STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Lakeshore Rehabilitation Center LLC	108 8th Street Northwest Waseca, MN 56093

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 0550

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.

33925

Based on observation, interview and document review, the facility failed to ensure dignified, personal space was maintained for 1 of 1 resident (R8) who had staff enter their room without knocking or waiting for a response. In addition, the facility failed to ensure a dignified, homelike dining experience was provided for 1 of 1 resident (R29) observed to wait for an extended period of time for their meal despite tablemate's being served.

Findings include:

ROOM KNOCK:

R8's annual Minimum Data Set (MDS) assessment, dated 2/29/24, identified R8 had moderate cognitive impairment and it was very important for her to be able to use the phone in private.

On 5/28/24 at 11:01 a.m., R8 was seated in her personal room with the doorway closed to the unit' hallway. R8 was being interviewed by the surveyor when suddenly, without any audible knock or verbal warning, the doorway from the hallway opened and nursing assistant (NA)-A poked their head inside. NA-A turned and looked at the surveyor before turning back to R8 and voicing aloud, I'm just checking on you. NA-A then turned to the surveyor and expressed, Who are you? NA-A then closed the doorway. When interviewed immediately following, R8 stated staff sometimes knock but do, at times, just open the door without warning adding, I prefer that they knock. R8 stated she liked to keep her doorway closed and reiterated she wished they would knock before just entering the room adding, I don't like the fact that they don't [knock].

When interviewed on 5/28/24 at 11:06 a.m., NA-A was asked about not knocking on R8's doorway before opening it and NA-A responded abruptly, I did knock. NA-A stated they always knocked and tell them who I am and wait for a response before entering then adding, Some of them can't hear you [me]. NA-A stated they had heard a few residents, including R8, make comments about staff not always knocking before entering their rooms. NA-A stated R8 liked to keep her doorway closed and wanted staff to knock before entering her room adding, She [R8] doesn't like it [when they don't]. NA-A stated it was important to knock and wait for a response before entering as it was common sense and staff don't want to startle them [residents].

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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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245388	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/30/2024

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F 0550

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Few

On 5/29/24 at 11:24 a.m., the director of nursing (DON) was interviewed. DON explained they had not noticed issues with staff not knocking or waiting for a response when entering resident' rooms and spaces, however, stated they expected staff to knock and wait a few seconds before entering resident' rooms. DON stated they teach the staff of the need to be respectful and to knock and ask permission to come in the door. DON stated this was important to do for resident' dignity and respect adding, We should all be aware of that and the privacy [of their space].

A provided Resident Rights Policy, dated 1/2024, identified the care center' practice was to uphold the rights of all residents. The policy outlined the care center would post and provide a copy of the resident' rights to them, however, lacked any information on what, if any, steps would be taken to promote resident' dignity or personal spaces. A facility' policy on dignity and resident spaces was not provided.

49893

MEAL DELAY:

R29's admission Minimum Data Set (MDS) assessment, dated 4/8/2024 indicates R29 as cognitively intact with no behaviors, no functional limitations of range of motion (ROM), and is independent with eating. R29 has no chewing or swallowing disorder or dental concerns.

R29's face sheet indicates diagnoses of major depressive disorder, anxiety disorder, and other endocrine, nutritional, and metabolic disease.

During continuous observation on 5/28/24 beginning at 11:54 a.m., a dietary staff member was taking plates of food from the serving window and delivering to residents throughout the dining room. R29 was seated at table with 2 other residents. R29 had beverages in front of her however no plates of food. Her tablemate's had 50% of their food consumed.

At 12:05 p.m., R29 continued to not have food.

At 12:11 p.m., R29's table mates finished with their food. R29 still was not served. Residents who arrived to the dining room after R29 received their food.

At 12:16 p.m., R29 still had not been served. Staff member present at neighboring table assisting residents with eating. No staff observed going from table to table to check on residents.

At 12:20 p.m., the administrator walked through the dining room, smiled at the residents but did not stop to check on residents. R29 continued to not have food. Surveyor observed R12 shake her head at R29 and say that's not right.

At 12:24 p.m., tablemate left the table and spoke to the dietary staff at the serving window. Dietary staff turned toward R29's direction and said, Oh my god and immediately turned to speak to someone in the kitchen.

At 12:25 p.m., dietary staff arrived at table with grilled cheese sandwich, vegetable, and a serving of ice cream. Dietary staff apologized to R29 and informed her there was no dessert left but offered ice cream.

