

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245390	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  02/11/2025
NAME OF PROVIDER OR SUPPLIER  Pathstone Living		STREET ADDRESS, CITY, STATE, ZIP CODE  718 Mound Avenue Mankato, MN 56001	

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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073</b></p> <p>Based on interview and document review, the facility failed to ensure a care plan included cultural aspects for 1 of 2 residents (R20) reviewed for food.</p> <p>Findings include:</p> <p>R20's facesheet printed on 2/11/25, included diagnoses of chronic kidney disease, heart failure and diabetes.</p> <p>R20's admission Minimum Data Set (MDS) assessment dated [DATE], indicated he was moderately impaired cognition, clear speech, was understood and could understand. R20 had no problems eating and required partial assistance with most activities of daily living.</p> <p>R20's physician orders dated 1/6/25, included a low sodium diet; 1/11/25, oral supplement, and 1/16/25, daily weights.</p> <p>R20's care plan dated 1/10/25, indicated R20 had a potential nutritional problem related to risk for malnutrition and need for a therapeutic diet. The care plan did not include cultural aspects at all, including food and/or meal preferences for R20.</p> <p>R20's kardex (a brief overview summarizing a residents care plan and used by NA's (nursing assistants) did not include potential cultural preferences.</p> <p>A NA task sheet which was typically used by NA's and which included brief notes to identify specific care needs of residents did not include potential cultural preferences.</p> <p>A high-risk nutritional assessment completed by the dietician dated 1/18/25, indicated:</p> <p>--Visited with R20 on 1/24/25 at lunch. Reported not having a good appetite. Discussed food preferences and other supplement options; willing to try but when trialed, did not consume.</p> <p>--Reported a poor appetite. Culinary team offers options within religious and cultural preferences but R20 reported with his poor appetite, nothing sounded or looked good.</p> <p>--Weight dropped in the first few days but had remained stable since 1/10/25.</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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 2/10/25 at 1:51 p.m., while resting in bed, R20 stated he had been at the facility for a month. R20 stated food was good for other residents, but not the kind we eat. R20 stated he was used to the same kinds of food but cooked in a different manner. R20 stated the chef was trying [to accommodate food preferences].</p> <p>During an interview on 2/11/25 at 9:43 a.m., registered nurse (RN)-A who was also a nurse manager, stated she had developed R20's care plan and acknowledged nothing had been included to address R20's cultural preferences and needs, including food preferences. RN-A stated she had not thought to do that.</p> <p>During an observation and interview on 2/11/25 at 12:46 p.m., R20 was in the dining room seated at a table. On his plate were noodles with cut up chicken and vegetables on top, along with a brown sauce. R20 stated the food looked good, but didn't taste good, the chicken was tough. R20 stated, I'll eat a few bites, but that is all.</p> <p>During an interview on 2/11/25 at 1:26 p.m., the director of nursing (DON) verified there was nothing on R20's care plan indicating his cultural preferences, including food. The DON stated she was new to the facility and wasn't sure who would be responsible for adding cultural aspects to a care plan but thought it would be the social worker. The DON acknowledged she would expect cultural preferences to be included on a care plan.</p> <p>During an interview on 2/11/25 at 1:40 p.m., licensed social worker (LSW)-A who was new to the facility stated she had not added anything to resident care plans.</p> <p>The facility Comprehensive Person-Centered Care Plans policy with revised date of March 2022, indicated the comprehensive, person-centered care plan described the services that were to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being. Services provided for or arranged by the facility and outlined in the comprehensive care plan were culturally competent. Care plan interventions were chosen only after data gathering, proper sequencing of events, careful consideration of the relationship between the resident's problem areas and their causes, and relevant clinical decision making.</p> <p>The Facility Assessment with revised date of 8/7/24, indicated:</p> <p>--The facility provided person-centered, competent care that helped each person served to live their lives as they wish.</p> <p>--The facility assessment collected information about the facility's resident population to identify .staff competencies, the ethnic, cultural and religious aspects of the unique resident population.</p> <p>--Each department identified the relevant information to identify the resident population and the resources available within their departments to meet the residents' needs.</p> <p>--The facility supported a culture of person-centered care with respect to personal preferences. The facility supported this through their admission process as well as day-to-day operations. For example: a variety of meal choices and times were offered .and resident-driven individualized plans of care were created.</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>Provide and implement an infection prevention and control program.