

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245332	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/25/2024
NAME OF PROVIDER OR SUPPLIER  The Estates at Excelsior LLC		STREET ADDRESS, CITY, STATE, ZIP CODE  515 Division Street Excelsior, MN 55331	

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**</b> 49337</p> <p>Based on interview and document review, the facility failed to ensure an allegation of staff to resident abuse was reported immediately (within two hours) to the State Agency (SA) for 1 of 3 residents (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's Brief Interview for Mental Status (BIMS) assessment dated [DATE] indicated R1 was mildly cognitively impaired.</p> <p>R1's care plan dated 4/25/24 indicated R1 required the assist of one for transfers.</p> <p>A facility Nursing Home Incident Report (NHIR) to the SA dated 4/23/24 indicated the report was submitted on 4/22/24 at 12:15 p.m. The report indicated R1 stated a nursing assistant grabbed her by the rib cage, picked her up and threw her onto the wheelchair to get to the bathroom and then back to bed during the evening of 4/20/24. R1 stated the nursing assistant was mean, aggressive, forceful and, rough.</p> <p>On 4/25/24 at 9:58 a.m., R1's son was interviewed and stated R1 described the incident as being manhandled and was feeling pain.</p> <p>On 4/25/24 at 10:21 a.m., R1 stated that on 4/20/24, nursing assistant (NA)-A entered her room to assist with a transfer to the toilet. She stated NA-A grabbed me out of bed and threw me into the wheelchair. NA-A was making negative comments about other staff and R1 felt NA-A was taking the aggression out on her. NA-A continued to throw R1 back into the wheelchair and into bed after going to the bathroom. R1 stated it was painful and she was awake for several hours because she was very fearful and was apprehensive to ask for any service. R1 stated she reported it to registered nurse (RN)-A the following morning on 4/21/24, as well as her son and husband. R1 also requested to be moved to another facility.</p> <p>On 4/25/24 at 12:02 p.m., RN-A stated R1 did report that an aide was rough with her the previous night. RN-A did not report it to any other staff at the facility and said she should have reported it. She thought R1 was having a difficult time adjusting to the transitional care unit because she was used to the care at the hospital.</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>On 4/25/24 at 2:09 p.m., RN-B stated he became aware of the incident when R1's son came to the facility on the evening of 4/21/24 and was asking to make a formal complaint about the alleged incident. He assisted the son to make an internal grievance. He stated R1 and her son described the incident as inappropriate transfers. He was unsure about how to proceed with the concern, so he texted and called the administrator during the evening of 4/21/24 but did not hear back that evening.</p> <p>On 4/25/24 at 2:19 p.m., the administrator stated he found out about the incident during the morning of 4/22/24 and he asked R1 clarifying questions. The administrator stated R1 revealed more details during this interview which aided in the decision to report it to the SA.</p> <p>The facility's Abuse Prohibition/Vulnerable Adult Policy revised 8/2023 directed abuse is defined as willful infliction of injury, intimidation or punishment with resulting pain or mental anguish. Suspected abuse shall be reported to the SA no later than two hours after forming the suspicion of abuse.</p>		