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 5/28/24 at 12:34 p.m., R29 stated her lunch was ok. When surveyor mentioned the wait, R29 stated she arrived in the dining room at 1130 a.m., and had waited an hour. During interview on 05/28/24 12:38 p.m., dietary aide (DA-A) stated breakfast is served first come first serve. They serve diabetic residents right away. Residents usually begin arriving for lunch at 11:00 a.m. after the morning activity. Lunch service begins at 11:30 a.m. DA-A stated the resident's meal tickets are laid out on the counter near the serving window. As she sees residents arrive, she takes their meal ticket and gathers beverages. She gives the meal ticket to the kitchen and delivers the resident's beverages at the table. DA-A stated she believes the cooks had an issue with the flattop not getting hot enough to cook R29's grilled cheese. She stated she did not realize R29 did not have her meal until R12 informed her. During interview on 5/28/2024 at 12:59 p.m., R29 stated every time she orders something other than the main entree, she is served last. Today they had pork fritters, however resident ordered a grilled cheese sandwich. During interview on 05/29/24 09:49 a.m., R29 stated I feel like I don't matter when I don't get my food. If I change from what they are serving, I get served last. During interview on 05/29/24 1:00 p.m., DA-A stated food from the always available menu is made at the time of ordering and not at the end of meal service. During interview on 05/29/24 01:02 p.m., certified dietary manager (CDM) stated his staff tries serve residents first come first serve and by table. He stated food is served restaurant style and made to order as his staff gets the ticket. He prefers not to make too many food items, such as salads, ahead of time to maintain the integrity of the food. He stated he expects the dining room to be served within 30-40 minutes. Lunch service starts at 11:30 a.m. and should be done by 12:10 p.m. CDM stated he would not expect a resident to wait 1 hour for their meal. During a resident council meeting on 5/29/24 at 1:06 p.m., R12 stated the residents sometimes do a lot of waiting for meals and it is still an issue. R12 stated a resident (R29) came to the dining room a little late and sat there for 45 minutes to get food and did not get it until she (R12) went to the kitchen window and informed staff. R2 stated she is diabetic and often waits 45 minutes to get served food. R2 stated residents do not get served as the same time as tablemate's have to sit there while the rest of her table eats which really bothers her. R22 stated it has also happened to her and agrees she does not like it. During interview on 05/29/24 02:55 p.m., the CDM stated there wasn't a sense of urgency in his staff when became dietary manager. He stated he has educated his staff the importance of having a sense of urgency. He shortened the dining window to 1 hour and has been holding his staff accountable. He has not made any procedural changes. He has made observations at sister facilities and plans to meet with administration to brainstorm possibilities to improve mealtimes, including preparing more items ahead of time. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 05/30/24 09:07 a.m., the administrator stated it is not the goal of the facility to have resident's wait for meals. She stated they have adjusted lunch service from 11 a.m. to 11:30 am however long wait times continue to be more prevalent than she would like. The administrator stated the facility plans to have items from the always available menu cooked and ready to go. She stated meals are served first come first serve by tables. She has spoken to resident council about mealtimes and most are fine with waiting because they don't want cold food. Her goal is for residents to wait no more than 15-20 minutes for their meal. The administrator stated items requested from the always available menu are prepared as request and not served at the end of the meal. She stated they implemented using an Ipad for ordering meals about 3 months ago so the cooks know ahead of time how many of the always available items to prepare. When asked what impact having to wait for meals would have on resident's, the administrator stated, some residents would be fine with it, some would have an emotional impact. Resident council minutes dated December 2023, indicate Residents brought up a concern regarding wait time for meals stating they felt the new way of ordering was not speeding up service. [CDM] will work with staff on these concerns during this month. The council concerns section on the last page of the minutes indicate, in part, taking longer with ordering with I-pad. Administrator and CDM were present. Resident council minutes dated January 2024 indicate there remain concerns about the length of time it takes to get meals, especially for lunch and supper. These issues are being addressed with staff. The old business as wait time for meals. Council concerns section is blank. CDM was present, administrator was absent. Resident council minutes dated February 2024 indicate, one resident said that mealtime wait continues and that if all residents are at the table, they should all be served at the same time. This has been addressed with Culinary over the weekend. The old concerns section indicate waiting for mealtimes remains a concern. The council concerns section is blank. Administrator was present, CDM was absent. Resident council minutes for March 2024 made no concerns brought up regarding mealtime. The last page indicates waiting for mealtimes remains a concern in old concerns. The council concerns section is blank. The next meet scheduled is March 13, 2024. Administrator and CDM present. Resident council minutes for April 2024 made no mention in specifically regarding meal wait times however the last page indicated menus and wait times under old business. Council concerns was blank. CDM and administrator were present. Resident council minutes May 2024 indicate [CDM] continues to address wait time for meals. The last page indicates wait times in dietary in old business section. Council concerns section is blank. The administrator and CDM were present at meeting. (continued on next page)

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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	A facility policy titled Dining Room Audits revised October 2017 indicates Our facility audits the food and nutrition services department regularly to ensure that resident needs are met and that dining is a safe and pleasant experience for residents. Section 1 under Policy Interpretation and Implementation indicates dietary staff will make scheduled daily meal rounds to every dining room at all mealtimes to audit the dining room and the food service to the residents. Section 2.d. indicates The auditor will assess whether residents at each table are served together. Section 3 indicates results of the evaluation will be noted. Copies of the evaluation will be sent to department heads, as necessary, to notify of concerns. Evaluations will be kept on file and reviewed periodically for patterns of concern.

