

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Ecumen North Branch		STREET ADDRESS, CITY, STATE, ZIP CODE 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)		
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48109</p> <p>Based on observation, interview, and record review the facility failed to ensure residents were comprehensively assessed for self-administration of medications (SAM) for 1 of 5 residents (R26) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R26's significant change Minimum Data Set (MDS) dated [DATE], identified severely impaired cognition and diagnoses of respiratory failure with hypoxia and hemiplegia and hemiparesis of the left side following a cerebral vascular accident (CVA). The MDS also identified R26 needed set up and clean up assistance for eating and oral hygiene.</p> <p>R26's provider orders dated 7/25/24, identified an order for albuterol sulfate solution to be inhaled via nebulizer treatment three times per day and as needed for shortness of breath and wheezing, an order for oxygen via nasal cannula at one to four liters per minute, but did not contain an order to self-administer medication.</p> <p>R26's care plan dated 7/31/24, didn't identify a plan for self-administration of medications.</p> <p>R26's medical record didn't contain an assessment for self-administration of medications.</p> <p>During an observation on 8/7/24 at 2:17 p.m., R26 was in his room in a recliner chair, eyes closed, head bent forward and to the right with a nebulizer mask strapped to his face and head. The machine could be heard running and vapor was escaping out of the mask.</p> <p>During an observation on 8/7/24 at 2:35 p.m., R26 could be heard hollering out in a muffled way from his room and there were no staff nearby. Licensed practical nurse (LPN)-A was summoned by surveyor to R26's room. LPN-A removed the mask and R26 said he wanted his socks off. LPN-A assisted R26 with his socks, disassembled and rinsed out the nebulizer mask and chamber.</p> <p>During an interview on 8/7/24 at 3:06 p.m., LPN-A confirmed R26 did not self-administer medications. LPN-A explained that was why they set up the nebulizer treatment and put it on R26 and then came back later to take it off.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview no 8/8/24 at 1:49 p.m., LPN-B stated R26 did not have a SAM order because he was not someone you could leave alone with the nebulizer mask on. LPN-B explained leaving the resident alone with the mask on would be considered self-administration.</p> <p>During an interview on 8/9/24 at 9:17 a.m., the assistant director of nursing (ADON) stated the nurse should be within eyesight of the resident with the nebulizer running for the safety of the resident and to make sure it is being used properly.</p> <p>A policy from 2001 Med Pass dated February 2021, identified part of the comprehensive assessment was for the interdisciplinary team to assess each resident cognitive and physical abilities to determine whether self-administering medications was safe and clinically appropriate for the resident. If the team determines a resident cannot safely self-administer medications, the nursing staff administer the resident's medications.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p>49877</p> <p>Based on interview and document review, the facility failed to ensure a baseline care plan was developed and implemented within 48 hours as required to address the individualized needs for 1 of 1 resident (R198) reviewed for recent admission.</p> <p>Findings include:</p> <p>R198's admission orders dated 7/31/24, identified R198 was admitted to the facility from a hospital on 7/31/24, with a primary diagnosis of acute on chronic diastolic (congestive) heart failure. Admission orders further identified R198 was on two liters of oxygen via nasal cannula.</p> <p>On 8/7/24 at 2:58 p.m., R198's baseline care plan was found to be blank and lacked any information related to R198's care requirements including but not limited to transfer status, activities of daily living performance, assistive device use, impairments, or special treatments such as use of oxygen.</p> <p>During interview on 8/7/24 at 3:24 p.m., registered nurse (RN)-A verified R198's baseline care plan was blank and was not completed within 48 hours of R198's admission. RN-A stated she was aware baseline care plans should be completed within 48 hours and was unsure why R198's care plan had not been completed.</p> <p>During interview on 8/8/24 at 3:37 p.m., director of nursing (DON) verified R198's baseline care plan had not been completed within 48 hours of R198's admission. DON stated her expectation was for baseline care plans to be completed within 48 hours of admission and it was important to develop baseline care plans timely to ensure staff were aware of how to properly care for the residents.</p> <p>A policy on baseline care plans was requested, but not provided.</p>

