

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Cook Community Hospital C&nc		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Southeast Fifth Street Cook, MN 55723	

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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49877</p> <p>Based on observation, interview, and record review, the facility failed to complete a comprehensive assessment for 1 of 1 resident (R12) reviewed for wandering.</p> <p>Findings include:</p> <p>R12's annual Minimum Data Set (MDS) dated [DATE], identified R12 was cognitively intact, used a manual wheelchair with substantial/maximal assistance for mobility, and did not exhibit wandering behavior. Diagnoses included depression and diabetes mellitus and identified R12 was cognitively intact.</p> <p>R12's care plan last reviewed on 3/25/24, gave no indication R12 exhibited wandering behaviors.</p> <p>Review of R12's mood and behavior monitoring sheets from January 2024 to April 2024 gave no indication R12 exhibited wandering behaviors.</p> <p>Review of R12's assessments gave no indication R12 was assessed for wandering.</p> <p>During interview on 4/29/24 at 2:12 p.m., R15 stated R12 enters R15's room uninvited at least once per week and has done so for at least the last 6 months. When R12 enters R15's room, R15 will use her call light to alert staff and staff will escort R12 out of R15's room.</p> <p>During interview on 4/30/24 at 9:26 a.m, nursing assistant (NA)-A confirmed R12 wanders into other resident's rooms at least 5 times per week. NA-A was unsure why R12 enters other resident's room and confirmed R15 will use her call light to have R12 escorted out of her room.</p> <p>During observation on 4/30/24 12:54 p.m., NA-A was sitting at the nursing station next to the dining area, with her back towards the dining area. R12 was sitting in her wheelchair in the dining area.</p> <p>On 4/30/24 at 12:57 p.m., R12 was observed wandering into R18's room.</p> <p>On 4/30/24 at 1:02 p.m., R18's call light was turned on. NA-A entered R18's room and escorted R12 back to her room.</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Cook Community Hospital C&nc		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Southeast Fifth Street Cook, MN 55723	
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 0636</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 4/30/24 at 2:40 p.m., licensed practical nurse (LPN)-A confirmed R12's history of wandering into other resident's rooms and states R12 has exhibited wandering behaviors for about a year. LPN-A states R12 was not confused, and LPN-A was unsure why R12 wanders into other resident's rooms.</p> <p>During interview on 4/30/24 at 3:02 p.m., registered nurse (RN)-B identified being aware of and having witnessed R12 wander into other resident's rooms. RN-B confirmed R12 has not been assessed for and R12's provider has not been notified of R12's wandering behaviors. RN-B confirmed there are no interventions in place to prevent R12 from wandering into other resident's rooms.</p> <p>During interview on 5/01/24 at 7:25 a.m., director of nursing (DON) identified having the expectation of an assessment being completed immediately for any resident exhibiting wandering behaviors. DON states being unaware of R12's wandering behaviors and plans to have an assessment completed immediately so appropriate inventions are implemented.</p> <p>During interview on 5/01/24 at 11:41 a.m., registered nurse (RN)-A identified having the responsibility of completing MDS assessments and updating resident care plans. For wandering assessments, RN-A reviews mood and behavior charting and consults with floor staff to determine if assessment was required. RN-A states review of R12's mood and behavior charting did not identify wandering behavior and, prior to yesterday (4/30/24), staff have not reported R12 exhibiting wandering behaviors, therefore a wandering assessment was not completed. RN-A states in response to staff reporting R12's wandering behaviors, RN-A updated R12's care plan to include SS Mood or Behavior Documentation: if wanders in other residents' room - please redirect to her room using calm reassuring approach. RN-A plans to complete a wandering assessment and update R12's MDS.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Cook Community Hospital C&nc		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Southeast Fifth Street Cook, MN 55723	

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 0761</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs.</p> <p>45842</p> <p>Based on observation, interview and document review, the facility failed to ensure eye drops were dated as to when opened and when they were to expire. This had the potential to affect all residents who utilized medicated eye drops.</p> <p>Findings include:</p> <p>On 5/1/24 at 9:015 a.m., a review of the North hallway medication cart was performed. Observation was made of latanoprost 0.005% medicated eye drops in the medication draw with the protective seal removed. An opened date and 'expiration date sticker was on the bottle but was not filled out.</p> <p>During an interview on 5/1/24 at 9:22 a.m., registered nurse (RN)-B reviewed the medication and confirmed the medication was currently in use and there was no open date or expiration date. RN-B stated the open date and expiration date had to be on the bottles so the staff would know how long the medication was good, once opened.</p> <p>During an interview on 5/1/24 at 12:21 p.m., pharmacist stated bottles of medicated eye drops needed to have the open date and expiration date written on them. Eye drops such as latanoprost were only good for 28 days after opened since the preservative in them would only be stable for 28 days. After the 28 days they may not be safe to use.</p> <p>During an interview on 5/2/24 at 9:10 a.m., the director of nursing (DON) stated an expectation that medication would be dated with the open date and expiration date when staff removed the protective seal and started using them for patients.</p> <p>Facility Policy Administration of Medication in Long Term Care last reviewed 4/11/22, indicated date opened stickers needed to be filled out for eye drops because they are good for 45 days from the date opened.</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245392	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/02/2024
NAME OF PROVIDER OR SUPPLIER Cook Community Hospital C&nc		STREET ADDRESS, CITY, STATE, ZIP CODE 10 Southeast Fifth Street Cook, MN 55723	
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45842</p> <p>Based on observation, interview and document review, the facility failed to perform appropriate hand hygiene when doing a finger stick for blood sugar. This had the potential to affect all residents that needed finger sticks to check blood sugars.</p> <p>Findings included.</p> <p>R19's annual Minimum Data Set (MDS) assessment dated [DATE], indicated moderate cognitive impairment. Diagnoses included dementia.</p> <p>During observations on 5/1/24 at 7:18 a.m., licensed practical nurse (LPN)-A entered R19's room to perform a blood sugar test. After placing gloves on her hands LPN-A proceed to utilize a lancet to puncture a small hole into R19's finger to obtain a blood sample. After puncturing then skin LPN-A then proceeded to place her gloved hand into her pocket and could be heard moving items around in her pocket. LPN-A then took the contaminated gloved hand out of her pocket and proceeded to push on the opening in the finger without changing gloves or washing hands.</p> <p>During interview on 5/1/24 at 8:02 a.m., LPN-A stated that she should have removed her gloves and washed her hands after putting them in her pocket and before going back to obtain the blood sample from the resident's finger.</p> <p>During interview on 5/1/24 at 8:22 a.m., the infection preventionist (IP) stated when a procedure is performed to puncture skin staff needed to wash hands and then done gloves for procedure. If the gloves became contaminated, they would need to be changed and hands washed again. Staff should never reach into their pockets and then go back to the resident without washing hands and changing gloves.</p> <p>During interview on 5/1/24 at 8:33 a.m., the director of nursing (DON) stated staff should never reach into their pockets while their hands are gloved and in the middle of a procedure.</p> <p>Facility policy Glucometers-Safe Use, Cleaning and Disinfection last reviewed 2/23, indicated aseptic technique must be observed and hand hygiene had to be performed. Glove also needed to be worn while doing the procedure.</p> <p>Facility policy Hand Hygiene last reviewed 6/23, indicated hand hygiene needed to be performed each time direct contact with residents is made and after touching inanimate objects that were likely to be contaminated with pathogenic microorganisms.</p>		