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on interview and document review, the facility failed to comprehensive assess and, if needed, develop interventions to ensure an appropriate, proactive bowel management program was implemented to promote comfort for 1 of 1 resident (R31) reviewed who complained about constipation. Findings include: R31's admission Minimum Data Set (MDS), dated [DATE], identified R31 had intact cognition and was continent of bowel. Further, the MDS outlined a question labeled, H0600, which asked if constipation was present. This was responded, No. R31's Retiring MHM (Monarch Healthcare Management) Admission/Initial Data Collection - V5, dated 4/5/24, identified R31 admitted to the care center from home and was on hospice care. The evaluation outlined R31 had not evident memory problem along with a section labeled, Current Bowel and Bladder Function, which asked four questions about continence. This identified R31 was occasionally incontinent of bowel, however, lacked any further questions or evidence to demonstrate R31's bowels (i.e., patterns, preferences) had been evaluated. R31's most recent MHM Bowel Evaluation, dated 4/11/24, was labeled as, Admission, and identified R31 was continent of bowel. The evaluation contained other sections to outline medical conditions, medication use, and a physical inspection to demonstrate a comprehensive review of the bowel system, however, these sections were left mostly blank with just single dictation reading, peri rectal area intact per nurse assessment. Redness noted to buttocks on admission. The evaluation concluded with a section labeled, Individualized Treatment Plan, and spacing to record what, if any, interventions or plan would be in place. However, this was left blank and not completed. The completed evaluation lacked any comprehensive assessment of R31's bowel management including what, if any, input R31 had on her own bowel management issues or needs (i.e., wishes). The completed evaluation was signed by the director of nursing (DON). On 5/28/24 at 11:17 a.m., R31 was interviewed. R31 stated she was constipated and had trouble being regular here [at care center]. R31 explained she admitted to the care center not long prior, and used a routine at home to produce regular bowel movements which involved consuming prunes and graham crackers. R31 stated the staff had not talked with her, at least to her recall, about a proactive bowel management program (i.e., dietary options, medication options) but rather just had put me on a couple laxatives which I don't like. R31 stated she was typically getting prune juice with her breakfast but nobody had offered or helped her with graham crackers pointing to a box of them stored in her chair-side table. R31 added, I bought graham crackers myself but haven't eaten them. R31 reiterated she felt her bowels were not moving enough. R31's care plan, identified R31 was enrolled in hospice for heart failure and a lung mass. The care plan listed a problem statement which read, STRENGTH: Continent of bowel and bladder. Anticipating this to change as resident declines, along with multiple goals including, Resident will move bowels q3 [every three] days or greater. The care plan then listed a single intervention for this which read, Assist of 1 with toileting. The care plan lacked any other interventions for R31's bowel management. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R31's progress notes, dated 4/8/24 to 5/10/24, were reviewed. On 4/8/24, a note was completed by hospice and identified R31 had a bowel movement two days prior adding, . generally moves bowels daily . not been getting prune juice in the AM . request made to dietary and will provide . reviewed hydromorphone [narcotic] effect on bowels . On 4/18/24, hospice visited and recorded an as-needed suppository was given on 4/16/24 with good results. On 4/25/24, hospice again visited and identified R31 may have potential constipation due to narcotic use adding, Need to increase Senna? Further, another note dated 5/10/24, identified hospice visited and recorded R31's bowels . remain sluggish, moving about every 3 days . does not want scheduled Senna increased at this time. However, the progress notes then lacked any further evaluation or documented follow-up on this potential issue by hospice or the care center after 5/10/24. R31's Follow Up Question Report, dated 5/15/24 to 5/28/24, identified R31's recorded bowel movements at the care center along with their characteristics (i.e., size, formed/loose). This identified the following: On 5/16/24, R31 had a large, formed bowel movement. On 5/21/24 (five days later), R31 had a large, formed bowel movement. On 5/24/24 (three days later), R31 had two bowel movements record. Both were a medium size, however, one was listed as being loose/diarrhea consistency. On 5/27/24 (three days later), R31 had a large, formed bowel movement. When interviewed on 5/29./24 at 9:27 a.m., nursing assistant (NA)-A verified they had worked with R31 on multiple occasions. NA-A explained R31 was on hospice care and needed stand-by assistance to use the bathroom mostly due to someone helping her with the oxygen tubing. NA-A stated R31 was mostly continent of bowel and bladder adding, She lets you know when she has to go. NA-A stated R31 had not expressed any concerns about her bowels or constipation, however, they had noticed R31 was sometimes a little loose adding this had last happened a couple days ago maybe. NA-A stated loose stools should be reported to the nurses and the staff will document resident' bowel movements in the POC charting. R31's medical record was reviewed and lacked evidence R31 had been comprehensively assessed including with R31's own preferences and input on what, if any, proactive or additional interventions were needed to promote a proactive bowel management program (i.e., additional dietary interventions, medication management). There was no evidence the facility had re-visited or evaluated R31's bowel management needs despite hospice recording potential constipation concerns (i.e., over three days between movements) and direct care staff seeing recent loose stools. (continued on next page)

