

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245384	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/01/2024
NAME OF PROVIDER OR SUPPLIER North Shore Health		STREET ADDRESS, CITY, STATE, ZIP CODE 515 - 5th Avenue West Grand Marais, MN 55604	

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 0582</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered.</p> <p>49877</p> <p>Based on interview and document review, the facility failed to provide the required Skilled Nursing Facility Advanced Beneficiary Notice (SNFABN) to 2 of 2 residents (R8, R26) reviewed who remained in the facility after their Medicare part A covered services ended.</p> <p>Findings include:</p> <p>R8's Center for Medicare and Medicaid Services (CMS)-10123 signed as received on 2/1/24, identified a last covered day of 2/5/24, when R8's Medicare coverage would end.</p> <p>R8's Census Record dated 8/1/24, identified on 2/5/24, R8's payer source changed. The record further indicated R8 remained in the facility.</p> <p>R26's CMS-10123 signed as received on 2/29/24, identified a last covered day of 3/2/24, when R26's Medicare coverage would end.</p> <p>R26's Census Record dated 8/1/24, identified on 3/2/24, R8's payer source changed. The record further indicated R8 remained in the facility.</p> <p>R8's and R26's medical records were reviewed and lacked any evidence a SNFABN had been provided to explain the estimated cost per day or provide rationale or explanation of the extended care services or items to be furnished, reduced, or terminated.</p> <p>During interview on 7/30/24 at 1:32 p.m., administrator verified a SNFABN was not completed for R8 or R26. Administrator stated SNFABN's were not completed because they were not required.</p> <p>During interview on 7/31/24 at 1:59 p.m., business office accountant verified a SNFABN was not completed for R8 or R26. Explained it has never been the practice of the facility to provide a SNFABN to residents who remain in the facility when their Medicare part A covered services ended.</p> <p>A policy on beneficiary notices was requested and not received.</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 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** 45842</p> <p>Based on interview and document review the facility failed to perform passive range of motion (PROM) and a walking program as ordered, as well as document correctly for 1 of 1 resident (R27) reviewed for therapy.</p> <p>Findings include:</p> <p>R27's quarterly minimum data set (MDS) dated [DATE], identified R27 had no cognitive impairment. Diagnoses included hypertension and other orthopedic conditions.</p> <p>R27's provider orders date 2/27/24, indicated physical therapy (PT) to evaluate and treat if appropriate.</p> <p>R27's physical therapy orders to nursing undated, indicated PROM rehab program. Orders stated to complete PROM right knee extension 3 repetitions x30-60 second holds to end range and complete daily. R27's physical therapy orders to nursing also identified a walking program, which included the following: stand pivot and short distance ambulating with nursing staff daily. Document refusals for standing and short ambulation.</p> <p>R27's care plan dated 3/6/24, identified a functional mobility care plan with interventions including, PROM rehab program - complete PROM right knee extension. 3 repetitions x30-60 second holds to end range. Complete daily. The care plan lacked information about a walking program.</p> <p>R27's care guide sheet dated 7/27/24, identified R27 was on a PROM program and a walking program that was to be completed daily.</p> <p>R27's Nursing Rehabilitation PROM documentation was reviewed from 7/1/24 to 7/31/24, and lacked documentation PROM was completed on 7/7/24, 7/10/24, 7/16/24, 7/19/24, 7/22/24, 7/25/24,</p> <p>R27's walking program documentation was reviewed from 7/1/24 to 7/31/24, and lacked documentation walking was performed on the following dates: 7/1/24 to 7/3/24, 7/7/24, 7/10/24, 7/16/24, 7/19/24, 7/22/24.</p> <p>During an interview on 7/29/24 at 6:28 p.m., R27 stated she was on walking and a PROM programs that was set up by PT and was to be done by the staff every day. R27 stated the staff on day shift would walk her on some days but not every day and had never done any kind of range of motion on her knee. She could tell when she did not get to do the walking because the next time they walked her after missing a session, her knee was more stiff and sore.</p> <p>During an interview on 7/30/24 at 3:41 p.m., physical therapist (PT)-A stated a PROM and walking program had been set up in 3/24, on R27 and it was nursing's responsibility to make sure it was done every day. It was to ensure R27 would her mobility and her right leg would get stronger, with a goal of her to walk independently with a wheeled walker.</p> <p>(continued on next page)</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>During an interview on 7/31/24 at 10:31 a.m., nurse assistant (NA)-A stated R27 was on a walking program and a PROM program that was to be performed daily. NA-A stated They try to perform the walking program and PROM but do not always have time. If the walking program or PROM is not performed we will just leave it blank or document that it was not done. Staff would also pass on to the next shift the walking program and PROM was not completed on the last shift.</p> <p>During and interview on 8/1/24 at 10:01 a.m. the assistant director of nursing (ADON) stated anytime a resident is on a walking or a PROM program then it is up to the entire staff to make sure the actions are performed. If one person cannot get to it then the next shift would help out. The ADON reviewed R27's medical record and confirmed there were several days that had missing documentation, indicating that the walking and PROM programs were not completed. She also acknowledged several days were documented as not done with no explanation as to why. The ADON stated nurse orders that were daily needed to be completed daily, and if missed, documented with an explanation as to why it was missed.</p> <p>Facility Policy Nursing Rehab last revised 4/23/17, identified the nursing rehab program was provided to maximize each patient/resident's functional independence. Nursing would follow the program as built and ordered by therapy services and document daily. If a refusal was made by the resident the reason would be indicated.</p>		