STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245329	A. Building B. Wing	03/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Warroad Care Center	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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569 Based on interview and document review the facility failed to promote resident dignity following a fall for 1 of 3 residents (R1) reviewed when R1 sustained a fall, and staff left him to sleep on the floor. Findings include: R1's Admission Record indicated he admitted to the facility on [DATE]. R1's diagnosis included dementia with agitation, restlessness, mood disorder and neurocognitive disorder. R1's discharge Minimum Data Set (MDS) dated [DATE], indicated he displayed physical, verbal, and other behaviors. The MDS indicated R1 was impendent with transfers and ambulation and had not fallen since the prior assessment. R1's Baseline Care Plan dated 3/13/25, indicated he could not easily communicate with staff and communicated with gestures and incoherent vocalizations. The care plan indicated R1 required supervision for dressing and hygiene and was independent with transfers and ambulation without the use of mobility devices. The care plan identified cognitive impairment. The care plan further indicated R1 did not have a history of falls. Facility document titled Post Fall Questions dated 3/19/25, indicated R1 fell at 8:45 a.m. Staff found R1 on his right side on the floor next to his bed. During interview on 3/26/25 at 2:47 p.m., nursing assistant (NA)-A stated R1 had been confused and could not communicate with staff. NA-A said R1 had gone to the hospital and after he returned, he was very tired and seemed out of it. When NA-A worked with R1 the morning after he returned from the hospital, he got out of bed but could not stand and he fell to the floor. During interview on 3/27/25 at 10:00 a.m. anonymous staff (AS) stated following R1's hospitalization on [DATE], there were concerns about R1 being sedated and how staff were to transfer him when he woke up. As said staff mentioned the concern at the end of a staff meeting and were told, we don't know by the management. On 3/19/25, at the beginning of the shift R1 was on the floor, disoriented, non-verbal and uncoordinated and AS was told to just leave him on the floor. AS put a pillow under his head and hip and covered him with a blanket. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 3/27/25 at 10:35 a.m., licensed practical nurse (LPN)-A stated R1 had returned from the hospital sedated from medication. On 3/19/25 in the morning, R1 had been up and when staff entered the room he was on the floor. LPN-A went to the interdisciplinary team (IDT) and was told to leave R1 on the floor, so they made him comfortable and left him. LPN-A said R1 got up around 2:00 - 3:00 p.m. During interview on 3/27/25 at 12:10 p.m. registered nurse (RN)-A said when R1 returned from the hospital he had been sleepy and lethargic. The next morning R1 had been sleeping and tried to stand at some point and fell . RN-A had been in the IDT meeting and said when staff reported the fall, they told her to make him comfortable with a pillow and something under him. RN-A stated the social services designee (SSD) had taken the lead on the decision to leave R1 on the floor and said she would have liked to see him put in the bed. On 3/27/25 at 1:58 p.m., the director of nursing (DON and SSD were interviewed. The DON said R1 had been hospitalized on [DATE], and when he returned, he was like a zombie. The next morning staff went to his room and found him sleeping on the floor. The DON said the IDT was in their morning meeting when LPN-A came and reported the fall and said they had decided to leave him there. The SSD said when she went to R's room, he was on the floor with a pillow under him and she agreed he soul be left on the floor. The DON stated it was not appropriate to leave R1 on the floor. Facility policy Dignity: Quality of Life dated 1/23/24, indicated residents shall always be treated with respect and dignity. Treated with dignity means the resident will be assisted in maintaining and enhancing their self-esteem. Demeaning practices and standards of care that compromise dignity are prohibited. Staff shall promote dignity.