

| | | | |
|---|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245368 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER Grand Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 923 Hale Lake Pointe Grand Rapids, MN 55744 | |

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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569</p> <p>Based on observation, interview and document review the facility failed to perform an assessment delaying care for 1 of 3 residents (R1) reviewed for a change of condition. R1 had right arm/hand weakness on 3/23/25, was not assessed, and was sent to the hospital on 3/24/25 diagnosed with a stroke.</p> <p>Findings include:</p> <p>R1's Admission Record indicated an initial admitted [DATE]. Diagnosis included multiple sclerosis (MS), paraplegia and a diagnosis added 3/24/25, of cerebral infarction (also known as an ischemic stroke which occurs when the blood supply to part of the brain is blocked or reduced. Symptoms include Trouble speaking and understanding what others are saying. A person having a stroke may be confused, slur words or may not be able to understand speech. Numbness, weakness or paralysis in the face, arm, or leg. This often affects just one side of the body. The person can try to raise both arms over the head. If one arm begins to fall, it may be a sign of a stroke).</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition. The MDS indicated R1 had upper extremity impairment on one side, lower extremity impairments on both sides and required substantial/maximal assistance for toileting hygiene, showering and upper body dressing.</p> <p>R1's care plan dated 1/23/25, identified a self-care deficit related to activity intolerance, fatigue, impaired balance, MS, and paraplegia. The care plan was updated 3/26/25, to include acute stroke affecting right side. The care plan directed staff to provide assistance of two staff for bed mobility and toilet use. If R1 did not wish to get out of bed at night, offer use of bed pan and approach/attempt to check and change every four hours.</p> <p>R1's Progress Note dated 3/24/25 indicated writer was summoned to assess R1 at 7:20 a.m. for upper right sided weakness. Upon assessment R1 was unable to squeeze or lift right upper extremity. Extremity appeared limp. R1 requested to be sent to the ED for evaluation.</p> <p>Progress Note dated 3/24/25 at 3:40 p.m., indicated ED nurse called to update facility R1 was admitted to the hospital for an acute infarction.</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 |
|---|-------|-----------|

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245368 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER Grand Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 923 Hale Lake Pointe Grand Rapids, MN 55744 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>R1's hospital History and Physical (H and P) dated 3/24/25, indicated she presented to the emergency departement (ED) on 3/24/25, due to a reported history of right arm weakness and that her arm was posturing straight beginning on 3/23/25, at around 3:00 p.m. R1 was right handed and informed staff she could not move her arm at all. R1 was admitted for further evaluation and monitoring and diagnosed with acute cerebrovascular accident (CVA) with right arm weakness. Found to have frontal/parietal embolic appearing CVA's. Neurology evaluated and recommended continuing Apixaban (an anticoagulant medication used to treat and prevent blood clots and to prevent stroke).</p> <p>Progress Note dated 3/26/25, indicated maintenance was notified that R1 would need controls on her wheelchair switched to the left side. R1 was unable to lift her right arm.</p> <p>During observation and interview on 4/10/25 at 1:07 p.m., R1 was seated in a power wheelchair in her room with family member (FM)-A. FM-A stated R1 lucked out, she was totally gone with her right arm. The nursing assistants (NA)'s kept reporting it and the nurse never came in. FM-A said starting the morning of 3/23/25, R1 was up and about and had to eat with her left hand which was unusual. R1 spoke with NA-A during the day and later it was getting worse and was reported to NA-B and another aide at 4:30 p.m. FM-A said the next incident occurred at 9:45 p.m. when R1 spilled everything on her bedside table. NA-B and another staff cleaned up the spill, asked R1 a lot of questions and reported concern to the nurse. FM-A stated he had turned in a grievance form because no one had come in to assess R1 the whole day, then at 6:10 a.m. the next day (3/24/25), NA-D came in to get R1 ready for the day, looked at R1 and went out to report to the nurse. The NA's had to power R1 out to the dining room because R1's arm was hanging, and she could not use the control on her chair. FM-A said he called the building charge nurse who came to the unit and said she thought R1 had a stroke. At 1:26 p.m. R1 said on 3/23/24, her arm had started tingling, then went to numbness. R1 said she could not really use it as far as picking something up and her motor skills were gone.