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48109</p> <p>Based on observation, interview, and record review the facility failed to review and revise the care plan with current interventions for the care and prevention of pressure ulcers for 1 of 2 residents (R26) reviewed for pressure ulcer care.</p> <p>Findings include:</p> <p>R26's significant change Minimum Data Set (MDS) dated [DATE], identified severely impaired cognition and diagnoses of hypertension, chronic kidney disease, dementia, respiratory failure with hypoxia, peripheral vascular disease (PVD), and hemiplegia and hemiparesis of the left side following a cerebral vascular accident (CVA). The MDS also identified R26 was dependent on staff for assistance with bed mobility, transfers, toilet hygiene, was at risk for and currently had pressure ulcers.</p> <p>R26's provider orders dated 5/23/24, identified orders to care for wounds on the left and right feet, weekly skin checks, weekly wound rounds, shoes only when transferring, and must have Prevalon boots (brand name for padded boots designed to reduce pressure on the heels) on at all times.</p> <p>R26's care plan dated 7/31/24, identified a problem statement regarding skin impairment and interventions to offload and reposition R26 approximately every two hours, licensed nurse skin inspection weekly, lotion to lower extremities, observe for and report signs or symptoms of infection, Prevalon boots at all times, shoes for transfers and therapy only, and weekly wound documentation.</p> <p>During an observation on 8/5/24 at 2:35 p.m., R26 was sitting in his room in a recliner chair with the footrest up. R26 was wearing slipper-shoes with no socks. There were Prevalon boots laying on a chair.</p> <p>During an observation on 8/7/24 at 2:17 p.m., R26 was in his room sitting in a recliner with the footrest up and a pillow underneath his feet. R26's heels were not floating and there were no Prevalon boots in place.</p> <p>During an interview on 8/7/24 at 3:06 p.m., LPN-A stated R26 refused the Prevalon boots every day, he is supposed to wear them all day, every day except when transferring. But they had to fight with R26 every day about it.</p> <p>During an observation on 8/8/24 at 8:36 a.m., R26 was up having breakfast in the dining room, wearing slipper-shoes with no socks.</p> <p>During an interview on 8/8/24 at 1:49 p.m., LPN-B confirmed R26 refused stockings, socks and Prevalon boots on most days. LPN-B stated the nurses should put a note in the chart regarding refusals.</p> <p>(continued on next page)</p>		

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<p>F 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/8/24 at 2:59 p.m., the assistant director of nursing (ADON) stated the interventions for R26 were to elevate his heels with a pillow or the Prevalon boots. The ADON was aware of R26's refusals of the boots and explained when his wounds were worse, he wasn't as mobile, but now that he was more mobile the boots got in the way of propelling the wheelchair. The ADON would expect staff to chart a resident's refusal of an intervention. The ADON stated they try to update care plans in real time, or with the MDS process quarterly, annually and with significant changes. Real time updates were important, so the resident was getting the right care.</p> <p>A policy titled, Care Plans, Comprehensive Person-Centered and dated March 2022, identified a comprehensive, person-centered care plan includes measurable objectives and timetables to meet the resident's physical, psychosocial and functional needs and will be developed and implemented for each resident. The team will review and revise the care plans when there has been a significant change in the resident's condition, when the desired outcome is not met, and at least quarterly in conjunction with the MDS assessments.</p>		

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<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** 48109</p> <p>Based on observation, interview, and record review the facility failed to follow provider orders for weekly skin assessments for 1 of 2 residents (R26) reviewed for pressure ulcer care. The facility also failed to follow provider orders for an as-needed medication to be administered in response to clinical weight monitoring for 1 of 5 residents (R26) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R26's significant change Minimum Data Set, dated dated dated [DATE], identified severely impaired cognition and diagnoses of hypertensive heart and chronic kidney disease with heart failure, chronic heart failure (CHF), hypertension, chronic kidney disease, peripheral vascular disease, and pressure wounds to left and right feet.