

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Warroad Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Lake Street Northwest Warroad, MN 56763	

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 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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569</p> <p>Based on interview and document review the facility failed to thoroughly investigate an injury of unknown origin for 1 of 3 residents (R1) reviewed who sustained significant unexplained bruising.</p> <p>Findings include:</p> <p>R1's Admission Record identified diagnosis that included Alzheimer's disease, dementia and age related osteoporosis (a bone disease that develops when bone mineral density and bone mass decreases, or when the structure and strength of bone changes).</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition and indicated she had upper extremity impairments on both sides. The MDS indicated R1 required substantial/maximal assistance from staff for toileting and transfers and did not ambulate.</p> <p>R1's care plan dated 1/19/24, identified vulnerabilities related to functional limitations and Alzheimers disease.</p> <p>R1's facility Progress Note (PN) dated 6/20/24, indicated writer was summoned to R1's room by nursing assistant (NA) at 6:50 p.m. who stated R1 had bruising to her left side. Writer entered R1's room and noted bruising on left axillary (armpit) area. Bruising measured 24 centimeters (cm) x 17 cm. Bruising also noted between breasts and measured 3 cm x 3 cm. Writer asked R1 what happened to which R1 stated, I don't know what happened. Writer then asked R1 if she fell and R1 stated, No, I didn't fall. When asked if anyone hurt her, R1 stated oh god, no, no one hurt me, I haven't been anywhere at all, I just stay here.</p> <p>R1's emergency department (ED) notes dated 6/22/24, indicated R1 presented with shoulder pain and bleeding/bruising. The note indicated the bruising to the left chest was shallow and obviously occurred approximately one week prior. The bruising under the left and axial chest walls were blue and red and occurred much more recently. R1 had significant deformity to her upper left humerus which raised issue about a possible fracture that may have resulted in the bruising. Extensive document review showed left humerus fracture had occurred in August 2023. Discussed with facility nurse the possibility of staff utilizing the arm for lifting, turning, etc. may have contributed to the bruising. Also discussed R1 used the arm for pulling herself up or forward which may have resulted in bleeding into the axillary and chest walls.</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: 245329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Warroad Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Lake Street Northwest Warroad, MN 56763	
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 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician Visit Note dated 6/28/24, indicated R1 had known Alzheimer's type dementia and was unable to give a good story. Concern for possible trauma, but no known fall or injury. Of note, the findings on the x-ray were all old.</p> <p>A report to the state agency (SA) dated 6/21/24, indicated R1 had a bruise noted to her left lateral side. Area measured 24 cm x 17 cm. R1 was also noted to have a 3 cm x 3 cm bruise to her sternum. R1 expressed she had no recollection of bruising or how it happened or occurred. The facility investigation indicated the brushing was noted to be caused by previous fracture 12 or more months prior, along with atrophy of the end of the left humerus. Emergency department (ED) diagnosis indicated superficial bruising of chest wall, left, initial encounter.</p> <p>A facility investigation undated indicated three staff who worked on 6/20/24 and 6/21/24, were interviewed. The investigation lacked evidence of additional staff interviews in an effort to determine if an incident occurred that may have resulted in the injury. Further, no staff or resident interviews had been performed in and effort to rule out abuse.</p> <p>During interview on 7/17/24 at 11:18 a.m., R1's physician (P)-A stated he had seen R1 after she had been to the ED due to her bruising. P-A stated the ED physician had blamed the bruising on in injury from R1's shoulder. P-A stated the brushing was not related to the shoulder injury as the shoulder injury was old. P-A stated when he saw R1 there had been no fall reported. P-A said he felt the injury was a result of R1 hitting her side on a sink or other object during a transfer. P-A stated elderly people had thin skin and the muscle could break and cause the bleeding and said he did not think R1 would have had to hit something really hard to cause the injury.</p> <p>During interview on 7/17/24 at 12:41 p.m., registered nurse (RN)-A stated she had accompanied R1 to the ED after the bruising had been discovered. RN-A stated the ED physician said R1's humeral head had atrophied and when she was transferring she may have pulled on something and started the bruising. RN-A stated when she looked at the notes it did not make sense because the notes indicated the atrophy had occurred last fall. RN-A stated she had asked R1's physician (P)-A who said he did not think it had any relation to the bruising at all. RN- A said P-A told her he thought R1 might have been injured on a bath rail or side rail while transferring. RN-A said if R1 had fallen she would not have been able to get herself up without help.</p> <p>During interview on 7/17/24 at 1:05 p.m., the director of nursing (DON) stated R1 was not a good historian and said she had been sent to the ED to rule out a potential fracture. The DON stated the ED performed x-rays that picked up an an old fracture and said the facility was unable to determine what led to the bruising. The DON acknowledged no further interviews had been completed in an effort to determine how the injuries may have occurred.