

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 11/07/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48040</p> <p>Based on interview and document review, the facility failed to provide timely notification for change in condition to the physician for 1 of 3 residents (R1) reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>R1's Admission Record dated 9/27/24 indicated R1's diagnoses included diabetic foot ulcers and non-pressure chronic ulcer of right heel and midfoot.</p> <p>R1's annual Minimum Data Set (MDS) dated [DATE] indicated R1 had intact cognition.</p> <p>R1's care plan dated 9/30/24, indicated R1 had a right great toe wound with staff interventions to evaluate the wound, noting any possible complications such as an increase in drainage from the wound, odor, color, or consistency, to notify the provider immediately.</p> <p>On 10/22/24, nurse practitioner (NP)-A was onsite assessing R1's diabetic foot ulcer. NP-A wrote orders for an Xray and white blood cell (WBC) count lab to rule out osteomyelitis (infection of the bone) due to the diabetic foot ulcer deteriorating.</p> <p>On 10/22/24 at 2:37 p.m., a progress note indicated R1 was sent home with home care, physical therapy, occupational therapy, speech therapy, and registered nurse for wound care.</p> <p>On 11/5/24 at 9:04 a.m., NP-A stated during R1's dressing change on 10/22/24, she noted odorous draining, and the right toe wound was deteriorating. NP-A stated she voiced concerns to the nurse manager to notify R1's physician to reconsider R1's discharge to home. NP-A stated she ordered an Xray of the right foot and laboratory work to evaluate osteomyelitis, and wanted these to be done prior to R1 being discharged home.</p> <p>On 11/5/24 at 12:44 p.m., registered nurse (RN)-B stated she went over the discharge instructions with a family member (FM)-A after R1 refused to participate. She did not report NP-A's concerns about the worsening diabetic foot ulcer to R1's physician because she was new and was not sure what to do. She had reported NP-A's concerns to the director of nursing (DON) but did not get any feedback. She did not tell the DON R1 had orders for Xray and lab work.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 11/7/24 at 11:01 a.m., the DON stated staff were expected to report any resident wound concerns to the provider immediately.</p> <p>The facility policy Notification of Changes dated 3/24 directed the facility staff to make appropriate and timely notification to the physician and delegated non-physician practitioner when there is a change in the resident's condition that may require physician intervention.</p>		