

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245371	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  07/18/2025
NAME OF PROVIDER OR SUPPLIER  Prairie View Senior Living		STREET ADDRESS, CITY, STATE, ZIP CODE  250 Fifth Street East Tracy, MN 56175	

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 0580  Level of Harm - Minimal harm or potential for actual harm  Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.  (continued on next page)

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to notify physician of skin alteration for 1 of 3 (R1) residents reviewed for change of condition. Findings include R1's admission Minimum Data Set (MDS) dated [DATE], indicated R1 had intact cognition. R1 had infection to the foot and was receiving application of nonsurgical dressing with ointment/medication to her feet. R1's progress note dated 6/4/25 at 1:30 p.m., indicated R1 was admitted via electric scooter from local hospital with many bruises on arms and an open area left great toe. R1's progress notes dated 6/5/25 at 4:08 a.m., indicated admission skin assessment completed and there were multiple bruises noted on bilateral arms and legs and dressing remained intact to left great toe. R1's record reviewed between 6/5/25 through 6/11/25 revealed although the progress notes identified R1 had developed skin changes to her right foot that included discoloration, a large bump, and a large fluid filled blister, it was not evident the physician was notified of the change until 6/12/25. R1's progress notes included the following: R1's progress notes dated 6/8/25 at 3:32 a.m., indicated on 6/7/25, staff alerted writer the R1 had a large bump on the top of her right foot. The site looked inflamed and black/blue in color. A border was drawn around the edges to monitor for changes in size. R1's progress note dated 6/9/25 at 9:13 a.m., R1's top of right foot was noted to be dark in color with a fluid filled intact blister. R1 reported she had bumped it the other day when she lost her balance but did not fall. Area left open to air and continue to observe. R1's progress notes dated 6/10/25 at 12:11 a.m., indicated the fluid filled blister was extending the border that was drawn on 6/7/25 and measured over the raised area 9.2 centimeters (cm) high x 11.4 cm wide. Remained open to the air. R1's progress notes dated 6/10/25 at 7:24 a.m., indicated R1 had a blister like area on her right foot and cellulitis in left great toe. R1's progress notes dated 6/10/25 at 11:15 a.m., indicated a very large intact blister to top of right foot. Skin very thin and transparent with fluid pool present. Remains open to air at time. Will continue to observe. R1's progress notes dated 6/11/25 at 1:22 p.m., indicated left great toe cellulitis with slow improvement noted. Scant bleeding with dressing removal. Skin remains open. Antibiotics complete. Continue current treatment, see wound flow sheet for further information. Continue to observe. R1's progress notes dated 6/12/25 at 2:54 p.m., indicated R1 was seen by physician on rounds for blister on top of right foot. physician completed sharp debridement to area. Dressed with Adaptec (moist dressing), gauze pad and kerlix. R1 to start doxycycline (an antibiotic) and compression provided with ace wraps. During an interview on 7/18/25 at 10:56 a.m., director of nursing (DON) stated it was her expectation that any skin concerns were brought the physician's attention as soon as possible. The nurse should do an assessment, with measurements, start a treatment and make a progress note. During an interview on 7/18/25 1:30 p.m. MD-A indicated the wound was brought to his attention during rounds on 6/12/25. MD-A further stated the wound could have extended R1's stay at the facility, as there was no evidence of physician notification until 6/12/25. Review of facility policy entitled Weekly Skin Assessment and Documentation Process, dated 1/20/23, identified the following: c.) Notification to Physician 1- The nurse who initially identifies the skin alteration, they should utilize the fax forms to notify the physician/nurse practitioner or call and put the new order into the electronic health record.</p>		