</p> <p>Facility Policy And Procedure On Reporting And Internal Review Of Maltreatment And Injuries Of Unknown Origin dated 7/1/24, indicated when the facility had knowledge of an injury of unknown origin an internal review will be completed. The internal review will include an evaluation of whether there is a need for corrective action to protect the health and safety of the vulnerable adult, assess services and care plan, assessment due to an incident and if there is a need for additional staff training.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Warroad Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Lake Street Northwest Warroad, MN 56763	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569</p> <p>Based on observation, interview and document review the facility failed to perform assessment to determine potential causal factors of extensive bruising for 1 of 3 residents (R1) reviewed for non-pressure related skin concerns. In additional the facility failed to implement interventions to prevent further injury.</p> <p>Findings include:</p> <p>R1's Admission Record identified diagnosis that included Alzheimer's disease, dementia and age related osteoporosis (a bone disease that develops when bone mineral density and bone mass decreases, or when the structure and strength of bone changes).</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition and indicated she had upper extremity impairments on both sides. The MDS indicated R1 required substantial/maximal assistance from staff for toileting and transfers and did not ambulate.</p> <p>R1's care plan dated 1/19/24, identified impaired cognitive functioning related to dementia and a potential for alteration in skin integrity and directed staff to observe skin daily with cares and notify nurse of new or worsening skin concerns. The care plan further identified a self care deficit and indicated she used half upper side-rails to maximize independence with turning and repositioning in bed and needed limited assistance with transfers in and out bed, wheelchair and toilet. The care plan further identified R1 had contractions and limitations to bilateral shoulders.</p> <p>R1's facility Progress Note dated 6/20/24, indicated writer was summoned to R1's room by nursing assistant (NA) at 6:50 p.m. who stated R1 had bruising to her left side. Writer entered R1's room and noted bruising on left axillary (armpit) area. Bruising measured 24 centimeters (cm) x 17 cm. Bruising also noted between breasts and measured 3 cm x 3 cm. Writer asked R1 what happened to which R1 stated, I don't know what happened. Writer then asked R1 if she fell and R1 stated, No, I didn't fall. When asked if anyone hurt her, R1 stated oh god, no, no one hurt me, I haven't been anywhere at all, I just stay here.</p> <p>R1's Skin Observation Tools identified the following:</p> <p>6/17/24, Skin warm, dry and intact.</p> <p>6/21/24, R1 noted to have bruising in-between breast which measured 3 cm x 3 cm and left axillary area which measured 24 cm x 17 cm.</p> <p>6/25/24, Bruising noted down left side of torso, side of left breast and left arm.</p> <p>7/2/24, Bruising noted down left side of torso, side of left breast and left arm is still present but stating to fade.</p> <p>7/8/24, No alterations noted.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245329	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/17/2024
NAME OF PROVIDER OR SUPPLIER Warroad Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 Lake Street Northwest Warroad, MN 56763	
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7/15/24, Red marks on back, lotion applied.</p> <p>During observation on 7/16/24 at 4:07 p.m., nursing assistant (NA)-A assisted R1 to transfer from her wheelchair to the toilet. R1 placed her arms on the arm rests of the wheelchair to push herself up and reached for the grab bars on the toilet. R1 asked for help and NA-A assisted R1 to place her hands on the grab bars. R1's left flank was observed to have extensive dark purple bruising. R1 then used her right arm to reach over and grab the wheelchair to pull herself up from the toilet. NA-A assisted R1 to turn and sit in the wheelchair by placing her hands under R1's buttocks and assist to maneuver her into the chair. NA-A had not used a transfer belt when assisting R1. NA-A stated the observed transfer was typical for R1.</p> <p>During interview on 7/17/24 at 9:53 a.m. NA-B stated R1's bruising had been present for about three weeks. NA-B stated, I'm pretty sure they said she had fallen. NA-B said R1's transfers depended on the day and said sometimes she would ring for assistance. NA-B indicated R1 was able to sit up on the side of the bed using the grab bars but some days she needed assistance to stand. NA-B added, R1's cognition was pretty good but said she was not good about remembering details.</p> <p>During interview on 7/17/24 at 12:41 p.m. registered nurse (RN)-A stated she had accompanied R1 to the emergency department (ED) after the bruising had been discovered. RN-A stated the ED physician said R1's humeral head had atrophied and when she was transferring she may have pulled on something and started the bruising. RN-A stated when she looked at the notes it did not make sense because the notes indicated the atrophy had occurred last fall. RN-A stated she had asked R1's physician (P)-A who said he did not think it had any relation to the bruising at all. RN-A said P-A told her he thought R1 might have been injured on a bath rail or side rail while transferring. RN-A said if R1 had fallen she would not have been able to get herself up without help. RN-A stated after the injury she had place a referral for occupation therapy to evaluate R1 but said they had not evaluated her transfer ability. RN-A stated R1 was stand by assist during transfer so staff did not use a transfer belt. RN-A stated she had not performed any reassessment of R1's transfer ability after the injury occurred, nor were any new interventions implemented.</p> <p>During interview on 7/17/24 at 1:05 p.m. the director of nursing (DON) stated the facility did not know what had led to R1's bruising. The DON stated there was no evidence R1 had been assessed for transfer safety following the injuries because staff assisted R1 with her transfers.</p> <p>A policy related to non-pressure related skin injuries was requested but not received.</p>		