

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245348	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 12/05/2024
NAME OF PROVIDER OR SUPPLIER The Estates at Rush City LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 650 Bremer Avenue South Rush City, MN 55069	

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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being.</p> <p>45842</p> <p>Based on observation, interview and document review, the facility failed to ensure direct-care nursing staff were appropriately trained and competent on blood glucose checks and infection control policies of the facility for 2 of 2 resident (R2, R7) who had their glucose checked. The facility also failed to confirm agency staff (staff brought in on a temporary basis to assist in resident cares) received facility and resident specific orientation and training prior to working with the residents.</p> <p>Findings include:</p> <p>The facility Temporary Agency Staff Orientation Checklist (TASOC) undated, indicated agency staff would be oriented to facility policies and practices that included emergency preparedness, abuse policy, use of mechanical lifts, medication systems and infection control.</p> <p>On 12/4/24, at 12:53 p.m., licensed practical nurse (LPN)-A was observed leaving the dining room wearing gloves and carrying a small plastic container with a glucometer in the container. The glucometer had a used glucose strip in the machine. Registered nurse (RN)-A had stopped LPN-A and told her she could not wear gloves in the hallway. LPN-A removed her gloves and proceeded to R7's room carrying the plastic container with the glucometer and the used strip in the machine (LPN-A did not clean the glucometer) or remove the used strip. LPN-A entered R7's room and was then asked to step out. When LPN-A was in the hallway she stated she had planned to clean the glucometer once she was in the room and stated she thought there would be wipes in the room. LPN-A cleaned the shared glucometer with purple top wipes in R7's room. R7 stated she had already had her meal, LPN-A stated she could not find R7 before lunch. R7's glucometer reading was 224 milligrams (mg) per deciliter (dl). LPN-A then proceeded to R11's room, R11's meal was in his room, he stated he had finished eating. LPN-A cleaned the glucometer using the purple top wipes she had carried with her and obtained R11's blood sugar which was 244 mg/dl. LPN-A stated she had checked R2's blood sugar in the dining room.</p> <p>During an interview on 12/4/24 at 1:06p.m. LPN-A stated the facility had not given her any kind of orientation or training to the facility policy, procedures, or equipment prior to working with the residents and/or equipment.</p> <p>On 12/4/24 at 1:48 p.m., LPN-A's TASOC and schedule were reviewed. A blank TASOC with LPN-A's name was provided. LPN-A's working schedule indicated LPN-A's first shift at the facility as an agency nurse was on 11/30/24.</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 0726</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 12/4/24 at 1:50 p.m., registered nurse (RN)-B's TASOC and schedule were reviewed. RN-B's TASOC was completed and dated 12/4/24. RN-B's schedule indicated the first day worked as an agency nurse was 3/31/24.</p> <p>During and interview on 12/4/24 at 1:00p.m. RN-B stated she could not remember if the facility gave her any kind of orientation or training to the facility policy, procedures, or equipment prior to working with the residents and/or equipment. RN-B did confirm the facility had just finished the orientation packet prior to the interview.</p> <p>During an interview on 12/5/24 at 10:18 a.m., the director of nursing (DON) reviewed the dates and education of LPN-A and RN-B. The DON confirmed the education was not completed the day of their first shift, but days later. The DON stated the expectation was that staff working with the new agency staff member would perform the checklist with the new staff member before they started work with the residents and equipment.</p> <p>A facility policy for orientation of agency staff was requested but not provided.</p>		