| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245382 | A. Building<br>B. Wing | 11/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Madison Healthcare Services | 900 Second Avenue<br>Madison, MN 56256 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.<br><br>47497<br><br>Based on observation, interview, and document review, the facility failed to follow their policy and complete an Abnormal Involuntary Movement (AIMS) assessment for 1 of 5 residents (R31) who had been administered an antipsychotic.<br><br>Findings include:<br><br>R31's 8/16/24, quarterly Minimum Data Set (MDS) assessment identified he had diagnosis of non- traumatic brain dysfunction, Alzheimer's disease, and depression. R31's cognition was severely impaired, he required supervision with walking and extensive assistance with toileting and personal hygiene.<br><br>R31's current diagnosis list identified on 8/6/24, he received a new diagnosis of severe episode of recurrent major depressive disorder, with psychotic features.<br><br>R31's 8/29/24, physician order form identified R31 started taking olanzapine (anti-psychotic medication) 5 milligrams (mg) by mouth daily at bedtime on 8/29/24.<br><br>R31's 10/31/24 outpatient detail report identified the physician increased R31's olanzapine to 10 mg every morning.<br><br>R31's 9/13/24, care plan identified he takes an antipsychotic with interventions to complete an AIMS assessment per facility policy and as needed.<br><br>R31's September 2024, medication administration record (MAR), identified he was administered olanzapine 10 mg daily.<br><br>Review of R31's assessments completed since admission identified no AIMS assessment had been completed.<br><br>Interview on 11/6/24 at 8:22 a.m., with the MDS coordinator identified an AIMS assessment was to be completed upon the start of an antipsychotic medication. The nurse who transcribed the order was to complete the initial AIMS assessment and schedule the next AIMS assessment in 30 days. The assessment should be completed with any changes in dose, and 30 days after the new medication started. She reviewed R31's chart and agreed he had not had an AIMS assessment completed.<br><br>(continued on next page) |



| 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: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245382 | A. Building<br>B. Wing | 11/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Madison Healthcare Services | 900 Second Avenue<br>Madison, MN 56256 |

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<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Interview on 11/6/24, at 8:17 a.m., with the pharmacist consultant identified he would expect the facility to complete an AIMS assessment when starting an antipsychotic. He identified the assessment is used to determine if the resident is having side effects of extrapyramidal movement (involuntary movements), in this case the medication may need to be changed or discontinued before worsening.<br><br>Review of the July 2024, Psychotropic Drug Monitoring policy identified nursing staff were to complete an assessment for Tardive Dyskinesia which is the AIMS assessment for:<br><br>1) Baseline target behavior before an antipsychotic had begun or upon admission.<br><br>2) When a new antipsychotic medication was added or the dose had been changed.<br><br>3) At 6 months for re-evaluation. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245382 | A. Building<br>B. Wing | 11/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Madison Healthcare Services | 900 Second Avenue<br>Madison, MN 56256 |

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 0689<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Few | Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.<br><br>34083<br><br>Based on observation, interview, and record review, the facility failed to ensure a portable oxygen (O2) tank (E-cylinder) was safely secured for 1 of 4 residents (R21).<br><br>Findings include:<br><br>Observation and interview on 11/04/24 at 12:52 p.m. with R21 identified he was alert and oriented and was seated on the edge of his bed with oxygen on at 2 liters (L) per minute (M) via a nasal cannula (NC) connected to an oxygen concentrator. Two oxygen tanks were observed, one of which was in a portable stand with a regulator attached and one sitting unsecured on the floor in addition to a small black portable oxygen carrier were noted to be at the end of the dresser visible upon entry to the room. R21 reported he used oxygen when he was in his room, and used the portable tanks if he went to an appointment or left the building. R21 reported the oxygen tanks were left in his room for his use when he needed them and had been left there since he had been admitted .<br><br>R21 was admitted to the facility in August 2024 with diagnoses of pulmonary fibrosis, cerebral infarction, chronic obstructive pulmonary disease (COPD), congestive heart failure (CHF), PTSD, major depressive disorder, and generalized anxiety disorder.<br><br>R21's current physician orders identified but the current electronic physician orders identified staff were to check oxygen saturation (O2 sat) every shift, and apply O2 via NC 1-3 LPM as needed (PRN) as needed when O2 sat less than 90%.<br><br>Observation of R21 on 11/04/24 at 7:03 p.m. noted R21 seated in his recliner watching TV in a darkened room with O2 on via NC. The O2 tanks remained in the same location with the one tank resting on the floor in an upright position unsecured. He reported he was not aware the unsecured tank was a problem and identified his O2 tanks were routinely left sitting in his room in that location since he had been admitted .<br><br>Interview on 11/04/24 at 7:05 p.m. with licensed practical nurse (LPN)-A identified when O2 tanks were not in use they should be stored in the oxygen supply closet, and if they were in a resident space they needed to be positioned either in an oxygen cart or in a holder located on the resident's wheelchair. She reported oxygen tanks were not supposed to be left unsecured sitting in a resident room and she was not aware of the unsecured tank in R21's room.<br><br>Interview on 11/4/24 at 7:10 p.m., with the director of nursing (DON) who accompanied this surveyor to R21's room confirmed one of the two O2 cylinders was standing unsecured on the floor of R21's room and it should not have been left there. O2 tanks were to be kept in a stand or wheelchair holder and it was not acceptable to leave a tank unsecured.<br><br>A policy on O2 use and monitoring was requested, but the DON reported they did not have a current policy for Oxygen use in the long term care (LTC) setting. |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245382 | A. Building<br>B. Wing | 11/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Madison Healthcare Services | 900 Second Avenue<br>Madison, MN 56256 |