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F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	When interviewed on 5/29/24 at 10:54 a.m., registered nurse (RN)-A explained the overnight nurse helps make a daily listing of which residents need a bowel intervention due to not having one (i.e., suppository), however, if there was an agency nurse working then sometimes there's lapses and the listing is not always done. RN-A verified they had worked with R31 and stated they had, at times, offered R31 some medication for her bowels but R31 would decline and want to wait and see what happens adding R31 was worried medications will work too well and then give her loose stools. RN-A stated R31 had not voiced any concerns with her bowel patterns or potential constipation to their recall but added hospice was aware of it and asked about it all the time to their knowledge. RN-A stated they had conversation with R31 shortly after she admitted about her bowels adding R31 seemed a little obsessed about it. RN-A stated they educated R31 about it adding R31 was told, I don't want you to go past three days. RN-A explained a comprehensive bowel evaluation would be hospice' responsibility since R31 was on their service adding, For her [R31], it would be hospice. RN-A stated they had not heard or been told about using graham crackers prior to the conversation with the surveyor. RN-A reviewed R31's medical record and acknowledged it lacked evidence hospice or the care center had re-evaluated R31 after 5/10/24 (hospice note) and stated comprehensive bowel management programs should be assessed and documented in the progress notes adding, We're not documenting maybe like we should. Further, RN-A stated they had not had any loose stools for R31 reported to them over the past week or so, and expressed it was important to ensure resident' bowel needs and, if needed, a management program was evaluated to reduce the risk of constipation and promote comfort adding, If they get constipated [there] could be all kinds of complications to that. On 5/29/24 at 2:46 p.m., the DON was interviewed and verified they had reviewed R31's medical record. DON explained resident' bowels are assessed on admission mostly using the NA charting and basing it off that. DON stated R31 wasn't using her as-needed narcotic upon admission but, if she had been, then it would have triggered more of an in-depth review for constipation. DON stated the hospice notes seemed to stop addressing R31's constipation and bowel patterns after the 5/10/24 note adding the subsequent notes were like they [hospice] were copying and pasting. DON stated they would speak to the hospice nurse about R31's bowel when they were next onsite. DON stated the floor staff do the data collection of a resident upon admission and then she herself (DON) does the bowel and bladder evaluations but those were more for incontinence and not for bowel management program evaluation. DON stated they had just visited with R31 about her bowel (after questioned by the surveyor prior) management and placed a note in the medical record adding R31 wanted to try using graham crackers like she had been prior to admission. DON stated hospice was involved in resident' care but evaluation and management of conditions was the facility' responsibility adding, Ultimately, she's living here so she's ours. Further, DON stated it was important to ensure bowel conditions, including the need for a proactive bowel management program, were assessed to promote resident' comfort adding constipation was not a good outcome. A facility' policy on bowel management programs was requested, however, none was received.

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F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that residents are assessed for appropriateness for a feeding assistant program, receive services as per their plan of care, and feeding assistants are trained and supervised. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49339 Based on observation, interview, and document review, the facility failed to ensure residents were assessed for appropriateness to be assisted by paid feeding assistants (PFA)'s at meals including residents with or without difficulty swallowing and/or with complicated feeding problems requiring a mechanically altered diet and/or special precautions for 6 of 6 residents (R4, R5, R6, R10, R16, and R30) reviewed. The facility also failed to ensure the PFA's were supervised at all times by a nurse while performing feeding assistance. Findings include: R4's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R4 had moderate cognitive impairment, was dependent on staff for Activities of Daily Living (ADL) and supervision or touching assistance for meals. R4's face sheet, printed 5/30/24, indicated R4 moved in on 1/12/10. Diagnoses included dementia with other behavioral disturbance, expressive language disorder, dsyarthria (speech disorder caused by weak muscles) following cerebral infarction (disruption of blood flow to the brain due to problems with the blood vessels that supply it), hemiplegia (paralysis of one side of the body) and hemiparesis (another term for hemiplegia) following cerebral infarction affecting right non-dominant side, ataxia (lack of voluntary coordination of muscle movements), and delusional disorder (mental health condition which a person can't tell what's real from what's imagined). On R4's therapy tab in the electronic medical record (EMR) indicated a diagnosis of dysphagia (difficulty swallowing). R4's orders, printed 5/30/24, indicated a regular diet, regular texture, regular consistency with a start date of 6/21/22. R4's care plan, printed 5/30/24, indicated R4 needed assist of 1 with eating with a start date of 10/5/22. R4 needs feeding assist; able to hold 'kennedy' cup and feed self finger foods. There was no mention of being able to be assisted by a PFA or mention of dysphagia diagnosis. R4's Clinical Nutrition Evaluation, dated 5/2/24, identified the following: under section f adaptive equipment: n/a (not applicable) and section f1 amount of feeding assistance required full assist. The assessment lacked identification of diagnosis of dysphagia or if R4 was able to be assisted by a PFA. R4's EMR lacked an assessment to identify if R4 would be appropriate to be assisted by a PFA. R5's quarterly MDS assessment dated [DATE], indicated R5 had moderate cognitive impairment, was dependent on staff for ADL's and supervision or touching assistance for meals. R5's diagnoses included osteoarthritis and osteoporosis. (continued on next page)

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F 0811

Level of Harm - Minimal harm or potential for actual harm

Residents Affected - Some

R5's orders, printed on 5/30/24, indicated a regular diet, pureed texture, regular consistency, small portions with a start date of 1/12/24.

R5's care plan, printed 5/30/24, indicated R5 had potential for alteration in nutrition r/t [related to] need for mechanically altered diet secondary to hx [history] of chew/swallow difficult. R5's care plan lacked identification of assistance needed with eating, mention of being able to be assisted by a PFA.

R5's Clinical Nutrition Evaluation, dated 3/6/24, identified R5 had a lost of 5% or more in the last month or loss of 10% or more in the last 6 month in her weights and a radio-button answered was marked yes, not on a prescribed weight-loss regimen. The assessment lacked identification if R5 was able to be assisted by a PFA.

