

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245346	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 11/14/2024
NAME OF PROVIDER OR SUPPLIER Truman Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE 400 North 4th Avenue East Truman, MN 56088	

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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073</p> <p>Based on interview and document review, the facility failed to ensure resident medication status was accurately coded in the Minimum Data Set (MDS) assessment for 1 of 2 residents (R17) reviewed for medications.</p> <p>Findings include:</p> <p>R17's facesheet printed on 11/14/24, included diagnosis of type 2 diabetes mellitus (a condition in which the body has trouble controlling blood sugar).</p> <p>R17's current quarterly MDS assessment dated [DATE], indicated the number of days that insulin injections were received during the last seven days, as seven. R17's admission MDS dated [DATE], indicated the same, as did R17's significant change MDS dated [DATE].</p> <p>R17's physician orders included:</p> <p>--glimepiride 1 mg (milligram), give 0.5 mg by mouth in the morning related to type 2 diabetes mellitus</p> <p>--Jardiance 25 mg by mouth in the morning related to type 2 diabetes mellitus</p> <p>--Orders did not include insulin injections</p> <p>R17's care plan dated 4/30/24, indicated he was on an oral diabetic medication for management.</p> <p>During an interview on 11/13/24 at 11:15 a.m., the director of nursing (DON) stated the MDS coordinator was not available. The DON states R17 was not on insulin and had never been on insulin; that R17 took oral medications for diabetes. The DON reviewed R17's orders in the EMR (electronic medical record) and confirmed R17 did not have orders for insulin, adding the MDS should not have been coded for insulin.</p> <p>During an interview on 11/14/24 at 8:36 a.m., registered nurse (RN)-A who was also the MDS coordinator stated she thought the medication - Jardiance - was an insulin injection and not a pill, and that was why she coded the MDS as R17 being on insulin.</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 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility Maintaining MDS Assessments policy dated 9/2024, addressed storage of the MDS, but not accuracy of the MDS.</p>