</p> <p>A Formal Grievance/Concern dated 3/29/25, written by FM-A on behalf of R1 indicated the following:</p> <p>-3/23/25 at 10:30 a.m. R1 told NA's of right-hand numbness, had to use left hand.</p> <p>-3/23/25 at 4:30 p.m., R1 reported right arm was very weak to the NA's.</p> <p>-3/23/25 at 9:45 p.m., R1 spilled everything on her bedside table and her right arm and hand were numb. NA-B reported.</p> <p>-3/24/25 at 6:10 a.m. R1's right hand and arm were unusable. NA-D reported to licensed practical nurse (LPN)-A. R1 was assisted to dress and staff powered the chair to the dining room. FM-A called the charge nurse at 7:30 a.m. All this time, no nurse had checked on R1.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|--|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245368 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER Grand Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 923 Hale Lake Pointe Grand Rapids, MN 55744 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>An untitled, undated facility documented indicated FM-A reported R1 had been having trouble with her right arm since 3/23/25 at 10:30 a.m., nurses were made aware several times and did nothing. NA-A was interviewed and denied any complaints from R1 during day shift on 3/23/25. NA-B was interviewed and said R1 had no complaints until just before 10:00 p.m., when her light was on because she had spilled her water. NA-B stated R1 reported being weak and he reported it to the nurses. LPN-B was interviewed and denied any concerns until NA's reported at the end of the PM shift that R1 spilled her water because she had been weak. LPN-B did not take it as a concern, just a resident who was tired and spilled her water. The overnight nurse, LPN-C stated no concerns were brought to her during her shift until the morning when the NA reported to the oncoming nurse R1 was having a problem with her right arm. LPN-A was interviewed and said on 3/24/25, NA-D came to her and reported R1 was unable to move her right arm. LPN-A called the charge nurse and left a message as she believed assessing for a stroke was outside her scope.</p> <p>During interview on 4/10/25 at 2:03 p.m., NA-B stated he went in to check on R1 just before 10:00 p.m. on 3/23/25. R1 had dropped her cup, and she was kind of out of it. NA-B said not tired but groggy and her fingers were stuck in the mug, and she could not feel them. NA-B asked R1 if that had ever happened before, and she said no. NA-B said he had been working with NA-E and they had reported everything to LPN-B who made a comment how strange it was but did not do anything or go see R1.</p> <p>During interview on 4/10/25 at 3:27 p.m., NA-D said at shift change on 3/23 she noticed R1 could not grip and thought it was weird. NA-D told both the P.M. shift, LPN-B, and overnight nurse LPN-C that R1 had dropped her water and was having trouble grabbing stuff with her hand which was unusual for her. NA-D said R1 sometimes dropped things but could grip with her hand and that night she could not. NA-D remembered NA-B being there and both talking about it to the nurses.</p> <p>During interview on 4/10/25 at 3:37 p.m., the administrator said she and the director of nursing (DON) had spoken to FM-A who had reported everything as it had been written on the grievance form. The administrator said she had not spoken to R1 about the reported events. The administrator stated the expectation would have been that the nurses would have gone in and assessed R1.</p> <p>During interview on 4/10/25 at 3:53 p.m. the DON stated she heard through the rumor mill that FM-A had been having concerns for a day. The DON said she asked some staff and NA-B reported just before 10:00 p. m., that R1 said she was weak, and it was reported to the nurses. The DON said LPN-B reported the NA's had told her R1 was weak during shift report. NA-D reported the next morning R1 could not move her right arm and reported it to LPN-A. LPN-A told the DON she could not assess for a stroke, so she called the charge nurse who was doing a training with staff. The DON stated the overnight nurse should have assessed R1 and LPN-A could have gone in and assessed R1 instead of waiting for the charge nurse.</p> <p>During interview on 4/11/25 at 8:41 a.m., NA-D said on 3/24/25, she walked into R1's room and asked how she was doing. R1 said I don't know and said I can't move my right arm. NA-D said when she looked, she could tell something was different and asked R1 if she had reported it. R1 said the previous night she told the NA's, but no one had come to see her. NA-D reported the concern to LPN-A and LPN-C who said it was the first time she had heard of it. NA-D stated she went to complete cares for R1 and FM-A which took approximately 45 minutes. During that time, no nurses came to assess R1. NA-D had to drive R1's wheelchair to the dining room because she could not operate the controls. NA-D said R1 had been in the dining room for a half hour to an hour before the charge nurse came to assess R1.