R5's progress note reviewed from 11/29/23 to 5/15/24 indicated the following:

-4/14/24: resident had 1 episode of vomiting immediately upon leaving supper table. NAs reported resident ate a grilled cheese sandwich. Resident stated she felt fine after episode of emesis.

-3/27/24: .1/12/24-diet downgraded to Pureed, may chop or mash foods. Initially trialed downgraded diet starting 12/31 d/t [due to] reports of prolonged chewing .

-12/31/23: [R4] continues to have great difficulty eating-she chews for long periods of time before finally swallowing .we are going to try a pureed diet x 1 week .

-12/29/23: .Per RN notes, [R4] has been pocketing foods and having some swallow difficulty .staff to continue to encourage adequate meal/supplement intakes, assist with intake PRN [as needed] .

-12/26/23: [R4] was observed pocketing food at breakfast and lunch today. [R4] continued to keep putting food in her mouth without swallowing. When she drank it would run out of her mouth. CAN (certified nursing assistant) sat with R4, but she was unable to follow cues to swallow.

-12/11/23: [R4] was having a difficult time swallowing and was coughing when she took a drink.

R5's EMR lacked an assessment to identify if R5 would be appropriate to be assisted by a PFA.

R6's quarterly MDS assessment dated [DATE], indicated R6 had moderate cognitive impairment, was dependent or maximal assistance of staff for ADL's in areas of toileting, dressing, showering, mobility, and transfers. R6's diagnoses included heart failure (heart not working properly), diabetes (disease that results in too much sugar in the blood), stroke (condition in which poor blood flow to the brain causes cell death), and unspecified toxic encephalopathy (a brain dysfunction caused by a toxin).

R6's orders, printed on 5/30/24, indicated a regular diet, regular texture, regular consistency, and small portions with a start date of 6/17/22.

R6's care plan, printed on 5/30/24, identified resident needs feeding assist; often refuses assist with a date initiated of 9/26/22. R6's care plan lacked identification of being assessed for appropriateness to be assisted by a PFA at meals.

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Lakeshore Rehabilitation Center LLC	108 8th Street Northwest Waseca, MN 56093

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F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R6's Clinical Nutrition Evaluation, dated 3/12/24, identified R6 was independent regarding amount of feeding assistance required. R6's progress notes were reviewed from 12/4/23 to 5/15/24 indicated the following: -12/27/23: speech therapist came in at supper time. [R6] tolerated thin liquids, his egg sandwich, and his bowl of cereal with no difficulty. No coughing or choking noted. -12/27/24: [R4] tolerated mechanical pork with gravy and mashed potatoes. [R4] coughed on thin liquids but tolerated nectar thick liquids. R6's EMR lacked an assessment to identify if R6 would be appropriate to be assisted by a PFA. R10's quarterly MDS assessment dated [DATE], indicated R10 had intact cognition, was moderate to maximal assistance of staff for ADL's in areas of toileting, dressing, showering, mobility, and transfers. R10's diagnoses included dysphagia (difficulty swallowing), aphagia (inability or refusal to swallow), coronary artery disease (buildup of plaque in the coronary arteries), hypertension (high blood pressure), rheumatoid arthritis, gastro-esophageal reflux disease (disease in which stomach acid irritate the food pipe lining), and chronic obstructive pulmonary disease (progressive lung disease). R10's orders, printed 5/30/24, indicated a regular diet, regular texture, and regular consistency with a start date of 1/4/24. R10's care plan, printed 5/30/24, identified R4 has a history of mechanically altered diet due to dysphagia and aspiration. R4 refused altered textures despite repeated education on risks associated with non-compliance of recommendations. Provider liberalized diet on 1/4/24. R4's care plan lacked identification of need of assistance with eating, being assessed for appropriateness to be assisted by a PFA at meals. R10 was observed by speech therapy on 5/29/24. Initial assessment, dated 5/29/24, indicated R4's prior medical history was respiratory failure due to inhalation of food at a meal. Current recommendation was mechanical soft/chopped textures: chopped meat only. R10's progress notes were reviewed from 12/1/23 to 5/29/24 indicating the following: -5/27/24: R4 observed while eating supper meal in room to have choking episode while eating meat of beef commercial served. [R4] did not have dentures in while eating at time episode occurred. R4 was able to clear throat on own without nursing intervention -3/16/24: [R4] also reported during assessment she should not have eaten pork that was served for supper yesterday, as had a hard time swallowing it., Concern for possible aspiration pneumonia based on resident report -2/24/24: [R4] had a coughing episode during breakfast after medication was given. Episode lasted for approximately 10 minutes. (continued on next page)

