

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245347	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/29/2024
NAME OF PROVIDER OR SUPPLIER Lyngblomsten Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Almond Avenue Saint Paul, MN 55108	

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 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to request, refuse, and/or discontinue treatment, to participate in or refuse to participate in experimental research, and to formulate an advance directive.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48300</p> <p>Based on interview and document review, the facility failed to ensure the Physician Order for Life Sustaining Treatment (POLST) accurately reflected current resuscitation wishes for 2 of 4 residents (R1, R4) reviewed for advance directives. This deficient practice resulted in an immediate jeopardy (IJ) for R1 and R4 who would have received cardiopulmonary resuscitation (CPR), contrary to their wishes, in the absence of a pulse or respirations.</p> <p>The IJ began on [DATE] when R1's POLST dated [DATE] indicated full code status with comfort cares contrary to R1's wishes for do not resuscitate (DNR) status with comfort cares. The administrator and director of nursing (DON) were notified of the IJ on [DATE] at 1:25 p.m. The IJ was removed on [DATE] at 4:33 p.m. when the facility had implemented corrective action, however; non-compliance remained at the lower scope and severity level of D, isolated with no actual harm but potential to cause more than minimal harm.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS) dated [DATE], indicated R1 had moderately impaired cognition with a diagnosis of stroke</p> <p>R1's POLST signed [DATE] identified R1 desired full code status (initiate cardio-pulmonary resuscitation [CPR]).</p> <p>R1's Provider Order dated [DATE] instructed DNR comfort care.</p> <p>On [DATE] at 11:19 a.m., R1 stated he wished to be Do Not Resuscitate (DNR) status.</p> <p>R4's admission MDS dated [DATE] indicated moderately impaired cognition with a diagnosis of femur fracture.</p> <p>R4's POLST signed [DATE] identified R4 desired full code status.</p> <p>R4's Provider Order dated [DATE] directed R4's POLST be changed to a DNR status. R4's medical record lacked the new POLST reflecting his wishes for change in code status.</p> <p>On [DATE] at 4:07 p.m., R4 stated he wished to be DNR status.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0578</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On [DATE] at 2:28 p.m., registered nurse (RN)-B stated she assisted R1 with filling out the POLST form. R1 had requested DNR status with comfort cares. She had checked the wrong box on the POLST form. Staff are required to view the paper POLST form when a resident has no pulse and was not breathing. If R1 had no pulse and was not breathing, staff would perform CPR against his wishes because the POLST form instructed them to do so.</p> <p>On [DATE] at 2:50 p.m., licensed practical nurse (LPN)-A stated she would look at the paper POLST form to determine a resident's code status. LPN-A confirmed R1's POLST instructed staff to perform CPR.</p> <p>On [DATE] at 3:29 p.m., the director of nursing (DON) stated staff should look at the paper POLST form to determine a resident's code status.</p> <p>On [DATE] at 4:26 p.m., RN-D confirmed R4's wishes were to be DNR status, and the paper POLST in his chart was inaccurate and instructed staff to perform CPR on R4.</p> <p>On [DATE], at 10:37 LPN-C stated any nurse can assist a resident with changing their POLST after confirming the resident was able to make their own decisions.</p> <p>On [DATE] at 11:17 a.m., medical director (MD)-A stated nurses and social workers can assist residents with changing code status with the POLST form.</p> <p>The facility policy Advance Directive dated ,d+[DATE], directed changes to the resident choices for advance directives will be documented, including the resident medical record, the POLST will be updated as necessary, physician orders will be obtained to reflect new choices as applicable, and all items will be communicated to those staff responsible for resident care.</p> <p>The IJ that began on [DATE] was removed on [DATE] at 4:33 p.m., when the facility completed an audit of all resident POLST forms to be reflective of resident wishes and consistent with provider orders, facility policy was reviewed with no changes deemed necessary, new procedures for processing POLST forms and code status orders were developed, and all licensed nursing staff were educated on the new procedures. This was verified though observation, interview and document review.</p>		