemented to make the transfers and mobility go easier.</p> <p>On 5/19/25 at 5:55 p.m., R27 stated the certified nursing assistants (CNA) don't know how to transfer, position, perform her cares, or move her due to her rigidity. R27 stated the staff were unsure how to transfer her to and from bed/wheelchair. R27 stated she had spastic rigidity (a response when it was difficult to flex joints related to the spasm). R27 stated if allowed time, she was able to relax and move as needed, however, stated were not allowing her the time and moved her quickly, when still displaying rigidity.</p> <p>On 5/21/25 at 9:27 a.m., occupational therapist (OT)-A stated they are working with R27 with wheelchair positioning. OT-A stated R27 was to be up in wheelchair daily for quality of life.</p> <p>On 5/21/25 at 10:08 a.m., licensed practical nurse (LPN), clinical coordinator (CC)-A stated physical therapy (PT) evaluated the safe way for R27 to transfer and move. This information was relayed to staff to implement. CC-A stated this information was to be on the care sheet so that staff were aware of how to care for R27. She was uncertain if R27's spastic rigidity was addressed in care plan, or care sheet. R27 was also on medication to help with spasms. CC-A stated most recent care conference was held on 5/15/25. CC-A stated at that time, R27 identified concerns regarding her hair not being washed, and not receiving a shower. Although this was identified on 5/15/25, and implemented on 5/20/25, the care plan and care sheet lacked indication of resident preference for bathing and desire to wash her hair.</p> <p>On 5/21/25 at 4:54 p.m., the director of nursing stated the care plan should be reflect resident preferences, as well as how care was to be delivered. DON stated the care plan was to be updated at the time changes implemented. DON stated this would include recommendations made by physical therapy. DON stated the care conferences were attended by CC-A. DON stated changes made to the care sheets were also to be reflected on the care plan, and should be completed at the same time. The care plan and care sheet should both accurately reflect what cares were to be performed by staff, as they direct staff as to what cares were to be performed.</p> <p>A request for the facility policy for care plan updates was requested but not received.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care and assistance to perform activities of daily living for any resident who is unable.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to provide routine bathing assistance for 1 of 1 residents (R27) reviewed for activities of daily living (ADLs).</p> <p>Findings include: Findings include:</p> <p>R27's admission Minimum Data Set (MDS) dated [DATE], indicated R27 was cognitively intact. The assessment identified R27 received assistance with activities of daily living (ADL's) including dressing, grooming, bathing, mobility, and incontinence care (managing of bowel and bladder). The MDS identified it was very important to R27 to choose between a tub bath, shower, bed bath, or sponge bath, and somewhat important to choose what clothes she wished to wear. R27's medical diagnoses included multiple sclerosis (MS), malnutrition (an imbalance of energy and nutrients consumed), thrombocytosis (increase platelet count), pseudobulbar affect (a condition characterized by uncontrollable and inappropriate episodes of laughing or crying, often disconnected from person's actual emotion state). R27 received routinely schedule pain medication, as well as availability of additional pain medication as needed.</p> <p>R27's care plan, with a print date of 5/21/25, identified that R27 had a self care deficit related to post surgical status, weakness and MS. The goal indicated R27 will accept assistance with self cares and will be dressed, groomed, and bathed per preferences. The care plan directed staff to follow through with instructions provided by occupational therapy (OT) and physical therapy (PT). Staff were also directed to provide with assist of one with dressing and bathing. R27's care plan also identified R27 had alteration in mobility related to post surgical status, weakness and MS. The care plan indicated R27 was to receive assist with movement in and out of bed and was to receive assist of one with transfers, however lacked further instructions. Although R27's care plan indicated R27 was on enhanced barrier precautions (increase precautions implemented to prevent the spread of infection) related to surgical incisions, the care plan lacked indication as to how the surgical sites were to be managed, additionally lacked any restrictions in showering related to incisions.</p> <p>The Nursing Assistant care sheet dated 5/21/25, indicated R27 was to receive assistance to transfer with an EZ stand (a mechanical lift to aid in transfers) and did not ambulate. The NA care sheet outlined R27 required assist of one with dressing, bathing, toileting, and required set up for grooming and eating. The care sheet provided no additional instructions.