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40614</b></p> <p>Based on interview, observation, and document review the facility failed to ensure the infection control program included ongoing surveillance, trending and analysis of resident infections, and failed to ensure enhanced barrier precautions (EBP) were implemented for 1 of 1 residents (R38) reviewed for nephrostomy tube. This had potential to affect all 64 residents who resided in the facility.</p> <p>Finding include:</p> <p>On 2/11/25 at 1:23 p.m., during an interview the assistant director of nursing (ADON)-B who also identified as infection preventionist, stated he tracked and documented infections and antibiotics use on a software program but was having difficulty accessing reports. ADON-B showed a separate spread sheet used for Influenza and Covid-19 outbreaks they recently had in December 2024 and January 2025, which did not include signs and symptoms, treatment, or if transmission based precautions were implemented.</p> <p>On 2/11/25 at 2:45 p.m., the ADON-B was able to print out infection/antibiotic use lists. The form included headers on flow sheet for resident, unit/room number, infection date, infection, diagnosis, medication, provider, outcome, date infection resolved and bacteria data. There was also a space for signs and symptoms and other information located underneath the headings. Review of the facility's monthly resident infection statistics 5/1/24 through February 11, 2025, indicated: signs and symptoms of infection were documented for 13 of 128 infections listed; the bacteria column was completed on 27 of 128 infections listed; the outcome column was completed on 61 of 128 infections listed. The surveillance flow sheet also lacked information regarding transmission based precautions implementation and if infection was healthcare associated (HAI) in the facility. ADON-B confirmed the tracking log did not include signs and symptoms, transmission based precaution use, if HAI, date of resolution and culture/x-ray results. ADON-B indicated had a difficult time accessing culture and x-ray reports and not all physicians follow McGeer's criteria (consensus definition of infection in long term care) for ordering testing prior to treating infections. ADON-B stated he does not print out monthly or quarterly reports for infection analysis, was unable to state what the facilities current infection are or have been and he does not report on this information at infection control meetings and quality assurance and performance improvement meetings.</p> <p>On 2/11/25 at at 3:59 p.m., the director of nursing (DON) stated ADON-B was responsible for collection, analysis and surveillance of facility infections. The DON indicated it has been a difficult process to access culture results. The DON confirmed infection surveillance was not complete and the facility could improve the process.</p> <p>The facility Surveillance for Infections policy dated 11/2017, with review date of 10/24, included:</p> <p>That infection preventionist will conduct ongoing surveillance for healthcare associated infections (HAIs) and other epidemiologically significant infections that have substantial impact on potential resident outcome and that may require transmission based precautions and other preventative interventions.</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>1. The purpose of this surveillance of infections is to identify both individual cases and trends of epidemiologically significant organisms and health care associated infections to guide appropriate interventions and to prevent future infections.</p> <p>2. The criteria for such infections are based on the current standard definitions of infections.</p> <p>3. Infections that will be included in routine surveillance include those with:</p> <ul style="list-style-type: none"> <li>a. evidence of transmissibility in a healthcare environment</li> <li>b. available processes and procedures that prevent or reduce the spread of infection</li> <li>c. clinically significant morbidity or mortality associated with infection (e.g. pneumonia, UTIs, C. difficile);</li> <li>d. pathogens associated with serious outbreaks</li> </ul> <p>4. Infections that may be considered in surveillance include those with limited transmissibility and health care environment and/or limited prevention strategies</p> <p>Gathering Surveillance Data</p> <p>1. Infection preventionist are designated infection control personnel is responsible for gathering and interpreting surveillance data. The infection control committee and or QAPI committee may be involved in interpretation of data</p> <p>2. If surveillance should include a review of any or all of the following information to help identify possible indicators of infection:</p> <ul style="list-style-type: none"> <li>a. laboratory records</li> <li>b. skin care sheets</li> <li>c. infection control rounds or interviews</li> <li>d. verbal reports from staff infection documentation records</li> <li>e. temperature logs</li> <li>f. pharmacy records</li> <li>g. antibiotic review</li> <li>h. transfer log/summaries</li> </ul> <p>3. Laboratory reports are used to identify relevant information the following findings merit further evaluation:</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>a. positive blood cultures</p> <p>b. positive cultures that do not just represent surface colonization</p> <p>c. positive urine cultures with corresponding signs and symptoms that suggest infection</p> <p>d. positive sputum culture</p> <p>e. other positive cultures</p> <p>f. all cultures positive for Group A streptococcus</p> <p>4. In addition to collecting data on the incidence of infections the surveillance system is designed to capture certain epidemiologically important data that may influence how the overall surveillance data is interpreted for example focus surveillance data may be gathered for residents with high risk for infection or those with their recent hospital stay.