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 0949<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Provide behavior health training consistent with the requirements and as determined by a facility assessment.<br><br>49336<br><br>Based on interview and document review the facility failed to ensure 5 of 8 staff (administrator, director of nursing (DON), registered nurse (RN)-A, RN-C, and trained medication aide (TMA)-A ) received annual training and 1 of 1 newly hired staff nursing assistant (NA-B) received initial training on Alzheimer's disease or related disorders, assistance with activities of daily living (ADL), problem solving with challenging behaviors, and communication skills. This had the potential to affect all the residents in the facility.<br><br>Findings include:<br><br>Review of the administrators personnel file identified a hire date of 9/28/12. Review of his Alzheimer's training records identified he had completed training on ADL care, communication needs, and behaviors and obtained a certificate on 9/30/22. The administrator training record lacked identification that he had completed training on Alzheimer's disease and related disorders annually.<br><br>Review of the DON's personnel file identified a hire date of 11/01/21. Review of her Alzheimer's training records identified she had completed training on ADL care, communication needs, and behaviors and obtained a certificate on 9/28/22. The DON training record lacked identification that she had completed training on Alzheimer's disease and related disorders annually.<br><br>Review of the personnel file for RN-A identified a hire date of 8/04/20. Review of her Alzheimer's training records identified she had completed training on ADL care, communication needs, and behaviors and obtained a certificate on 10/25/22. RN-A's training record lacked identification that she had completed training on Alzheimer's disease and related disorders annually.<br><br>Review of the personnel file for RN-C identified a hire date of 2/16/23. Review of her Alzheimer's training records identified she had completed training on ADL care, communication needs, and behaviors and obtained a certificate on 2/16/23. RN-C's training record lacked identification that she had completed training on Alzheimer's disease and related disorders annually.<br><br>Review of the personnel file for TMA-A identified a hire date of 8/16/18. Review of her Alzheimer's training records identified she had completed training on ADL care, communication needs, and behaviors and obtained a certificate on 11/28/22. TMA-A's training record lacked identification that she had completed training on Alzheimer's disease and related disorders annually.<br><br>Review of the personnel file for NA-B identified a hire date of 10/15/24. Review of his training record lacked identification that he had not completed training on Alzheimer's disease and related disorders upon hire.<br><br>Review of July 2024 Facility Assessment identified the facility would provide staff training, education, and competencies necessary to provide support and care needed for the resident population and to ensure knowledge competency for all staff. The facility would provide education and training in person, online, and other various formats. Lastly, staff competencies would be verified upon orientation, annually, and as needed.<br><br>(continued on next page) |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 245382 | A. Building<br>B. Wing | 11/06/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| Madison Healthcare Services | 900 Second Avenue<br>Madison, MN 56256 |

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 0949<br><br>Level of Harm - Minimal harm or potential for actual harm<br><br>Residents Affected - Some | Interview on 11/06/24 at 9:57 a.m. with DON identified she was aware that staff had not all completed Alzheimer/Dementia training. She stated the facility was awarded a grant to help facilitate the training for all staff, previously. In addition, the facility had opted not to purchase the course on an annual basis and was in the process of purchasing new education software for 2025 and would plan for staff to complete the training for new hires and on an annual basis.<br><br>Request a copy of In-service Training policy and none was provided. |