

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245315	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  12/03/2024
NAME OF PROVIDER OR SUPPLIER  Seasons Healthcare		STREET ADDRESS, CITY, STATE, ZIP CODE  303 Broadway Avenue South Trimont, MN 56176	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 39998</p> <p>Based on interview and document review the facility failed to immediately report an allegation of abuse to the administrator and State Agency (SA) immediately, but not later than two hours after the allegation was made for 5 of 5 residents (R1, R2, R3, R4, R5) reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>A Nursing Home Incident Report submitted to the State Agency on 11/27/24 at 5:39 p.m., alleged nursing assistant (NA)-A observed NA-B abused and violated the rights of R1 on 11/26/24 at approximately 10:00 p.m.</p> <p>R1's Quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 had moderately impaired cognition and included diagnoses of traumatic brain injury, anxiety disorder, and kidney disease.</p> <p>R1's care plan last revised on 12/2/24, indicated R1 was at risk for potential abuse/neglect and altered dignity due to required staff assistance with cares. R1 required staff assistance with transferring, toileting, and hygiene.</p> <p>A Nursing Home Incident Report submitted to the State Agency on 11/27/24 at 5:32 p.m., alleged nursing assistant (NA)-A observed NA-B abuse and violate the rights of R2 on 11/26/24 at approximately 5:00 p.m.</p> <p>R2's Quarterly MDS dated [DATE], indicated R2 had intact cognition and included the diagnoses of diabetes, history of falling, and epilepsy.</p> <p>R2's Care Plan last revised 12/2/24, indicated R2 was at risk for potential abuse and neglect. R2 required staff assist for showers and was independent with all other activity of daily living (ADL) cares.</p> <p>A Nursing Home Incident Report submitted to the State Agency on 11/27/24 at 5:21 p.m., alleged NA-A observed NA-B abuse and violate the rights of R3, R4, and R5 on 11/26/24 at approximately 5:00 p.m.,</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R3's Quarterly MDS dated [DATE], indicated R1 had moderately impaired cognition and identified R1 required staff assist with dressing, toileting, transferring, and bathing. R1's diagnoses included diabetes, osteoporosis, and history of falling.</p> <p>R3's Care Plan last updated 12/2/24, identified R3 was at risk for abuse, neglect, and altered dignity due to required staff assistance.</p> <p>R4's quarterly MDS dated [DATE], indicated R4 was cognitively intact and required staff assist with bathing, dressing, toileting, transferring, and personal hygiene. R4's diagnoses included paranoid schizophrenia, polyosteoarthritis, and morbid obesity.</p> <p>R4's Care Plan last updated 12/2/24, identified R4 was at risk for abuse and neglect.</p> <p>R5's quarterly MDS dated [DATE], indicated cognitive function was not assessed as R5 is not able to respond. The MDS also identified R5 was dependent on staff for all cares. R5's diagnoses included dementia, aphasia (not being able to talk), and anxiety disorder.</p> <p>R5's Care Plan updated 12/2/24, identified R5 was at risk for abuse, neglect, and altered dignity related to required assistance from staff for all cares.</p> <p>During an interview on 12/3/24 at 2:35 p.m., NA-A indicated during the evening shift on 11/26/24, she witnessed NA-B lying on top of R5 and kissing; making rude and sexual comments to R3; and, inappropriately touching, and speaking to R4; making inappropriate comments to R1; and making rude comments to R2. NA-A further identified she did not report the allegations to the facility administrator but did call the staffing agency representative the following day in the morning sometime and the staffing agency representative would notify the facility administrator. NA-A stated she thought she had up to 24 hours to report the allegations and was not aware of the required immediate notification.</p> <p>During an interview on 12/3/24 at 1:25 p.m., registered nurse (RN)-A identified working the evening of 11/26/24 and was aware of NA-A's allegations but thought the person that directly witnessed the incident was to report it [to the SA] so had directed NA-A to report the allegations online but RN-A was not sure if NA-A did report the allegation. RN-A denied notifying the administrator of the allegations and did not report the incident to the SA.</p> <p>During an interview on 12/3/24 at 4:10 p.m., the administrator identified that on 11/27/24 at approximately 2:30 p.m., she received an email notification of the multiple allegations that occurred on the evening shift of 11/26/24. The administrator further indicated that the allegations should have been reported to her on 11/26/24 and verified the reporting requirements were not met because of the delay in her notification of the allegations.</p> <p>(continued on next page)</p>		

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<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>The facility's policy titled, Prohibition&amp; Prevention of Abuse Plan and the Elder Justice Act, last reviewed 5/19/24, indicates all staff are mandatory reporters and the initial report [to the SA] can be submitted by the director of nursing, social service designee, administrator, or charge nurse. The procedure includes 1) ensure the resident(s) are safe. 2) Report the incident to the charge nurse immediately. 3) charge nurse report to the director of nursing, social service designee, or administrator. If they are not available, the charge nurse should make the report. 4) All staff must report all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, are reported immediately, but no later than 2 (two) hours after the allegation is made, if the event that caused the allegation involve abuse or result in serious bodily injury.</p>		