STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245328	A. Building B. Wing	02/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Parmly on the Lake LLC	28210 Old Towne Road Chisago City, MN 55013

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44649 Based on interview and record review the facility failed to that ensure treatment orders were implemented at the time prescribed for 2 of 3 residents (R1 and R2) reviewed for quality of care. R1 and R2 were receiving wound care from an outside provider and the facility did not transcribe and implement order changes for three to five days after the order was written. Findings include: R1's electronic Treatment Administration Record dated 1/1/25 - 2/3/25 indicated R1 received wound care treatment to his great and second toe lacerations on 1/29/25 and 1/31/25. No other treatments to the toe lacerations were completed at the facility. R1's admission Minimum Data Set (MDS) dated [DATE] indicated R1 had a brief inventory of mental status (BIMs) score of 5 indicating R1 was severely cognitively impaired. R1 was dependent upon staff for dressing, transferring, and toileting, he required moderate assistance with personal cares. R1's pertinent diagnoses were a fracture of the right lower leg and altered mental status. R1's wound provider note dated 1/24/25 indicated R1 had a new wound on his right great toe and second toe laceration. The wound measured 2.9 centimeters (cm) in length (L) x 1.4 cm width (W) and 0.1 cm depth (D). R1's wound had moderate serosanguinous exudate (blood and clear fluid drainage from a wound). The tissue of his wound was 100% granulated (new, pink fleshy tissue that forms on a healing wound). R1's orders were to cleanse with wound cleanser, pat dry, skin prep to peri-wound (outer edge), apply collagen, calcium alginate, and wrap with kerlix dressing three times a week and as needed. R1's facility clinical physician orders dated 1/29/24 indicated 1/29/24 was the start date for the orders written on 1/24/25 for wound care to the laceration of the great toe and second toe. Cleanse the wound with wound cleanser, pay dry, skin prep to peri-wound, apply collagen, calcium alginate, wrap with kerlix and change three times a week as needed. R1's wound provider note dated 1/31/25 indicated R1's wound measured 2.9 cm L x 2.1 cm W x 0.1 cm D cm. The exudate was light serosanguinous. The tissue type was 80% necrotic (death of body tissue) and 20% granulation. (continued on next page)

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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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R1's facility clinical order sheet dated 2/3/25 indicated 2/3/25 was the start date for 1/31/25 R1's wound care to laceration on right great and second toes to cleanse with wound cleanser, pat dry, apply betadine-soaked gauze, wrap with kerlix, and change daily and as needed. R1's facility nursing progress note dated 2/3/25 at 3:41 p.m. indicated during a skin check a new patch was noticed on R1's surgical incision instead of the steri-strips. When removed increased drainage and strong odor was noted. A call was placed to R1's provider with an update on R1's wound and the provided agreed to have R1 transported to the emergency department for further evaluation. R1's emergency department note dated 2/3/25 at 4:28 p.m. indicated R1 presented with a wound infection. R1's findings were a foul odor from the right foot with gangrenous (dead tissue caused by an infection or lack of blood flow) appearing second toe with swelling and ecchymosis (a bruise caused by blood leaking from a broken blood vessels) over the medial malleolus of the right foot. R1 was started on clindamycin (antibiotic) 900 milligrams (mg) in 50 milliliters (ml) of D5W (dextrose 5% in water intravenous) intermittently. Vancomycin (antibiotic) 1,000 mg in 200 ml dextrose. R1 was transported to a larger hospital on 2/5/25 to be seen by a vascular surgeon (refers to blood vessels, arteries, veins, and capillaries). R1's hospital progress note dated 2/9/25 at 8:08 a.m. indicated R1 was evaluated by orthopedics, vascular, and infectious disease. Given the severity of the infection and decreased perfusion of his foot an above the knee amputation was recommended. R1 agreed and the surgery was planned for 2/10/25. Upon interview on 2/10/25 at 1:10 the facility health unit coordinator (HUC) stated admission orders were the top priority and orders waited. She stated every Friday the wound provider rounded at the facility and then the order is faxed to the facility by Saturday. She stated she transcribes the wound providers notes every Monday from the prior Friday visits. She transcribed the order after 2 p.m. every Monday with the rationale that the day shift would have completed all their tasks for the day by 2:00 p.m. and new orders would mess that