</p> <p>Provider orders for R26 dated 6/25/24, identified orders for:</p> <ul style="list-style-type: none"> - furosemide (a medication to help remove extra fluid) 20 milligrams (mg) two times per day, and an additional as-needed (PRN) 20 mg dose for weight gain of two pounds or more in a day. - daily weight monitoring with parameters as noted above. - weekly skin assessment every Saturday evening. <p>R26's care plan dated 7/30/24, identified:</p> <ul style="list-style-type: none"> - interventions to observe for signs of increased edema, or increased weight related to fluid retention, document, and update provider as necessary. -interventions for licensed staff to inspect skin weekly on bath day. <p>R26's electronic health record identified:</p> <ul style="list-style-type: none"> -a weight gain of 4.4 pounds (lbs.) on 7/13/24 and a gain of three lbs. on 7/31/24. Weight monitoring was not done on 7/18/24 and 8/1/24. R26's medication record reflected PRN furosemide doses were not given on the dates with weight gains of over two pounds. -Lapses in skin assessments from 4/13 to 4/28/24, from 5/25 to 6/15/24, from 6/15 to 7/6/24, and from 7/6 to 7/27/24. <p>During an interview on 8/8/24 at 3:03 p.m., the assistant director of nursing (ADON) stated her expectation would be that weekly skin checks would be completed whether the resident had their bath that day. The ADON confirmed R26 didn't get the ordered PRN doses of furosemide on 7/13 or 7/31/24 and there were lapses in the skin checks, which she felt may be due to the amount of licensed agency staff, and a trained medication aid (TMA) they had working at the time, but that it was not an excuse. The expectation would be that orders are followed. The process for the TMA would be to report to the licensed nurse a finding such as weight gain.</p> <p>(continued on next page)</p>		

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Policies regarding following orders with parameters and weekly skin checks were requested but not received.		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident's drug regimen must be free from unnecessary drugs.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45842</p> <p>Based on interview and document review the facility failed to have appropriate documentation and physician review for an as needed (PRN) opioid medication ordered for 1 of 5 residents (R11) reviewed for unnecessary medications.</p> <p>Findings included</p> <p>R11's quarterly minimum data set (MDS) dated [DATE], identified R11 was cognitively intact. Diagnoses included paraplegia, anxiety, and depression. R11 was on a scheduled pain mediation regimen and had not received any PRN pain medication or non-medication interventions for pain.</p> <p>R11's provider visit notes from 2/6/24 and 2/16/24, lacked documentation as to why PRN Oxycodone would potentially be needed for severe pain. There were no provider notes for a visit performed on 2/23/24 provided when requested.</p> <p>R11's provider orders dated 8/9/24, identified on 2/23/24, Oxycodone 5 mg by mouth twice daily as needed for severe pain was started and still active.</p> <p>R11's pain score charting was reviewed from 2/1/24 to 8/8/24, was reviewed and pain was frequently rated at a zero out of ten when asked, except for an occasional 1-4 rating.</p> <p>R11's electronic medication administration record (EMAR) from 2/23/24 to 8/8/24, was reviewed and indicated R11 had not taken PRN Oxycodone since the order was placed.</p> <p>R11's Consultant Pharmacist's Medication Review dated 7/2/24, indicated a request for Oxycodone to be reviewed and discontinue if not needed as it had not been taken since 2/24. The request was denied by the provider because patient wants available if needed.</p> <p>During an interview on 8/5/24 at 3:18 p.m., R11 stated she did not have any pain except for an occasional mild pain that would never be higher than a 3 on the pain scale.</p> <p>During an interview on 8/9/24 at 9:22 a.m., registered nurse (RN)-B stated medication lists were always monitored to see if there were any unnecessary medications on the residents medications lists. The review included PRN pain medication like Oxycodone (an Opioid medication). If there are medications present that are not used or needed then nursing would discuss with the provider to get the unnecessary medication discontinued. RN-B reviewed R11's medical record and acknowledged the PRN Oxycodone order and there was no clinical documentation for the need of PRN medication. RN-B also stated she had not talked with the provider about the medication.</p> <p>(continued on next page)</p>		

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<p>F 0757</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 8/9/24 at 9:39 a.m., pharmacy consultant (PC) stated there was a recommendation to review and discontinue the Oxycodone in July, as it was not being utilized. PC stated there was no documentation for the need of the medication when it was ordered on 2/23/24 and has been no documentation for the need since that time. PC also stated there needed to be a numeric pain scale to show what was considered severe pain. The expected rate would be 7-10 on the pain scale. The PC stated based on the documentation there was no need to keep this medication order active. By keeping the medication active there would be an increased risk of addiction and diversion of the medication by somebody. The PC stated he had not received the response from the provider and would follow up with the medical director to address the Oxycodone order.</p> <p>During an interview on 8/9/24 at 10:14 a.m. the assistant director of nursing (ADON) stated nursing staff would review resident medication lists to see which medications were not used and have them discontinued. If a resident wanted to keep the medication active, even though not utilized, then the staff and the provider needed to figure a way to justify the medication or work on a different intervention that would assist the resident in comfort.