</p> <p>On 5/19/25 at 5:48 p.m., R27 and Family member (FM)-A were present in room. R27 expressed frustration she had not received a bath/shower since she had arrived. FM-A affirmed that R27 had doctor's appointments last week and wished to receive a bath/shower before going to her appointments, however, R27 was not assisted with this. R27 stated a certified nursing assistant (CNA) came in to provide assistance with a sponge bath, however, R27 wanted a shower to be able to wash her hair as it had not been washed in the weeks since admission. R27 stated the CNA put it down that she refused her bath. R27 reported when she asked when she could receive a shower, was told she had to wait for the next shower day. R27 stated Nobody knows how to do a shower. R27 stated neither PT/OT had worked with her regarding the transfer into the shower chair required for completing a bath and shower.</p> <p>On 5/20/25, 1:01 p.m. R27 stated she was unaware she was scheduled to receive a bath this afternoon, however, stated she would like her hair washed.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 5/20/25, at 4:10 p.m. R27 was observed back in her room. R27 stated the shower was completed and hair was washed twice. R27 stated this was the first time her hair had been washed for approximately 3 weeks.</p> <p>During interview on 5/21/25, at 9:27 a.m. the physical therapy assistant (PTA) stated she participated in the therapy for R27. At present time, PTA stated they were working with R27 on core strength. PTA stated they were also working with R27 to be able to transfer into and out of bed, and in wheelchair. OT stated OT did not have a specific goals for showers, as they had not been informed by nursing staff of any concerns regarding showers, therefore, that had not been part of the therapy plan.</p> <p>During interview on 5/21/25, at 10:08 a.m. the clinical coordinator (CC)-A stated R27 had received assistance to complete bathing on 5/20/25. CC-A stated R27 was unable to complete showers/baths prior to that time related to incisions on her stomach following a laparoscopic procedure (A procedure completed with a scope through several small incisions on the abdomen). CC-A stated R27 required clearance from the medical provider because of the incisions. CC-A stated staff had offered to complete a shower on an earlier occasion, however, R27 had declined the shower related to the time of day. When asked if they had a second opportunity to receive a shower before the next scheduled bath day, CC-A stated if it was not their shower day, staff were instructed to accommodate the request if they had extra time. CC-A stated she would expect staff would have offered it multiple times until she agreed to it. CC-A stated lack of shower or washing of hair for extended time would not feel very good. CC-A stated residents were assigned a time for bathing/showering based on their room placement. When asked if resident's were allowed to choose an alternate time which worked better for them, CC-A stated they tried to work with residents, however, it was not always possible. CC-A stated she was unaware of any concerns regarding bathing status until resident care conference on 5/15/25. CC-A stated R27 had received sponge baths since her admission, however, she was unsure if her hair was washed.</p> <p>During interview on 5/21/25, at 4:54 p.m. the director of nursing (DON) stated baths were scheduled on a weekly basis. This was completed based on their designation based upon rooms. DON stated if the resident did not care for the slot, there might have been some flexibility in adjusting it, however, that was not always possible. DON stated We try to be flexible but there is (was) only so much wiggle room in that. DON stated if a bath was refused, and it was requested on another day, and the aides had time, it may occur, otherwise the next bath/shower would be completed the following week on the routinely scheduled time. Upon inquiring why a shower was not completed for R27, DON stated that if the person had a lap surgery, they would not have a shower if there were restrictions placed per the doctors orders upon admission. If there were not restricted orders, the individual could receive a shower. A request was made at this time for the specific order restricting showers for R27 from the time of her admission, however, was not provided by the DON.</p> <p>Upon review of R27's abbreviated discharge orders from 4/28/25, there were no orders identified for wound care to laparoscopic sites, or restrictions for showering.</p> <p>Upon review After Discharge Orders, from 4/28/25, the notes indicated resident had a laparoscopic procedure, however, had not restricted resident from receiving showers. A review of the information in this documentation lacked indication of this restriction.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0677</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A review of the standing orders, filed 5/20/25 electronically, lacked indication for shower restrictions for those with laparoscopic surgical sites. The document did refer to the policy Skin and Wound Management. The document, not labeled with R27's name, was identified as being signed by the provider 2/1/25.