

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245326	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/22/2024
NAME OF PROVIDER OR SUPPLIER The Villas at Roseville		STREET ADDRESS, CITY, STATE, ZIP CODE 1000 Lovell Avenue Roseville, MN 55113	

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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618</p> <p>Based on observation, interview, and record review, the facility failed to comprehensively assess residents for the use of bedrails prior to the installation of bed rails for 2 of 4 residents (R2 and R3) and/or review the risk/benefits and obtain written informed consent prior the use of bed rails.</p> <p>Findings include:</p> <p>During an observation on 3/20/24 at 12:44 p.m., R3 did not have bed rails on her bed.</p> <p>During an observation on 3/21/24 at 12:34 p.m., the maintenance director (MD) was walking towards R3's room with grab bars in his hand.</p> <p>During an observation on 3/21/24 at 1:07 p.m., R2 and R3 had bed rails on their beds. R2's admission record printed on 3/20/24 indicated R2 was admitted to the facility on [DATE] with a primary diagnosis of malignant neoplasm of endometrium. R2's additional diagnoses included neoplasm related pain and muscle weakness.</p> <p>R2's bed mobility device evaluation assessment dated [DATE] indicated R2 had bed rails. The assessment indicated R2 has not become entangled in the bed mobility device, R2 used the bed rails for repositioning while in bed, R2 used the bed rails to assist with transfers, and the device does not restrict her freedom of movement or normal access to their body. The assessment indicated R2 was able to demonstrate appropriate use of the device. The assessment indicated no alternatives had been attempted prior to the placement of the bed rails. The assessment did not indicate a review of medical diagnoses/conditions/symptoms/behavioral symptoms, size and weight, sleep habits, medications, acute medical or surgical interventions, underlying medical conditions, existence of delirium, ability to toilet self safely, cognition, communication, mobility in and out of bed, or risks of falling.</p> <p>R2's brief interview for mental status (BIMS) assessment dated [DATE] indicated R2 had a score of 15 which indicated R2 was cognitively intact.</p> <p>R3's admission record printed on 3/20/24 indicated R3 was admitted to the facility on [DATE] with a primary diagnosis of undifferentiated schizophrenia. R3's additional diagnoses included osteoarthritis, vascular dementia with agitation, obesity, history of falling, muscle weakness, pain in left knee, and bilateral acute angle-closure glaucoma.</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 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's BIMS assessment dated [DATE] indicated R3 had a score of 15 which indicated R3 was cognitively intact.</p> <p>R3's bed mobility device evaluation assessment dated [DATE] indicated R3 had requested bed rails and was still waiting for them to be installed.</p> <p>During an interview with R3 on 3/21/24 at 1:36 p.m., R3 stated the facility nursing staff did not go over the risks versus benefits of the bed rails with her prior to installing the bed rails. During the interview with R3, R3 asked the surveyor what the risks were to having bed rails on her bed.</p> <p>During an interview with the therapy director (TD) on 3/21/24 at 2:06 p.m., the TD stated if a resident asked for bed rails on their bed, the interdisciplinary team (IDT) would meet and make a decision if the resident was appropriate for bed rails or not. The TD stated the nursing staff would go over the risks versus benefits with the resident if they are not on therapy services, but if the resident is on therapy services, the TD or other members of the therapy department would go over the risks versus benefits with the resident. The TD stated he was unaware R3 had bed rails installed earlier in the day.</p> <p>During an interview with the director of nursing (DON) on 3/21/24 at 2:19 p.m., the DON stated the bed rails assessments were completed when the resident was admitted into the facility. The DON stated if the resident needed bed rails during their admission, then the assessment was completed quarterly. The DON stated the assessment was called bed mobility device assessments. The DON stated whoever completed the bed mobility device assessments would go over the risks versus benefits of having the bed rails with the resident. The DON stated she was unaware R3 had bed rails installed earlier in the day.</p> <p>During an interview with the interim nurse manager (INM) on 3/21/24 at 2:39 p.m., the INM stated it was her responsibility to do the bed mobility device evaluation assessment on resident prior to the resident's receiving bed rails. The INM stated she completed an assessment on R3 prior to the installation of bed rails. The INM stated she reviewed entrapment concerns, asked R3 if she wanted the bed rails, went over the risks versus benefits, and explained the purpose of the bed rails. The INM stated she did not have R3 sign an informed consent prior to the installation of bed rails. The INM stated she did not look through R3's medical diagnoses, height, or weight prior to the installation of bed rails. The INM stated the staff member installing the bed rails would look at the height and weight of the resident prior to installing the bed rails. The INM stated she checked on R3 after the installation of the bed rails and stated R3 stated she was fine.</p> <p>During an interview with the INM on 3/22/24 at 9:30 a.m., the INM stated she would obtain informed consent by asking a resident if they wanted the bed rails and then she would do the bed mobility evaluation assessment.</p> <p>During an interview with the MD on 3/22/24 at 9:38 a.m., the MD stated the facility uses three different types of bed rails and each bed has specific rails that attach to each bed. The MD stated the bed rails are not interchangeable with the beds. The MD stated he does not look at the resident's height and weight prior to installing bed rails. The MD stated he did not look at R3's height and weight prior to installing her bed rails.</p> <p>(continued on next page)</p>		

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F 0700 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview with the INM on 3/22/24 at 10:54 a.m., the INM stated she did not know there are different types of bed rails. The INM stated the MD is responsible for doing the assessments to indicated what type of bed rails are appropriate for each resident. Bed rails policy and procedure was requested and none was given.		