</p> <p>Facility policy Medication Regimen Reviews last revised 5/19, identified reviews were performed by the PC on a monthly basis and included a review for medications ordered in excessive doses or without clinical indication.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49878</p> <p>Based on observation, interview, and document review, the facility failed to ensure food was stored in accordance with regulations for food safety. The facility failed to label and date resident food, and to remove expired food from unit refrigerators. These practices had the potential to affect any residents storing food at the facility.</p> <p>Findings include:</p> <p>During observation on [DATE] at 9:15 a.m., [NAME] unit refrigerator was reviewed. One resident meal labeled with name and dated [DATE] found in fridge.</p> <p>During observation on [DATE] at 9:44 a.m., Wild River unit refrigerator was reviewed. The following items were found in fridge:</p> <ul style="list-style-type: none"> -plastic container of blueberries, initials 'JK' on sticker, no open date. -hard plastic container of leftover green beans, with resident name and date of 'd+[DATE]' on sticker. <p>During observation and interview with culinary director (CD) on [DATE] at 8:39 a.m., [NAME] unit fridge was reviewed. CD noted resident meal in plastic bag dated [DATE]. CD stated 'it could still be good' but noted 'two weeks is too long' to store leftover food. CD further stated he would normally check the unit fridges himself, however he had been out from work for a week and 'no one else does it.'</p> <p>During observation and interview with CD on [DATE] at 8:41 a.m., Wild River unit fridge was reviewed. CD noted container of blueberries had initials 'JK' but no open date. CD further noted container of green beans labeled and dated 'd+[DATE].' CD stated resident food needed an open date to know if it was still ok to eat. CD stated policy was to throw out leftover resident food after three days. CD further stated this was important to prevent food-borne illness in residents.</p> <p>During interview on [DATE] at 9:14 a.m., administrator stated the facility policy on storing leftover resident food was to label the food with resident's initials and the date of opening the food. Administrator further stated the CD was in charge of checking unit fridges for expired food. Administrator stated labeling and dating food helps prevent food-borne illness. Administrator further stated staff should be checking dates on food even when CD is not at the facility.</p> <p>Food from Outside Sources policy, last revised [DATE], identified staff will place personal food items in a 'designated resident space, labeled with the resident's name and dated and placed in impervious container with a lid. The Ecumen location will dispose of food per manufacturer's date of the original container or 3 days after the food was marked.' Policy further identified 'personal items brought in that are not properly packaged, labeled or dated, will be discarded to maintain the residents' food safety and to minimize the risk of food borne illness.'</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48109</p> <p>Based on observation, interview, and record review the facility failed to adhere to the Centers for Disease Control (CDC) recommendations for testing and cohorting during a COVID-19 outbreak for 4 of 5 residents (R7, R31, R36, R39). In addition, the facility failed to ensure staff followed posted transmission-based precaution signs for 2 of 5 residents (R7, R9) reviewed for infection control. These practices had the potential to affect all residents, employees, and visitors of the facility.</p> <p>The CDC's Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease 2019 (COVID-19) Pandemic updated 3/18/24, identified for the purposes of this guidance, higher-risk exposures are classified as Healthcare Personal (HCP) who had prolonged close contact with a patient, visitor, or HCP with confirmed SARS-CoV-2 infection and:</p> <ul style="list-style-type: none"> -HCP was not wearing a respirator (or if wearing a facemask, the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask). -HCP was not wearing eye protection if the person with SARS-CoV-2 infection was not wearing a cloth mask or facemask. -HCP was not wearing all recommended PPE (i.e., gown, gloves, eye protection, respirator) while present in the room for an aerosol-generating procedure. <p>Additionally, an exposure of 15 minutes or more is considered prolonged. This could refer to a single 15-minute exposure to one infected individual or several briefer exposures to one or more infected individuals adding up to at least 15 minutes during a 24-hour period. However, the presence of extenuating factors (e.g., exposure in a confined space, performance of aerosol-generating procedure) could warrant more aggressive actions even if the cumulative duration is less than 15 minutes.