</p> <p>A review of the policy, Skin Assessment and Wound Management, dated 2/25 lacked indication as to management of a laparoscopic surgical site.</p> <p>A review was made of resident task documentation for bathing was completed upon receipt. During the time frame of 4/28/25 through 5/7/25, there were both daily (times four) and twice daily entries (6) where the response to bathing being entered as NA, indicating not applicable. R27's documentation from 5/8/25 through 5/23, had daily entries of NA on three days, and twice daily entries of NA on 10 occasions. The documentation reflected no entries for 5/20/25, the day R27 received assistance bathing. The documentation lacked any date where resident had been assisted with bathing since her admission of 4/28/25.</p> <p>A follow up interview was completed with CC-A on 5/23/25, at 1:03 p.m. CC-A stated the results NA of the task documentation indicated that staff had not provided R27 with assistance to bath during the periods of 4/28/25-5/23/25 , with the exception of assistance to bathe on 5/20/25</p> <p>On 5/23/25, at 1:05 p.m. the director of nursing stated the expectation of assigned tasks was that the staff would complete them as directed.</p> <p>The facility policy, titled Activities of Daily Living (ADL's) Maintain Ability Policy, dated 3/31/23, was reviewed. The statement of intent reads as follows:</p> <p>It is the policy of the facility to specify the responsibility to create and sustain an environment that humanizes and individualizes each resident's quality of life by ensuring all staff, across all shifts and departments, understand the principles of quality of life, and honor and support these principles for each resident; and that the care and services provided are person-centered, and honor and support each resident ' s preferences, choices, values and beliefs. Upon review of the procedure, the policy indicated: The facility will provide care and services for the following activities of daily living: a. Hygiene -bathing, dressing, grooming, and oral care . The policy also identified: A resident who is unable to carry out activities of daily living will receive the necessary services to maintain good nutrition, grooming .</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>Based on observation, interview and document review, the facility failed to ensure medications had both open dates and expiration dates marked on the medications so staff new how long the medications were good for. This had the ability to affect all residents on the transitional care unit (TCU) who received medications.</p> <p>Findings include:</p> <p>On 5/21/25 at 12:21 p.m., a review of the TCU medication care and treatment cart was performed. Three different insulin dial up pens were observed without open dates or expiration dates documented on the pens. Three different inhalers were also observed without open dates or expiration dates.</p> <p>During an interview on 5/21/25 at 12:36 p.m., licensed practical nurse (LPN)-A reviewed the medications and confirmed there were no open dates or expiration dates on the medications. LPN-A could not report when the medications were opened or how long they were good for once the medications were opened. LPN-A did not know how long insulins or inhalers were good for after opened and stated, I need to check with my supervisor.</p> <p>On 5/22/25 attempts to contact the pharmacy consultant were not successful.</p> <p>During an interview on 5/22/25 at 12:27 p.m., the director of nursing (DON) stated an expectation that medication would be dated with both the open date and expiration date, so staff were aware how long they were good to administer. Administering medication beyond the expiration date could result in the resident responding differently to the medication as the potency may change.</p> <p>A facility policy on dating and disposal of multi-use medication was requested, however, none was provided</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure food and drink is palatable, attractive, and at a safe and appetizing temperature.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review the facility failed to ensure food served to the residents was palatable, at a pleasing temperature, and in a timely manner for 4 of 4 residents R145, R29, R33, and R93 reviewed for food concerns.</p> <p>Findings include:</p> <p>R145's admission Minimum Data Set (MDS) dated [DATE], indicated R145 was cognitively intact. R145 was independent with all aspects of eating and was independent with mobility. R145's medical diagnoses included gastroesophageal reflux disease (GERD-acid indigestion) and diabetes (a disease which impacts the body's ability to process sugar in the blood).</p> <p>On 5/19/25 at 2:22 p.m., R145 stated the food was never warm. R145 went on to state she would love a hot meal. R145 stated the coffee was cold and the food was inconsistent. R145 did not indicate she had requested an alternate meal/new plate, or fresh coffee.