up. Upon interview on 2/10/25 at 1:45 p.m. registered nurse (RN)-A nurse manager stated the facility's wound provider visits every Friday and a facility nurse assists the provider with wound rounds. She stated she rounded with the provider on 1/24/25 and 1/31/25 and was aware a new wound was found on 1/24/25 and order changes were ordered on 1/31/25. She stated if she felt the wound was extensive, she would have put the order immediately but left for the HUC to transcribe on Monday. RN-A was not aware that R1 went from the time of the providers visit on 1/24/25 to 1/29/25 without a dressing change since the orders were three times a week and the HUC did not start the order until 1/29/25 five days later. She stated on 1/31/25 she was aware the order was changed to daily, and she did not update that order herself, leaving it for the HUC on 2/3/25 a Monday and the dressing did not get changed because R1 was sent to the emergency roiagnom on [DATE]. Upon interview on 2/10/25 at 2:40 p.m. the facilities Nurse Practitioner (NP)-A stated she received a call on 2/3/25 regarding R1's wound that he was about to take a shower and the wound on his leg and toes had a strong odor, was swollen, and had turned black. NP-A gave orders to send R1 to the emergency department. She stated she was not aware the facility did not process orders right away. She stated her expectations would be to process orders in 24-hours or less. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Upon interview on 2/10/25 at 3:22 p.m. licensed practical nurse (LPN)-A stated she managers the other wing of the facility and assists the provider with wound rounds on her side. She stated she transcribes new orders, or order changes immediately. She stated, you can't leave a daily treatment order over a weekend. On Monday, the HUC on her side of the building verifies and confirms the orders. Upon interview on 2/11/25 at 9:01 a.m. R1's hospital Vascular Surgeon stated R1 had peripheral vascular disease (a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs). R1 had just enough blood flow to maintain his legs leaving him with great difficult to heal. He stated he could not answer if the facility delaying wound care to the toes timely caused the amputation because R1 had so much going on. Upon interview on 2/11/25 at 12:55 p.m. the facilities Medical Director stated he was not certain of the exact process the facility uses to transcribe provider orders. Wound orders cannot wait for 3-5 days. He stated the facility needed a better practice and the order process should be standard across all the units. Upon interview 2/11/25 at 1:16 p.m. the director of nursing (DON) stated she became aware during the survey that the units were not processing orders the same way and the facility was already working on education and a new way to process the wound orders so the orders can be processed on the same day for continuity of care. Upon interview on 2/11/25 at 2:15 p.m. the wound provider stated he was not aware that one of the units at the facility was waiting until the following week to process orders. That is concerning. Upon interview on 2/11/25 at 3:38 p.m. R1's Orthopedic provider stated from an Orthopedic standpoint R1's vascular problem was his biggest issue, and the infection would have been difficult to treat related to R1's limited circulation in his right leg. He did not feel the facilities delayed treatment caused R1 to have an above the knee amputation. R2's annual MDS dated [DATE] indicated R2 had a BIMs score of 14 indicating she was cognitively intact. R2 required extensive assistance with toileting, dressing, and personal hygiene and R2 was dependent upon staff for transferring. R2's pertinent diagnosis was Multiple Sclerosis (the body's immune system eats away at the protective covering of the nerves). R2's wound provider orders dated 1/31/25 indicated R1 had a recurring area on her left gluteal fold (buttock) moisture associated skin damage (MASD) with orders to cleanse with Vashe wash, pat dry, skin prep to peri-wound, apply Santyl lotion, collagen sheet, cover with Mepilex dressing and to change three time a week and as needed. R2's clinical physician orders dated 2/3/25 indicated 2/3/25 was the start date from the 1/31/25 provider orders the orders were wound care to MASD left gluteal fold cleanse with [NAME] wash, pat dry, skin prep to peri-wound apply Santyl lotion, collage sheet, cover with Mepilex, change three times a week and as needed. Upon interview on 2/11/25 at 11:19 a.m. R2 stated the facility staff changes her wound every other day. She did not the frequency the wound provider had ordered but had no complainants. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility policy titled Medication and Treatment Orders dated 2/2024 indicated orders for medications and treatments will be transcribed accurately and in a timely fashion.