</p> <p>Data Collection and Recording</p> <p>1. For residents with infections that meet the criteria for definition of infection for surveillance collect the following data as appropriate: identifying information, diagnosis, admitted date of onset of infection, infection site, pathogens invasive procedures are risk factors, pertinent remarks, treatment measures and precautions.</p> <p>Calculating infection rates: to determine the incidence of infection per 1000 residents days, divide the number of new healthcare associated infections for the month by the total resident days for the month.</p> <p>Interpreting Surveillance Data</p> <p>1. Analyze the data to identify trends</p> <p>a. compare the rates to previous months in the current year and to the same month in previous years to identify trends.</p> <p>b. consider how increases or decreases might relate to recent process changes, events, or activities in the facility. Trends should be monitored</p> <p>c. if the infection rates rise each month over a period of six months additional advice is warranted.</p> <p>2. Surveillance data will be provided to the Infection Control Committee regularly.</p> <p>3. The Infection Control Committee will determine how important surveillance data will be communicated to the Physicians and other providers, the Administrator, nursing units and the local and State Health Departments.</p> <p>42073</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>EBP</p> <p>R38's facesheet printed on 2/11/24, included diagnosis of hydronephrosis (when one or both kidneys swell and urine does not fully empty from body).</p> <p>R38's admission Minimum Data Set (MDS) assessment dated [DATE], indicated R38 had a nephrostomy tube, and required substantial assistance with toileting.</p> <p>R38's physician order dated 1/31/25, indicated enhanced barrier precautions were required due to risk factors, every shift for infection prevention.</p> <p>R38's care plan dated 1/31/25, indicated R38 had moderately impaired cognition, required substantial assistance with toileting, had a nephrostomy tube and risk factors that required EBP.</p> <p>During observation and interview on 2/10/25 at 3:21 p.m., observed nursing assistant (NA)-A enter R38's room. R38's light had been on and R38 informed NA-A she needed to use the bathroom. Observed a PPE (personal protective equipment) cart outside of R38's room, and a sign next to R38's door indicating R38 was in EBP's, and staff were to wear gloves and gown when assisting with toileting. NA-A entered the room without donning gloves and gown.</p> <p>During observation and interview on 2/10/25 at 3:29 p.m., NA-A exited R38's room. NA-A stated she had assisted R38 to the bathroom. NA-A stated she was aware R38 was in EBP because she had a tube going into her kidney, but didn't think she needed to wear PPE if she wasn't dealing with the tube directly. Together looked at the EBP sign and NA-A stated she should have worn PPE, but didn't think of it. NA-A stated she had education on EBP.</p> <p>During an interview on 2/11/25 at 9:41 a.m., registered nurse (RN)-A who was also a nurse manager stated R38 was in EBP because she had a nephrostomy tube and expected staff to wear PPE when they toileted her. RN-A provided a pocket guide the facility recently created to remind staff when to wear PPE for EBP's as staff were not always clear on it.</p> <p>During an interview on 2/11/25 at 12:29 p.m., ADON-B stated he expected staff to wear PPE when a resident was in EBP and that toileting was a direct care activity that required PPE for the protection of that resident and other residents. ADON-B stated they had done multiple trainings on EBP and created a pocket guide to assist staff because not all were compliant with the policy.</p> <p>During an interview on 2/11/25 at 1:23 p.m., the DON was informed of the findings and stated she expected staff to adhere to the EBP sign on the door.</p> <p>A sign-in sheet for a NA meeting dated 3/28/24, where EBP was discussed indicated NA-A was in attendance.</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>The facility Enhanced Barrier Precautions policy with revised date of 8/2022, indicated EBP's were used as an infection prevention and control intervention to reduce the spread of multi-drug-resistant organisms (MDROs) to residents. Gloves and gown were applied prior to performing the high contact resident care activity. Examples of high-contact resident care activities requiring the use of gown and gloves for EBP's included transferring and assisting with toileting. EBP's were indicated for residents with wounds and/or indwelling medical devices regardless of MDRO colonization. Staff were trained prior to caring for residents on EBP's. Signs were posted on the door or wall outside the resident room indicating the type of precautions and PPE required. PPE was available outside of the resident rooms.</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement a program that monitors antibiotic use.</p> <p>40614</p> <p>Based on interview and document review, the facility failed to implement a process for antibiotic review in order to determine appropriate indications, dosage, duration, trends of antibiotic use and resistance. This had the potential to affect any residents who had infections requiring antibiotic use.