</p> <p>R29's admission MDS dated [DATE], indicated R29 experienced moderate cognitive impairment. The assessment indicated R29 was independent with eating. R29's medical diagnoses included sequelae of cerebral infarction (details of cerebral infarction (stroke-and its effects it can cause to the brain including, but not limited to, change in mobility, loss of movement of one side of the body, vision problems, memory loss and difficulty with problem solving, emotional and behavioral changes, and seizures), heart failure (a condition where the heart is not able to pump enough blood for the body's needs for blood and oxygen), hypertension (high blood pressure), diabetes (a group of diseases which affects how the body uses blood sugar), and muscle weakness.</p> <p>On 5/19/25 at 3:36 p.m., R29 stated today the tray (at noon) was late. R29 stated there should be alternates for food. Today, there were no alternates ready for pork. R29 stated the culinary director went to make something as an alternate and provided chickens strips. R29 went on to state the food is late all the time.</p> <p>R33's admission MDS, completed on 3/3/25, indicated R33 had moderate cognitive impairment. R33 was independent with eating. R33's medical diagnoses included hyponatremia (low sodium (salt), a non-cancerous brain tumor, myocardial infarction (heart attack), generalized weakness, and unsteadiness.</p> <p>On 5/19/25 at 5:30 p.m., R33 stated the food is so-so. R33 commented the alternates available are the same things all the time. The food is not consistently hot, and described the food received with meal trays as pretty much warm. R33 stated she had not requested staff to warm up the meal tray if received at less than desired temperature.</p> <p>On 5/19/25 at 11:25 a.m., the culinary director (CD) stated mealtimes at the facility were at 8:00 a.m., 12:00 p.m., and 5:00 p.m.</p> <p>On 5/19/25 at 12:13 p.m., observation was completed in the dining room. Meal service was to begin at 12:00 p.m. At this time, beverages were being served by dietary aide (DA)-A, however, the noon meal had not begun being served.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 5/19/25 at 12:14 p.m., temperature logs were received from 5/16/25 to the present time on 5/19/25 at 12:14 p.m. The culinary services cook (CSC)-A stated she had temped the foods earlier yet had not recorded them. The temperature log reflected no temperatures had been entered for 5/16/24-5/19/25. Upon review of the temperature logs, it was noted from 5/1/25 -5/15/25, there were 11 meals out of 45 where temperatures were not recorded.</p> <p>On 5/19/25 at 12:25 p.m., the first meal was served, 25 minutes after the start of the designated mealtime. Upon initiation of meal service, it was identified there were no alternatives to the pork cutlet served. It was also identified that an alternate meat would need to be prepared as there were three residents who did not consume pork products. CD proceeded to the kitchen to prepare an alternate protein.</p> <p>On 5/20/25 at 12:01 p.m., meal service observation was initiated at this time in the dining room. DA-A was serving beverages to those residents present. At 12:17 p.m., the steam table arrived in the serving kitchen. At 12:24 p.m., it was noted the first meals were served to three residents. At 12:30 p.m., all residents have been served in the dining room.</p> <p>On 5/20/25 at 12:47 p.m., R93 stated it was a small lunch. Quality and quantity is always small. Timing is (was) always a thing. R93 stated he had enough to eat however, expressed concerns regarding the quality. R93 stated there was often an extended wait for meals.</p> <p>On 5/20/25 at 3:20 p.m., an interview was completed with the Regional Culinary Director (RCD), and Registered Dietitian (RD). RCD stated checking of the temperature of foods, should occur right before the meal was serve, and should be completed with every meal. RCD stated she was surprised there were concerns regarding foods as they used heating pellets to keep the plates warm, heated plates, and domed covers. RCD stated there may be some concerns regarding delivery once food was sent out for tray service. RCD stated if the food was reported to be not up to temperature, the food would be either reheated or the resident would be served a new plate. RCD stated she had heard mealtimes have been delayed at times. RCD and RD stated there were routine Food Council meetings to review resident concerns, and stated these meetings were often held on the same day as Resident Council. A request was made for Food Council meeting minutes; however, none were received.</p> <p>A facility policy, titled Meal Times, review 9/2012, identified it was the policy of the facility to serve meals to meet the standards of the surveying agencies, specifying no more than 14 hours between the evening meal of one day and the breakfast meal of the next day. Although the policy included a section which indicated Meal times will be: there lacked indicated times for breakfast, noon, and evening. The policy indicated the Hospitality Services Manager was responsible to monitor the system to assure adherence. The policy went on to state all staff were responsible for following this schedule.