

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245342	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/21/2025
NAME OF PROVIDER OR SUPPLIER The Estates at Greeley LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 313 South Greeley Street Stillwater, MN 55082	

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** 44654</p> <p>Based on interview and document review, the facility failed to immediately report (within two hours) allegations of sexual abuse to the State Agency (SA) for 1 of 3 residents (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1</p> <p>R1's annual Minimum Data Set (MDS) dated [DATE], indicated she was moderately cognitively impaired with diagnoses that included dementia, anxiety, depression, psychotic disorder and post-traumatic stress disorder.</p> <p>R2</p> <p>R2's quarterly MDS dated [DATE], indicated R2 was cognitively intact with diagnoses that included a fractured rib and weakness.</p> <p>The Nursing Home Incident Report filed on 3/20/25 at 1:32 p.m., identified staff were aware of an incident 3/18/25 at 3:12 p.m., in which R1 reported R1 and R2 had a sexual interaction that started off as consensual and escalated to nonconsensual. R1 alleged R2 pinned or grabbed R1's hands during the incident.</p> <p>On 3/20/25 at 11:22 a.m., during an interview, the administrator stated the report he received from the hospital social worker (SW) on 3/18/25, indicated R1 was held down by R2 during the incident and was penetrated. The administrator stated he did not report when R1 initially reported the incident to the facility on [DATE], because R1 stated it was consensual. The administrator stated the usual process for reporting allegations of abuse was to report immediately to the SA.</p> <p>On 3/20/25, at 12:38 p.m., during an interview, social worker (SW)-A stated allegations of sexual abuse were expected to be reported to the SA. SW-A stated she did not report the allegations reported by the hospital SW on 3/18/25, because the SW from the hospital was already reporting it however, acknowledged the facility should have reported it, too. The SW-A stated she did not report the initial allegation from R1 on 2/18/25, because she determined it was a consensual incident.</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 3/20/25 at 2:06 p.m., during an interview the nurse practitioner (NP)-A stated she was aware of the allegation of sexual abuse, did not report it because R1 was an inpatient and not in the facility when she became aware of the incident. NP-A stated it was not her responsibility to report the allegation when the resident was not at the facility.</p> <p>On 3/21/25 at 10:57 a.m., during an interview, licensed practical nurse (LPN)-A stated she did not believe R1 would have appreciated being touched by R2. LPN-A stated R1 had anxiety, and would not consent, and if R2 touched R1, it should have been reported as abuse.</p> <p>On 3/21/25 at 2:52 p.m., during a follow-up interview, the administrator stated the report he received from the hospital social worker (SW) on 3/18/25, indicated R1 was held down by R2 during the incident and was penetrated. The administrator confirmed the facility had not reported the incident to the SA timely.</p> <p>On 3/21/25 at 3:46 p.m., during an interview with the director of nursing (DON), the DON confirmed all allegations of abuse should be reported within two hours to the SA.</p> <p>Review of facility policy titled The Abuse Prohibition / Vulnerable Adult Policy dated 2/2025, indicated the facility would promptly report all incidents of alleged or suspected abuse to the SA, no later than two hours after forming the suspicion of abuse.</p>		

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<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** 44654</p> <p>Based on interview and document review, the facility failed to complete a thorough investigation for allegations of sexual abuse for 1 of 3 residents (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1</p> <p>R1's annual Minimum Data Set (MDS) dated [DATE], indicated she was moderately cognitively impaired with diagnoses that included dementia, anxiety, depression, psychotic disorder and post-traumatic stress disorder.</p> <p>R2</p> <p>R2's quarterly MDS dated [DATE], indicated R2 was cognitively intact with diagnoses that included a fractured rib and weakness.</p> <p>The Nursing Home Incident Report filed on 3/20/25 at 1:32 p.m., identified staff were aware of an incident 3/18/25 at 3:12 p.m., in which R1 reported R1 and R2 had a sexual interaction that started off as consensual and escalated to nonconsensual. R1 alleged R2 pinned or grabbed R1's hands during the incident.</p> <p>The investigative file dated 2/18/25, for the incident between R1 and R2, included an interview by the social worker (SW)-A with R1, a list of R1's diagnoses, a signed statement from SW-A about the interview, R1's care plan, staff interviews about witnessing abuse, and resident interviews about witnessing abuse. Additionally, the file included R1's health care directive and psychiatric directive. The investigative file lacked additional investigative information after the hospital SW provided additional information to the facility on [DATE], about the incident.</p> <p>On 3/20/25, at 12:38 p.m., during an interview, SW-A stated allegations of sexual abuse from the hospital SW for R1 were not further investigated because it was similar to the same report and the facility had already investigated it. The SW-A stated the facility should have investigated further once the additional information had been received from the hospital SW.</p> <p>On 3/21/25 at 2:52 p.m., during an interview, the administrator stated he investigated the initial information received about the incident reported on 2/18/25 by R1. The administrator reviewed R1's care plan, interviewed staff and residents about witnessing abuse and stated the SW-A interviewed R1 for the initial investigation. The administrator stated he received additional information from the hospital SW on 3/18/25, which indicated R1 was held down by R2 during the incident and was penetrated. The administrator stated when the hospital SW called to report additional information about the incident to the administrator, the facility did not reinvestigate it.</p> <p>On 3/21/25 at 3:46 p.m., during an interview with the director of nursing (DON), the DON confirmed the facility did not reinvestigate the incident after additional information had been received from the hospital SW.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Review of facility policy titled The Abuse Prohibition / Vulnerable Adult Policy dated 2/2025, indicated the facility would investigate all incidents of alleged or suspected abuse.</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654</p> <p>Based on interview and document review, the facility failed to ensure the comprehensive care plan was updated to include interventions to address relationships and behaviors for 1 of 4 residents (R2) reviewed for abuse prevention.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) dated [DATE], indicated R2 was cognitively intact with diagnoses which included a fractured rib and weakness.</p> <p>R2's care plan printed 3/20/25, indicated R2 was a vulnerable adult however, lacked mention of a relationship between R1 and R2 and lacked instruction to staff to monitor R2's behavior and interactions with female residents.</p> <p>On 3/20/25, at 12:38 p.m., during an interview, social worker (SW)-A stated she informed the director of nursing about R2's behaviors and informed staff to monitor the interactions. The SW-A stated she expected care plans to address monitoring of behaviors and confirmed the behavior was not addressed in R2's care plan.</p> <p>On 3/20/25 at 2:29 p.m., during an interview, nurse practitioner (NP)-A stated staff had a meeting about R2's behavior of touching others however, could not recall the date. NP-A stated she thought interventions had been placed on R2's care plan.</p> <p>On 3/21/25 at 2:52 p.m., during an interview, the administrator stated he was sure the staff had discussed adding R2's behavior of kissing and touching women in his care plan however, confirmed it was not on the care plan.</p> <p>On 3/21/25 at 3:46 p.m., during an interview with the director of nursing (DON), the DON stated if staff were instructed to monitor R2's behavior, it should have been identified on the care plan and verified it was not on R2's.</p> <p>A policy for care planning was requested however, was not provided.</p>		