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245368 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER Grand Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 923 Hale Lake Pointe Grand Rapids, MN 55744 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During interview on 4/11/25 at 8:49 a.m., the nurse practitioner (NP) stated R1 had already been taking Apixaban due to a blood clot. The NP said it was hard to know for sure but if R1 had gone in earlier the ED may have tried tPA (Tissue plasminogen activator, a drug given through a vein to help break up a blood clot so that blood flow can return to normal. It is used for the emergency treatment of ischemic stroke, which occurs when a blood clot interrupts blood flow to a region of the brain) which was used if they could catch the symptoms within three hours. The NP said staff should have contacted the nurse manager, assessed R1 and sent her in right away.</p> <p>During interview on 4/11/25 at 10:33 a.m. registered nurse (RN)-A stated she had been the charge nurse on 3/24/25. RN-A said she arrived at the facility at 6:00 a.m. to complete training with the night shift. RN-A got a phone call around 7:20 a.m. from FM-A who was concerned about R1's right arm and that she could not move it. R1 was in the dining room when RN-A assessed her and R1's right arm was completely limp, there was nothing there, she could not move it or squeeze. RN-A said there was no record of LPN-A attempting to contact her.</p> <p>R3's Admission Record indicated an initial admitted [DATE]. Diagnosis included heart failure, contusion of left thigh and left artificial knee joint.</p> <p>R3's 5-day MDS dated [DATE], identified intact cognition. R3's care plan dated 3/23/25, identified a self-care deficit related to activity intolerance, fatigue, impaired balance, and infected traumatic left thigh hematoma. The care plan identified altered skin integrity and directed staff to observe for signs and symptoms of infection and report to physician.</p> <p>A Formal Grievance/Concern dated 4/1/25, indicated during care conference, R3 voiced concern that the previous day, 3/31/25, he asked multiple times to go to the ED to have his leg looked at but no one did anything until 10:00 p.m. The timeline completed by LPN-D indicated:</p> <p>-At 9:00 a.m., R3 asked to LPN's to look at his leg.</p> <p>-At 11:00 a.m., RN-B back in office and was told about R3's leg and that he may want to be seen.</p> <p>-At 1:00 - 2:00 p.m., RN-B went to look at R3.</p> <p>-At 5:30 p.m. R3 started to complain of pain in his leg.</p> <p>R3's Progress Notes dated 3/31/25, indicated:</p> <p>-At 12:19 p.m., staff wrote R3's left upper leg was swollen and warm to touch.</p> <p>-At 8:50 p.m., staff wrote incision had healed over but area under thigh had swollen dramatically. R3 agreed to go to the ED. Previous nurse gave pain medication but R3 was still very concerned about the swelling.</p> <p>-At 11:33 p.m., staff wrote R3 had increased swelling to left upper thigh, no drainage from area. R3 requested to go to the ED for evaluation.</p> <p>During interview on 4/11/25 at 8:49 a.m., the nurse practitioner stated no one had reported to her that R3 had requested to go to the ED.</p> <p>(continued on next page)</p> | | |

| | | | |
|--|---|---|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245368 | (X2) MULTIPLE CONSTRUCTION A. Building B. Wing | (X3) DATE SURVEY COMPLETED 04/11/2025 |
| NAME OF PROVIDER OR SUPPLIER Grand Village | | STREET ADDRESS, CITY, STATE, ZIP CODE 923 Hale Lake Pointe Grand Rapids, MN 55744 | |
| 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p> | <p>During interview on 4/11/25 at 9:47 a.m., RN-C stated she had taken the grievance but had not been at the facility on 3/31/25. RN-B was present and said LPN-D had talked to her about R3 and she went and looked at his leg. R3's leg was swollen about the size of a football, and he said it had not been draining. RN-B said she told R3 she would let the NP know, and said R3 replied I suppose she will want me to go in. She said she asked the NP if there was anything she needed to do before she left, and the NP said no. RN-B said she left early that day and said she had not documented an assessment of R3's leg.</p> <p>During interview on 4/11/25 at 11:51 a.m., the DON stated she thought R3 had been thinking in his mind that he wanted to be seen but did not say it to anyone.</p> <p>Job Description Licensed Practical Nurse dated March 2017 indicated essential job responsibilities that included assists registered nurse with completion of assessments, documentation, and data collection within scope of practice and acting timely on findings.</p> <p>Facility policy Change of Condition/Notification dated March 2025, indicated a change in condition may include but not limited to: Injury, abnormal lab values, acute symptoms, change in vital signs and other conditions as deemed necessary.</p> | | |