

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245340	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/23/2024
NAME OF PROVIDER OR SUPPLIER The Villas at St Paul		STREET ADDRESS, CITY, STATE, ZIP CODE 445 Galtier Avenue Saint Paul, MN 55103	

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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44649</p> <p>Based on interview and document review, the facility failed to immediately report allegations of physical abuse to the State Agency (SA) with two hours for 1 of 1 resident. R3 reported allegations of physical abuse on her roommate R2. R3 reported during an interview that while staff was providing morning cares to R2 they put a pillow over R2's mouth to stop her screaming. R3 had reported the same allegations of physical abuse to licensed practical nurse (LPN)-A and nursing assistant (NA)-A. Neither LPN-A nor NA-A reported the allegations to the management staff at the facility.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) dated [DATE] indicated R2 spoke Hmong. R2's Brief Inventory of Mental Status (BIMs) score was a zero indicating R2 was unable to complete the assessment. R2 was dependent on staff for activities of daily living (ADLs) such as transfers, bed mobility, dressing, toilet use, and personal hygiene. R2's diagnoses included hemiplegia (paralysis of one side of the body), diabetes and depression.</p> <p>Upon interview on 7/23/24 at 9:18 a.m. R3 stated that during her roommates cares at 7/23/24 at approximately 6:00 a.m. R2 was screaming out at two staff members. She stated suddenly the screams became muffled. R3 stated she was in bed and could not see R2 but thought the staff had placed a pillow over R2's mouth to silence her. R3 stated a few weeks ago she did witness a staff member put a pillow over R2's mouth, but another staff stopped it immediately. R2 did not report what she had witnessed a few weeks prior because of the staff stopping. Following the allegations on 7/23/24 at 6:00 a.m. R2 stated she immediately reported the incident to LPN-A and NA-A.</p> <p>Upon interview on 7/23/24 at 9:32 a.m. the Administrator and director of nursing (DON) were informed of the allegations of physical abuse reported by R3. The Administrator and DON stated they were not aware of any concerns from R3.</p> <p>Upon interview on 7/23/24 at 11:32 a.m. via a telephone interpreter service R2 stated she completes her own cares; she does not receive any assistance from staff for dressing or toileting. She stated her name correctly, but stated she lives at home with her family. R2 stated nobody had been in her room earlier during the day and helping her.</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>Upon interview on 7/23/24 at 11:44 a.m. LPN-A stated on 7-23-24 at about 7:00 a.m. R3 told her that she thought staff put a pillow over R2's face during her morning cares because R2 was screaming and then her screams were muffled. LPN-A, who speaks Hmong, stated she asked R2 if any staff had hurt her and R2 stated no. LPN-A denied reporting the allegations to management. She stated that allegations of placing a pillow over vulnerable residents' mouth would be abuse and abuse was to be reported immediately, but R2 denied the allegations when asked.</p> <p>Upon interview on 7/23/24 at 12:09 p.m. NA-A stated at the beginning of her day shift on 7/23/24 R3 reported to her that she thought staff had placed a pillow over her roommate R2 to quiet her. NA-A stated she did not report the allegations because R3 told her she also reported the allegations to LPN-A. NA-A stated she believed if LPN-A was already aware of the allegations she did not need to report. NA-A denied having any conversation with LPN-A regarding the allegations.</p> <p>Upon interview on 7/23/24 at 3:39 p.m. the DON stated all abuse allegations are to be reported immediately. She stated the first she heard about the allegations from R3 was when the writer reported it on 7/23/24 at 9:32 a.m.</p> <p>A policy regarding abuse and reporting was requested however none was provided.</p>		