

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245316	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/16/2024
NAME OF PROVIDER OR SUPPLIER  New Richland Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  312 Northeast 1st Street New Richland, MN 56072	

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 - Few</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** 50764</b></p> <p>Based on interview and document review, the facility failed to ensure allegations of abuse/neglect were reported to the State Agency (SA), in accordance with established policies and procedures, for 2 of 3 residents (R2 and R5) reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>R2's face sheet printed 9/16/24, indicated diagnoses of mild cognitive impairment, unspecified intracranial injury (brain injury), unspecified intellectual disabilities, and need for assistance with personal care.</p> <p>R2's quarterly Minimum Data Set (MDS) dated [DATE], indicated Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition.</p> <p>R2's care plan focus area for ADLs dated 6/16/23, included the need for staff assistance related to traumatic brain injury (TBI) and muscle weakness. R2 care plan for focus area elimination dated 11/14/19, included need for staff assistance due to incontinence of bladder and bowel.</p> <p>Review of a vulnerable adult (VA) report submitted to the SA on 4/5/24 at 8:18 p.m., indicated a nursing assistant (NA)-A had slapped R2 on the foot and R2 was crying about the incident.</p> <p>Review of a document titled MAARC (Minnesota Adult Abuse Reporting Center Report) Notification dated 4/8/24, indicated facility was informed via email of an allegation of abuse for R2 by local police chief on 4/8/24 at 9:46 a.m. The email stated the police chief had received a MAARC report indicating alleged abuse to R2 and was inquiring if the facility was aware and had investigated.</p> <p>During interview on 9/16/24 at 12:52 p.m., family member (FM)-A indicated R2 had called her and told her NA-A had lifted R2's foot up and then slapped it and dropped it on the bed. FM-A was not able to identify date.</p> <p>R5's face sheet printed 9/16/24, indicated diagnoses of end stage renal disease, post-traumatic stress disorder, panic disorder, and generalized anxiety disorder.</p> <p>R5's quarterly MDS dated [DATE], indicated BIMS score of 15, which indicated intact cognition.</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 - Few</p>	<p>R5's care plan focus area for elimination dated 5/24/23, indicated R5 was incontinent of bowel and bladder and required assistance of one staff for toileting hygiene and R5 was not aware of when he was incontinent.</p> <p>Review of a document titled Grievance Response Form dated 4/4/24, and filled out by social services director (SSD), indicated R5 reported the night shift staff, NA-A, yelled at him due to having loose stools and that made him mad.</p> <p>During interview on 9/16/24 at 11:46 a.m., with SSD she confirmed R2's allegation of abuse, was reported to the facility on [DATE] at 9:46 a.m., by local police chief and further confirmed the facility did not report the alleged abuse to the SA. SSD stated she couldn't confirm whether the facility considered reporting the alleged abuse. SSD further confirmed she had not reported alleged abuse related to R5 and was unsure why that was not reported.</p> <p>During interview on 9/16/24 at 3:01 p.m., with director of nursing (DON) confirmed the facility should have reported the alleged abuse for R2 and R5 and was unsure why it was not reported due to SSD usually handling that.</p> <p>During interview on 9/16/24 at 3:35 p.m., with administrator confirmed the facility did not report the alleged abuse for R2 and R5 and was unsure why it was not reported.</p> <p>The facility Reporting Abuse to State Agencies and Other Entities/Individuals policy revised 1/25/24, indicated all suspected violations and substantiated incidents of abuse occurring at New Richland Care Center will be immediately reported to appropriate state agencies and other entities or individuals as required by law. The policy further indicated the following: Should a suspected violation or substantiated incident of mistreatment, neglect, injuries of unknown source, or abuse be reported, the facility administrator, or designee, will promptly notify the following persons or agencies of such incident: The State licensing/certification agency responsible for surveying/licensing the facility.</p> <p>The facility Recognizing Signs and Symptoms of Abuse/Neglect policy revised 1/25/24, indicated abuse was defined as willful infliction of injury, unreasonable confinement, intimidation, or punishment with resulting physical harm, pain, on mental anguish.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50764</b></p> <p>Based on interview and document review, the facility failed to thoroughly investigate following an allegation of staff to resident abuse for 1 of 3 residents (R5) reviewed for allegation of abuse.</p> <p>Findings include:</p> <p>R5's face sheet printed 9/16/24, indicated diagnoses of end stage renal disease, post-traumatic stress disorder, panic disorder, depression, and generalized anxiety disorder.</p> <p>R5's quarterly Minimum Data Set (MDS) dated [DATE], indicated the resident's Brief Interview for Mental Status (BIMS) score of 15, which indicated intact cognition.</p> <p>R5's care plan focus area for elimination dated 5/24/23, indicated R5 was incontinent of bowel and bladder and required assistance of one staff for toileting hygiene and R5 was not aware of when he was incontinent.</p> <p>Review of a document titled Grievance Response Form dated 4/4/24, and filled out by social services director (SSD), indicated R5 reported the night shift staff, nursing assistant (NA)-A, yelled at him due to having loose stools and that made him upset and mad. An untitled attachment to the document dated 4/5/24, indicated a phone conversation with NA-A regarding attitude with R5, abrasive and inappropriate tone. NA-A had been working 100 hours each pay period. NA-A's hours were decreased as a result. NA-A was instructed to work a different hallway and avoid R5.</p> <p>During interview on 9/16/24 at 11:46 a.m., SSD confirmed there was no thorough investigation completed regarding the report of alleged abuse. SSD confirmed according to policy this should have been investigated as potential abuse and was unsure why an investigation was not completed.</p> <p>During interview on 9/16/24 at 3:01 p.m., director of nursing (DON) stated she was unsure if a thorough investigation was completed for the alleged verbal abuse of R5 because SSD did those investigations.</p> <p>During interview on 9/16/24 at 3:35 p.m., administrator, DON, and SSD confirmed a thorough investigation should have been completed.</p> <p>The facility Preventing Resident Abuse policy revised 1/25/24, includes definitions of signs/symptoms of psychological abuse/neglect as resident reacting negatively to a specific caregiver, paranoia, depression, and anger.</p> <p>The facility Abuse Investigations policy revised 1/25/24, indicated all reports of resident abuse shall be promptly and thoroughly investigated by management. The policy further stated that individuals conducting the investigation will, at a minimum, interview staff members, other residents provided care by the accused, roommates, family members. In addition, the policy states employees who have been accused of resident abuse will be suspended immediately pending the outcome of the investigation.</p>		