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F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-12/31/23: activities stated resident had a choking spell during the afternoon party when she was eating. R10's EMR lacked an assessment to identify if R10 would be appropriate to be assisted by a PFA. R16's quarterly MDS assessment dated [DATE], indicated R16 had intact cognition and independent with ADL's. R16's face sheet, printed 5/30/24, included diagnoses of dementia, fracture of left femur (broken bone in upper left leg), and heart failure. R16's orders, printed 5/30/24, indicated a regular diet, regular texture, and regular consistency with a start date of 9/27/23. R16's care plan, printed on 5/30/24, lacked evidence that R16 prefers to sit at the table with residents that need assistance with meals. It further lacked evidence that R4 was assessed to be appropriate to be assisted by a PFA at meals, if needed. R16's EMR lacked an assessment to identify if resident would be appropriate to be assisted by a PFA if needed. R30's admission MDS assessment dated [DATE], indicated severe cognitive impairment and was dependent or maximal assistance of staff for ADL's in areas of toileting, dressing, showering, mobility, and transfers. R30's diagnoses included, hypertension, diabetes, malnutrition, malaise (chronic tiredness). On R30's therapy tab in the electronic medical record (EMR) indicated a diagnosis of dysphagia (difficulty swallowing). R30's order, printed 5/30/24, indicated a consistent carbohydrate diet, mechanical soft texture, and regular consistency. R30's care plan, printed on 5/30/24, identified R4 has a history of chewing and swallowing difficulty. R30's care plan lacked identification of being assessed for appropriateness to be assisted by a PFA at meals. R30's progress notes were reviewed from 5/10/24 to 5/30/24 identifying the following: -5/28/24: staff report that he eats a lot at one time, which causes occasional emesis-last episode was 4+ days ago. -5/24/24: staff note that patient had 3 episodes of emesis on Wednesday and one earlier in the day today. Eating pattern, I minimal food intake for a day or two and then eat large amount of food .known sensitivity to dairy that does not deter intake . -5/10/24: resident on a CCHO [carbohydrate-controlled diet] diet with regular texture but expressed difficulty chewing/swallowing. Culinary Director spoke with administrator and [director of nursing] to help set up a speech eval . (continued on next page)

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F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During observation on 5/28/24 at 12:00 p.m., activities director (AD)-A was observed sitting in the dining room with residents during lunch. AD-A was observed putting R4 peanut butter and jelly sandwich in her hand while prompting her to eat. AD-A was observed putting R4's cup in her hand and prompting her to take a drink. AD-A was observed feeding R4 her desert. AD-A was sitting next her while she ate and making conversation with her during the meal. R30's electronic medical record lacked an assessment to identify if resident would be appropriate to be assisted by a PFA if needed. On 5/28/24 at 12:19 p.m., AD-A was observed wiping R5 mouth as she had spilled pureed food on her chin. It was not observed how the food got on the R5's chin. During an interview on 5/29/24 at 3:38 p.m., AD-A stated that she can assist any resident that needs assistance with eating. AD-A stated that all the staff in the activity department, which includes herself and two activity aides, have taken the paid feeding assistant course. AD-A verified they are able to feed any resident. AD-A stated she took a course many years ago to assist residents with eating but took another course last year which was a lot more in depth. AD-A stated, we can assist anyone [in regards in to eating] no matter what the level of assistance is needed. AD-A verified she was assisting R4 yesterday at lunch and added, she usually needs more assistance than she did yesterday. AD-A stated that by having the training, it helps because if we do snacks or take residents out in the community, we are trained to assist with feeding them. AD-A verified the activities department are the only staff that are present on resident outings. During an interview on 5/30/24 at 8:39 a.m., activities aide (A)-A verified that she is familiar with the residents and worked at the facility for over 2 years. A-A verified that she has completed the paid feeding assistant training course. A-A stated that the activity department has been trained in assisting residents to eat and we are able to help anyone who needs helps eating. A-A verified that there is not a list of residents that they are able to assist, and they are able to assist any resident that needs assistance. A-A verified the activity department takes residents out to eat and may offer snacks during outings. A-A verified that a nurse is not present during these outings as when we go on resident outings, it is the three-activity staff that are present. A-A stated that if she were helping a resident eat on an outing without a nurse present and something happened, then she would notify her supervisor, the director of activities. A-A stated she doesn't typically get instructions from the nurses on residents and how they eat but she would ask if she had any questions. On 5/30/24 at 9:07 a.m., A-A was observed assisting R4 with breakfast by putting her cup to her mouth to take a drink. On 5/30/24 at 9:08 a.m., director of culinary services (CMD)-A stated there are 5-7 residents needing assistance with eating including some that sit at the table that is known to need assistance. CMD-A verified diets change frequently and at this time, they are serving 7 mechanical diets and 1 pureed diet which are some of the diets which are of residents that need assistance. CMD-A stated that residents are on modified diets as there is a choking risk and choking and aspiration are huge things. CMD-A stated don't want anyone to become injured by having the wrong diet. CMD-A stated, I believe everyone in the rec [recreation] department is trained .help residents who need assistance with eating. CMD-A is not sure if there is a list of residents the PFA's are able to assist. (continued on next page)