</p> <p>The CDC's Infection Control Guidance: SARS-COV-2 updated 6/24/24, identified to place a patient with suspected or confirmed SARS-CoV-2 infection in a single-person room. If cohorting, only patients with the same respiratory pathogen should be housed in the same room. Additionally, if additional (positive) cases are identified, strong consideration should be given to shifting to the broad-based approach if not already being performed and implementing quarantine for residents in affected areas of the facility.</p> <p>Findings include:</p> <p>R7</p> <p>R7's quarterly Minimum Data Set (MDS) dated [DATE] identified intact cognition and diagnoses of metabolic encephalopathy, chronic kidney disease, and congestive heart failure (CHF). R7 needed staff assistance for all activities of daily living (ADLs).</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R7's care plan dated 7/31/24, identified R7 had a COVID-19 infection confirmed with testing on 7/31/24 and included instructions to place resident in a private room or to cohort with a resident with the same symptoms or COVID-19 positive test confirmation. The care plan further instructs caregivers to apply full-coverage eyewear or face shield with PPE.</p> <p>R7's electronic health record (EHR) contained a form titled, COVID-19 Testing V2 dated 7/31/24, identified a test was administered and found positive using a point of care (POC) testing device on that date.</p> <p>The door to R7's room contained signage for enhanced respiratory precautions with instructions to keep the door to the room closed, to wear a gown, facemask or N95 respirator, eye protection and gloves. There were also directions for the correct sequence for donning and doffing PPE.</p> <p>R9</p> <p>R9's quarterly MDS dated [DATE], identified moderately intact cognition and diagnoses of chronic obstructive pulmonary disease (COPD), hemiplegia and hemiparesis of the right side following a cerebral vascular accident (CVA). R9 needed staff assistance for all ADLs.</p> <p>R9's care plan dated 7/28/24, identified R7 had a COVID-19 infection confirmed with testing on 7/28/24 and included instructions to quarantine resident until 8/7/24, and able to leave his room on 8/8/24. The care plan further instructs caregivers to apply full-coverage eyewear or face shield with PPE.</p> <p>R9's EHR contained a form titled, COVID-19 Testing V2 dated 7/28/24, identified a test was administered and found positive using a POC testing device on that date.</p> <p>The door to R9's room contained signage for enhanced respiratory precautions with instructions to keep the door to the room closed, to wear a gown, facemask or N95 respirator, eye protection and gloves. There were also directions for the correct sequence for donning and doffing PPE.</p> <p>R31</p> <p>R31's quarterly MDS dated [DATE], identified intact cognition and diagnoses of spinal stenosis, non-traumatic brain dysfunction, atrial fibrillation, and hypertension. R31 needed staff assistance for all ADLs.</p> <p>R31's EHR contained forms titled, COVID-19 Testing V2 dated 7/31, 8/2, 8/5, and 8/7/24, identified POC tests were all negative.</p> <p>R31 resided in a shared room with R7.</p> <p>R36</p> <p>R36's significant change MDS dated [DATE], identified severely impaired cognition and diagnoses of Alzheimer's dementia, traumatic brain injury, renal disease, coronary artery disease and anemia. R36 needed staff assistance for all ADLs.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245370	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/09/2024
NAME OF PROVIDER OR SUPPLIER Ecumen North Branch		STREET ADDRESS, CITY, STATE, ZIP CODE 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.			
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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R36's EHR contained a form titled, COVID-19 Testing V2 dated 8/5/24, identified a test was administered and found negative using a POC testing device on that date.</p> <p>R36 resided in a shared room with R39.</p> <p>R39</p> <p>R39's significant change MDS dated [DATE], identified severely impaired cognition and diagnoses of dementia, diabetes, and renal disease. R39 needed staff assistance for all ADLs.</p> <p>R39's EHR contained a form titled, COVID-19 Testing V2 dated 8/5/24, identified a test was administered and found positive using a POC testing device on that date.</p> <p>The door to R39's room contained signage for enhanced respiratory precautions with instructions to keep the door to the room closed, to wear a gown, facemask or N95 respirator, eye protection and gloves. There were also directions for the correct sequence for donning and doffing PPE.</p> <p>During an observation on 8/6/24 at 2:05 p.m., nursing assistant (NA)-A was observed walking out of a resident at the far end of the 170s hallway wearing an isolation gown, gloves, and carrying a lift battery up the length of the hall to the corner of the common area and then all the way down the 160s hall to a stored mechanical lift where she swapped out the batteries. NA-A then walked all the way back to the far end of the 170s hallway and into a resident room.