</p> <p>A facility policy titled Food and Nutrition Services, revised October of 2017, identified Each resident was provided with a nourishing, palatable, well-balanced diet that met his/her daily nutritional and special dietary needs, taking into consideration the preferences of each resident. The policy identified the meals and/or nutritional supplements would be served within 45 minutes of either resident request or scheduled meal time. The policy also identified Meal times are posted in the facility common areas.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0804</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>A facility policy titled Food Preparation and Service, revised April of 2019, identified proper hot and cold temperatures were maintained during food service. It also identified the temperature of foods held in steam tables were monitored throughout the meal by food and nutrition services staff.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and record review the facility failed to ensure urinary leg bags were effectively secured to prevent falling on the floor and being rolled over by wheelchair for 1 of 1 residents (R28) reviewed for urinary catheter. In addition, the facility failed to conduct ongoing surveillance for the infection control program to ensure tracking and trending of symptomatic illnesses not on antibiotics in the facility. This deficient practice had the potential to affect all 32 residents currently residing in the facility.</p> <p>Findings include:</p> <p>R28's admission Minimum Data Set (MDS) dated [DATE], indicated R28 had moderate cognitive impairment and required assistance with activities of daily living (ADL's) including dressing, grooming, bathing, and transfers. R28 was noted to have an indwelling catheter. R28's medical diagnoses included an artificial openings of the urinary tract, benign prostatic hyperplasia (a non-cancerous enlargement of the prostate gland in men which can lead to various urinary problems in men), renal insufficiency (a condition which the kidneys are not functioning at their full capacity), urinary tract infections, diabetes (a group of diseases which affects how the body uses blood sugar), specialized disorders of the bladder, and dementia.</p> <p>R28's care plan printed 5/21/25, identified R28 was on enhanced barrier precautions related to nephrostomy bag, was a fall risk related to nephrostomy tubes (a tube that drains urine from the bladder when the urine is unable to leave the body normally), had alteration in mobility related to nephrostomy tubes, and had self care deficit related to bilateral nephrostomy tubes. R28's lacks direction as to management of the nephrostomy bags, cares to be provided to the sites, and direction as to securing of nephrostomy bags for resident to maintain dignity, provide good infection control practices, and prevent falls.</p> <p>The Group one (1) CNA (certified nursing assistant) work list, updated 5/21/25, identified R28 was dependent with toileting and had nephrostomy tubes. The list lacked any further direction to staff as to how provide cares for the nephrostomy tubes and bags.</p> <p>On 5/19/25 at 3:59 p.m., R28 was observed next to the Transitional Care Unit (TCU) nurses station. R28 was positioned between the medication (med) cart and the wall, allowing room for wheelchairs to pass. R28 was observed to have urinary leg bag dragging below the left leg of his pants, with urinary leg bag laying on the floor. R28 was observed to moving in a back and forth motion and was observed to roll over his leg bag with the wheel of the wheel chair. Certified nursing assistant (CNA)-A was observed to walk by, pushing another resident. CNA-A observed R28's leg bag on the floor and went to correct this. CNA-A then stated to licensed practical nurse (LPN)-B she needed to help R28, and advised LPN-B to get gloves. CNA-A proceed to step away from residents to go and wash her hands. LPN-B proceeded to propel the resident CNA-A had been assisting to their room. While R28 was left unattended, he proceeded to roll back over the leg bag, which remained on the floor. LPN-B then returned and assisted R28 to his room. CNA-A returned to the nurses station after washing her hands, and stated she had observed R28's leg bag caught in the wheelchair, and that was why she stopped to help. CNA-A stated when she assisted R28, she was not wearing gloves, so needed to wash her hands. CNA-A stated she alerted LPN-B, who was at the medication cart, to provide assistance while she washed her hands.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>On 5/19/25 at 5:17 p.m., a follow-up interview was completed with LPN-B. LPN-B stated she had assisted the resident being pushed by CNA-A to their room, and then returned to the nurses station to help R28. LPN-B stated she assisted R28 to his room, and assisted with placement of leg bag, and tightened his leg band. LPN-B stated she had seen the leg bag on the floor. LPN-B stated with the leg bag being on the floor, there would be the exposure to bacteria, germs and added that was why she had fixed it.