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F 0811 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A document titled, Diet Type, was provided by the facility dated 5/30/24. The following information was included: -seven resident on a mechanical soft diet -one resident on a pureed diet On 5/30/24 at 9:16 a.m., director of nursing (DON) verified she oversees the paid feeding assistants. DON verified the facility has three paid feeding assistants (PFA) which are the staff in the activity department. DON stated they have no residents with feeding tubes or any complicated residents. DON verified they can assist any residents that need assistance. DON verified there is no formal assessment for residents to be appropriate to be fed by paid feeding assistance as we just know. DON stated that the director of activities is part of the interdisciplinary (IDT) team. DON stated that residents who need assistant sit at a specific table and sometimes we have a nurse in there [dining room] supervising. DON verified they do not have a list of residents that PFA's can or cannot assist. DON was unable to provide a list of residents who utilized assistance from the PFA's. DON stated if a resident uses a PFA, it should be on their care plan. On 5/30/24 at 9:46 a.m., administrator verified the facility utilizes PFA's. Administrator stated she believes the residents at the sitting at a specified table are the residents that are primarily assisted by the PFA's. Administrator verified that nursing assistants or nurses do not go on resident outings with residents. Administrator verified that resident outings may include meals and snacks and that some of those residents may needs assistance but cannot verify that without looking into it further. On 5/30/24 at 10:14 a.m., dietary aide (DA)-A indicated they are familiar with the residents. DA-A stated the following information regarding residents who sit at the table who need assistance: -R4: need to be fed, can eat things that are placed in her hands like a boiled egg or sandwich but needs assistance with silverware and drinks. -R5: eats pureed food because her dentures don't fit well, and was unsure if she has any swallowing issues adding, I don't think so, all we were told was it was related to her dentures. -R6: needs supervision and encouragement because he falls asleep. -R30: gets his food cut up into small pieces. -R10: needs supervision due to choking is what we were told. -R16: was grandfathered in as she was sitting at that table before they combined the residents who needed assistance. She likes the table, so they just keep her there. A facility policy, paid feeding assistant policy, undated was provided. The policy indicated resident selection of eligibility for feeding assistance will include an interdisciplinary team assessment of the resident's current condition, the latest comprehensive assessment, and plan of care.

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49339 Based on observation, interview, and document review, the facility failed to ensure frozen food items were stored in a manner to reduce the risk of cross contamination and potential foodborne illness in 1 of 1 walk-in freezers using the main production kitchen. This had potential to affect all residents who could potentially consume the items. Findings include: On 5/28/24 at 9:57 a.m., an initial kitchen tour was completed. A single [NAME] walk-in commercial freezer was in use, opened and inspected. Inside, the unit had a cooling fan mounted to the top of the unit which had visible ice built up on numerous places along the unit. The ceiling of freezer had ice built up, thick in some areas and in frozen droplet forms in other areas, that went from the back wall of the freezer towards the front of the freezer cover two-thirds of the ceiling on the left side. The back wall of the freezer had ice build-up with the thickest of the ice towards the bottom. The floor of the freezer and the metallic shelving used also had ice build-up present on them. Approximately, one-third of the floor was covered with thick ice build-up. The metallic shelving units were used to hold food and sat parallel with the walls of the freezer from the front wall to the back wall of the freezer. Immediately to the right of the cooling unit, there were several food items stored including opened box of salmon and an unopened box of cod. Both boxes were cardboard which were soft and somewhat mushy feeling to touch. The salmon box had visible ice buildup covering the open box, the plastic bag that contained the salmon fillets was open and salmon fillets were partially out of the box. The salmon that could be seen was covered in ice in the box. The box of cod was sealed, appeared to have wet spots on the cardboard box but were dry to touch and pieces of the tape were starting to come unattached on the top. A gauge present measured the unit at -8 degrees Fahrenheit (F). When interviewed on 5/28/24 at 10:20 a.m., director of culinary services (CMD)-A verified that he is the director of culinary services and is responsible for overseeing the kitchen. CMD verified it has been an on-going process to get the ice out of the freezer. CMD stated that maintenance with chisel the ice out when it gets bad and it has been done approximately 4-5 times in the past 7 months. CMD stated that he notifies maintenance when it gets bad, and they assist with chiseling the ice out. CMD verified the ice buildup as listed above. CMD stated it is difficult to tell how thick it is but probably about 6 inches. CMD verified the salmon box was open, salmon fillets were exposed directly, and the box is covered in ice. CMD verified the box of cod was covered in ice and was unopened. CMD stated contamination would be of concern. CMD discarded the box of salmon. During a subsequent visit to the kitchen on 5/29/2024 at 2:45 p.m. it was observed the much of the ice had been removed from the freezer. It was observed the box of cod covered in ice continued to be present in the freezer. CDM verified that he chiseled the ice out of the freezer yesterday. During interview on 5/30/24 at 9:45 a.m., administrator stated she would refer to the director of culinary services for their expertise for concerns regarding ice buildup in the freezer in relation to food. (continued on next page)

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F 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	A provided Refrigerators and Freezers Policy, dated 12/14, identified refrigerators and freezer will be kept clean, free of debris and mopped with sanitizing solution on a scheduled basis and more often as necessary. The policy outlined several steps to ensure refrigeration was maintained, however, lacked any guidance or direction on what, if any, steps were taken to ensure proper freezer storage given the repeated ice-build up from the dated equipment.