</p> <p>During an interview on 8/6/24 at 2:07 p.m., NA-A stated she forgot to remove her gown and gloves before she went out into the hallway from a resident room. NA-A stated she should have removed it and her gloves, then cleaned her hands before going out into the hallway from an enhanced barrier precautions room.</p> <p>During interview on 8/6/24 at 2:47 p.m., the director of nursing (DON) identified from 7/26/24 to 8/5/24 six staff members and three residents have tested positive for COVID-19 as follows:</p> <ul style="list-style-type: none"> -7/26/24 assistant director of nursing (ADON) who worked in unit B. -7/28/24 licensed practical nurse (LPN)-A who had no resident or staff contact. -7/28/24 R9 on unit B. This case triggered broad based testing for unit B residents. -7/29/24 NA-C worked on unit B. -7/30/24 culinary director (CD) worked both units. -7/31/24 R7 on unit B and shares a split room with R31. -7/31/24 NA-D worked on unit B. -8/2/24 housekeeping (H)-B worked on unit A. This case triggered broad based testing for unit A residents. <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>-8/5/24 R39 unit B and shares a split room with R36.</p> <p>The DON further stated residents were being broad-based tested , but staff were not. Staff were being tested if they had symptoms or had a high-risk exposure. The DON defined a high-risk exposure as being within 6 feet of a COVID positive individual for more than 15 minutes. The DON confirmed some staff worked on both units and residents from both units continued to intermingle during group activities. The DON confirmed two of the residents who tested positive for COVID were sharing a split room (room with shared entry area where entry to each room was divided by a curtain) with residents who tested negative for COVID. The DON stated the residents in those rooms were more than six feet apart, but she would move the COVID negative residents to a separate room if one was available.</p> <p>During interview on 8/6/24 at 6:51 p.m., DON identified the facility was in COVID outbreak and was following current Centers for Disease Control (CDC) guidance for COVID recommendations.</p> <p>During interview on 8/7/24 at 11:22 a.m., the administrator stated he was unaware of COVID positive and negative residents sharing split rooms and was uncertain if staff were being broad-base tested . The administrator states the facility intended to follow current CDC guidance for COVID recommendations.</p> <p>During an observation on 8/7/24 at 12:29 p.m., R9's room door was standing wide open. R9 was sitting in his wheelchair in the middle of the room.</p> <p>During an interview on 8/7/24 at 12:53 p.m., licensed practical nurse (LPN)-A confirmed R9's door was open but should be shut. LPN-A was not sure why it was open and proceeded to shut the door.</p> <p>During interview on 8/7/24 at 1:08 p.m., the administrator stated he had consulted with the DON and current CDC recommendations. As a result, staff would be broad-base tested and residents who were COVID negative sharing a split room with a resident who was COVID positive would be moved to a single room, pending family approval.</p> <p>During an interview on 8/7/24 at 2:19 p.m., LPN-A stated the reason R9's door was open was because it needed to be open when he was eating because he needed to be supervised during meals and maybe it just didn't get shut again.</p> <p>During an observation and interview on 8/8/24 at 9:04 a.m., NA-B came out of R7's room, wearing only a surgical mask and carrying a plate cover. NA-B stated this was her first day back after being gone for a week and she wasn't sure what she should be doing. NA-B acknowledged the signs indicating an N95, gown and gloves were needed to enter the room and a STOP sign instructing visitors to see the nurse before entering. NA-B stated she had gotten training for enhanced barrier precautions, but not for this precaution yet.</p> <p>During an observation and interview on 8/8/24 at 10:04 a.m., housekeeper (HK)-A was seen entering and exiting R7's room wearing only a surgical mask. HK-A explained the precautions were for when you were giving close-contact care and she was a housekeeper who did not give cares, so she did not need the PPE.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During an interview on 8/9/24 at 9:18 a.m., the assistant director of nurses (ADON) stated rooms with enhanced respiratory precautions should have the door shut if the resident could have their door shut. The ADON would expect all staff to wear the PPE if the door is posted and would not expect staff to wear PPE out of a resident room and into the hallway.</p> <p>During an interview on 8/9/24 at 9:26 a.m., the administrator stated it was his expectation that all staff have infection control training, it was part of their training program for housekeeping, and would follow posted signage for PPE. The administrator stated this was important to care for the residents and keep them safe and infection prevention was a critical part of that.</p> <p>A facility policy COVID-19 undated, identified residents and staff will be tested , quarantined, and isolated based on the most up-to-date CDC guidance.</p>