STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245370	A. Building B. Wing	06/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ecumen North Branch	5379 -383rd Street North Branch, MN 55056

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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48300 Based on interview and document review, the facility failed to ensure a comprehensive care plan was developed, and maintained to ensure appropriate fall interventions were provided for 1 of 3 residents (R2) reviewed for resident safety. Findings include: R2's admission Minimum Data Set (MDS) dated [DATE] indicated R2 had impaired cognition, was always continent of bladder and bowel, and had a fall prior to entry. R2's diagnoses included dementia and history of falling. R2's nursing assistant Care Sheet undated indicted R2 was at high risk for falls, but the Care Sheet lacked fall interventions. R2's care plan dated 6/10/24 lacked information related to R2's fall risk and fall interventions. A health status note dated 6/12/24 at 10:16 p.m. indicated R2 was found around 5:15 p.m. sitting on his bathroom floor covered in bowel movement. On 6/14/2024 at 11:58 a.m., nurse practitioner (NP)-A stated all residents should have documented fall interventions. All residents are a fall risk based on previous falls, their current health condition, and/or anxiety related to living in a different environment. If a resident falls, they could sustain a serious injury. On 6/14/2024 at 12:18 p.m., licensed practical nurse (LPN)-A stated she would look in the resident's care plan and on the nursing assistant care sheet to know resident specific fall interventions. On 6/14/2024 at 3:30 p.m., registered nurse (RN)-A stated R2's fall risk assessment indicated high risk for falls. Resident specific fall interventions would be found in the resident's care plan. RN-A confirmed R2's care plan did not include risk for falls or fall interventions. On 6/17/2024 at 2:06 p.m., R2 stated he doesn't not know why he falls, but he does not like falling because he has increased pain after a fall. (continued on next page)

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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 6/17/2024 at 2:40 p.m., LPN-B stated she would look in a resident's care plan for fall risk and fall interventions. LPN-B stated R2 was not a fall risk because he did not have a care plan addressing falls. On 6/17/2024 at 4:30 p.m., RN-B stated a resident's care plan would be updated with a new intervention after a resident fall. It would be hard to know if the care plan was being followed if there is no care plan created. Lack of fall interventions could lead to a resident fall and possible injury. On 6/17/2024 at 3:09 p.m., assistant director of nursing (ADON) stated resident specific fall risk and fall interventions would be found in a resident's fall care plan and on nursing assistant care sheets. Every resident needs a fall care plan with interventions specific to the resident. After a fall, the resident's care plan should be updated with the new fall intervention. A resident could fall and sustain an injury if the care plan interventions are not followed. ADON confirmed R2 did not have a fall risk or fall interventions included on the care plan and no fall interventions on the nursing assistant care sheet. The undated Managing Falls and Fall Risk policy directed staff to implement a resident-centered fall prevention plan to reduce the specific risk factor(s) of falls for each resident at risk or with a history of falls.