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 33925 Based on interview and document review, the facility failed to ensure recommended pneumococcal vaccinations, as outlined by the Centers for Disease Control (CDC), were offered and/or provided in a timely manner to reduce the risk of severe disease for 4 of 5 residents (R3, R2, R8, R24) reviewed for immunizations. Findings include: A CDC Pneumococcal Vaccine Timing for Adults feature, dated 3/2023, identified several tables with corresponding recommendations when to receive various versions (i.e., PPSV23, PCV13, PCV20) of the pneumococcal vaccine. The graph labeled, Adults [at or older than] [AGE] years old, outlined persons with a complete series of pneumococcal vaccination (i.e., PCV13 at any age, PPSV23 at or above [AGE] years old) should have shared clinical decision-making between the resident and healthcare provider to determine if PCV20 was appropriate. R3's quarterly Minimum Data Set (MDS), dated [DATE], identified R3 had moderate cognitive impairment, and several medical conditions including heart failure and diabetes mellitus. R3's Clinical - Immunizations listing, printed (from the electronic medical record (EMR) 5/30/24, identified R3 was [AGE] years old and had no known allergies. R3's immunizations, both prior to admission and since, were listed. This outlined R3 received the pneumococcal polysaccharide vaccine (PPSV23) in 1997; however, lacked evidence any other pneumococcal vaccinations, including the newer recommended pneumococcal conjugate (i.e., PCV15/20), had been offered or given. On 5/29/24 at 3:23 p.m., R3 was interviewed and stated they did not recall being offered or getting the subsequent pneumococcal vaccinations, either from the care center or their physician. R3 stated she was open to information on them. R3's medical record was reviewed and lacked evidence of shared clinical decision-making between the care center, physician and resident to determine what, if any, of the recommended pneumococcal vaccinations were needed or desired. R2's quarterly MDS, dated [DATE], identified R2 had intact cognition, and several medical conditions including diabetes mellitus and heart failure. R2's Clinical - Immunizations listing, printed 5/30/24, identified R2 was [AGE] years old and had no known allergies. R2's immunizations, both prior to admission and since, were listed. This outlined R2 received the PPSV23 in 2005; however, lacked evidence any other pneumococcal vaccinations, including the newer recommended pneumococcal conjugate (i.e., PCV15/20), had been offered or given. On 5/29/24 at 3:44 p.m., R2 was interviewed and stated they did not recall being offered or provided any subsequent pneumococcal vaccinations adding, I don't think so. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R2's medical record was reviewed and lacked evidence of shared clinical decision-making between the care center, physician and resident to determine what, if any, of the recommended pneumococcal vaccinations were needed or desired. R8's significant change MDS, dated [DATE], identified R8 had moderate cognitive impairment, and several medical conditions including anemia and chronic kidney disease (CKD). R8's Clinical - Immunizations listing, printed 5/30/24, identified R8 was [AGE] years old along with her immunizations, both prior to admission and since, which were listed. The identified R2 received the PPSV23 in 2009 and pneumococcal conjugate (PCV13) in 2017; however, lacked evidence the newer recommended pneumococcal conjugate (i.e., PCV15/20) had been offered or given. On 5/29/24 at 3:33 p.m., R8 was interviewed and stated she didn't recall anyone ever offering or giving her the new vaccine. R8 stated she was open to listening to the information about it adding, I could stand the information. R8's medical record was reviewed and lacked evidence of shared clinical decision-making between the care center, physician and resident to determine if the newer recommended pneumococcal vaccination was needed or desired. R24's quarterly MDS, dated [DATE], identified R24 had intact cognition. R24's Clinical - Immunizations listing, printed 5/30/24, identified R24 was [AGE] years old along with her immunizations, both prior to admission and since, which were listed. This identified R24 received the PPSV23 in 2000 and the PCV13 in 2017; however, lacked evidence the newer recommended pneumococcal conjugate (i.e., PCV15/20) had been offered or given. On 5/29/24 at 3:29 p.m., R24 was interviewed and stated she didn't recall being asked or offered the newer, recommended vaccination. R24 stated she was open to getting though adding, I suppose. R24's medical record was reviewed and lacked evidence of shared clinical decision-making between the care center, physician and resident to determine if the newer recommended pneumococcal vaccination was needed or desired. On 5/30/24 at 9:30 a.m., the director of nursing (DON) and regional nurse consultant (RNC) were interviewed. DON verified they were in charge of the facility' vaccination efforts and they had reviewed the medical records of the involved residents (R3, R2, R8, R24). DON stated giving the newer pneumococcal vaccinations (i.e., PCV15/20) had been discussed and in the works but none of the identified residents had received them so far. DON provided each respective residents' consent form, which were all signed either 5/28/24 or 5/29/24, and verified they had not been offered or given the vaccinations prior. DON stated vaccinations were typically addressed right away on admission and verified the EMR immunization data (i.e., Clinical - Immunizations) contained all information on the residents the care center had including from the MIIC (Minnesota Immunization Information Connection). DON stated they believed, to their knowledge, the physicians were talking about the newer vaccines with residents and would provide documentation, if located. However, DON verified immunizations should be offered and given, if needed, adding it was important to do so reduce the risk of severe illness and make sure they're covered. Further, DON and RNC both verified they were aware of the CDC recommendations for shared clinical decision-making and use of the PCV15/20 series prior to survey. (continued on next page)

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F 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	A facility' provided Pneumococcal Policy, dated 2/2024, identified the care center would offer vaccinations to all residents to aid in prevention of pneumonia infections adding a purpose of following recommendations of various healthcare entities including the CDC. A procedure was listed which included, Refer to the current CDC Recommended Adult Immunization Schedule to determine recommended vaccines .