</p> <p>Finding include:</p> <p>On 2/11/25 at 1:23 p.m., during an interview, the assistance director of nursing (ADON)-B, also identified as infection preventionist, stated he tracked and documented infections and antibiotics use on a software program but was not able to print out any reports.</p> <p>On 2/11/25 at 2:45 p.m., ADON-B was able to print out infection/antibiotic use lists. Review of the facility's monthly antibiotic use from 5/1/24 through February 11, 2025, included: resident, unit/room number, infection date, infection, diagnosis, medication, provider, outcome, date infection resolved and bacteria. There was also a space for signs and symptoms and other information located underneath the headings. Review of the data indicated 34 urinary tract infections (UTI) treated with antibiotics out of 37 total infections did not include culture results and analysis of antibiotic treatment. Six of the 37 UTI's had documented diagnosis of suspected UTI on the flow sheet. Five residents were on prophylactic antibiotics with 126 residents receiving antibiotics. ADON-B indicated he has a difficult time accessing culture results and not all physicians follow the McGeer criteria (set of consensus definitions for infections) and complete testing for suspected infections. ADON-B stated he doesn't report on MDRO, prophylactic use or antibiotic use at infection control meetings or quality assurance performance improvement meetings (QAPI).</p> <p>On 2/11/25 at 3:59 p.m., the director of nursing (DON) stated ADON-B was responsible for collection, analysis and surveillance of antibiotic use. DON indicated it has been a difficult process to access culture results. DON confirmed the antibiotic stewardship program lacks analysis and monitoring.</p> <p>The facility Antibiotic Stewardship policy dated 12/2016, with review date of 10/24, included:</p> <ul style="list-style-type: none"> <li>-Antibiotics will be prescribed and administered to residents under the guidance of the facility's Antibiotic Stewardship Program.</li> <li>- The purpose of our Antibiotic Stewardship Program is to monitor the use of antibiotics in our residents.</li> <li>- When a culture and sensitivity is ordered lab results and the current clinical situation will be communicated to the prescriber as soon as available to determine if antibiotic therapy should be started, continued, modified or discontinued.</li> </ul> <p>The facility Prevention and Control Program policy dated 10/18, indicated</p> <p>(continued on next page)</p>

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Infection prevent control program is established and maintained to provide safe sanitary and comfortable environment to help prevent the development and transmission of communicable diseases and infections.</p> <p>8. Antibiotics stewardship</p> <p>a. Culture reports sensitivity data and antibiotic usage reviews are included in surveillance activities.</p> <p>b. Medical criteria and standard definitions are of infections are used to help recognize and manage infections.</p> <p>c. Antibiotic usage is evaluated and practitioners are provided feedback on reviews</p>

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<p>F 0921</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44630</p> <p>Based on observation and interview, the facility failed to ensure 3 of 7 (R16, R54, R226) resident ceiling vents in the 3400 wing were clean when they had a black substance present on the vents. This deficient practice had the potential to affect all residents, staff, and visitors on the 3400 wings.</p> <p>Findings include:</p> <p>R16's admission Minimum Data Set (MDS) assessment dated [DATE], indicated R16 was admitted on [DATE].</p> <p>R54's quarterly MDS dated [DATE], indicated R54 was admitted [DATE].</p> <p>R226'S entry MDS 1/30/25, indicated R226 was admitted [DATE].</p> <p>On 2/10/25 at 2:14 p.m., R226 stated the vent on his ceiling was dirty, and stated he didn't know if it was just dirt or mold. R226's ceiling vent was observed and the vent slates were covered with black substance.</p> <p>On 2/11/25 at 7:52 a.m., R226's ceiling vent was observed with the maintenance director (MD)-A and MD-A stated the vent had dust and dirt buildup and the vents need to be taken down and cleaned. MD-A added it was likely due to moisture causing the dirt to stick. MD-A stated maintenance was responsible to clean the vents and the vent cleaning was on a monthly checklist. MD-A further stated the checklist was a monthly checklist, but done only done quarterly. MD-A stated, the vents were expected cleaned prior to new residents moving into the rooms, at resident discharge, and when visibly dirty. MD-A confirmed the vents were dirty and needed cleaning.</p> <p>On 2/11/25 at 8:45 a.m., R16's and R54's ceiling vents were observed with MD-A, and MD-A confirmed the ceiling vents slates were black and dirty.</p> <p>On 2/11/25 1:51 p.m., the administrator stated the ceiling vents were expected cleaned and expected maintenance and housekeeping to keep vents and fans clean as often as necessary.</p> <p>The facility policy titled Departmental (Maintenance) - Plumbing, HVAC and Related Systems undated, indicated:</p> <p>The purpose of this procedure is to guide the sanitary handling of the plumbing, heating, ventilation, air conditioning, and related systems within the facility.</p> <p>Items to be repaired should be free of visible soil.</p>		