</p> <p>On 5/22/25 at 10:36 a.m., R28 was observed as he received personal cares. CNA-B proceeded with cares wearing a gown and gloves as required for cares. CNA-B was observed with appropriate infection control practice of hand hygiene and glove use. CNA-B proceeded to secure nephrostomy bags to R28's legs. The band CNA-B was using was a wider width strap, approximately two inches wide, such as a band used to secure a catheter tube to the upper thigh. CNA-B identified when using a leg bag, there were usually straps which threaded through the leg bag, however, these straps were not available for use. Upon observation of the leg bags, it was noted the area on the leg bag where straps would be threaded through had not been used. CNA-B stated the straps provided were too large for the bags to secure well to R28's legs. CNA-B stated she had asked about different straps, but this is what they give us. CNA-B stated the problem with positioning of the leg bags is related to how they sit on his legs. CNA-B then strapped leg bag to just below the knee, securing the large band at the top of the leg bag. There was no strap available to secure the bottom of the leg bag to the leg.</p> <p>During interview on 5/22/25 at 11:32 a.m., LPN Clinical Coordinator (CC)-A stated R28's leg bags should be secured properly on his legs and should not be on the floor due to concerns with dignity, as well as concerns for infection control, adding it was a sanitary issue. CC-A stated if the leg bag was laying on the floor, and run over by the wheelchair, there was a potential for the nephrostomy tubes to be pulled out or displaced. CC-A stated it was her expectation if a leg bag was observed to be laying on the floor, they were to be immediately assisted to their room to secure the bag properly. CCA stated they have tried a variety straps they have tried to find the best fit. CC-A stated she was unaware the current strap was not working effectively.</p> <p>During interview on 5/22/25, at 11:50 a.m., director of nursing (DON) stated the urinary leg bag should not be on the floor. DON stated the leg bags were to be secured, adding they typically came with a strap for the top and for the bottom, and stated she was unsure why this was not being used. DON identified concerns for infection control if the leg bag was observed to be laying on the floor. DON stated the leg bag should have been checked/changed. DON stated the leg bag was to be secured to the leg. DON stated the leg bags typically come with straps and they were to be used to secure the leg bags to the leg. DON stated this was important to prevent the tubes from being pulled/tugged on, as well as the potential for the leg bag from being on the floor.</p> <p>A facility policy, Indwelling Catheter Care Procedure, dated 7/21/23, was provided upon request for a policy for care and management of urinary drainage bags. This policy lacked information as to management of urinary drainage bag, including placement and process to secure, to ensure privacy, dignity, and prevention of opportunity for contamination.</p> <p>On 5/21/25 at 10:00 a.m., a line list was requested to show all residents who had symptoms of illness that were not on antibiotics for 5/25 but was not provided.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245298	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/23/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Twin Rivers LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 5/21/25 at 10:00 a.m., the director of Nursing (DON), who was also the facility infection preventionist stated there was no process in the facility to keep a list of residents that had symptoms but were not on antibiotics. She would review the progress notes almost every day and would make mental notes of anybody with symptoms of respiratory concerns or gastrointestinal concerns. There was no actual list made of the residents with symptoms to keep track of the symptoms or to trend when and where they occurred. When the resident progress notes were reviewed and she remembered there were other residents who had similar symptoms, she would look at them to see if they were similar. The DON did not review the staff with illness, that was the administrator. They very rarely met to discuss staff who were sick to see if staff and residents had similar symptoms.</p> <p>During an interview on 5/21/25 at 10:24 a.m., the administrator stated she was the staff member notified when there was a call in. Sometimes, staff called into the facility and other times they called the administrator directly. The facility did ask why a person was calling in sick but did not require them to report symptoms for the purpose of tracking and trending. I would report to the DON symptoms that I felt might affect the resident and the facility but did not meet with her regularly to discuss all symptoms.</p> <p>Facility policy Infection Prevention and Control Program last revised 11/24 indicated surveillance tools were used to recognize the occurrence of infections, recording their number and frequency, detected outbreaks and epidemics, monitored employee infections, and detected unusual pathogens with infection control implications. Data gathered during surveillance would be used to oversee infections and spot trends.</p>		