STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245396	A. Building B. Wing	08/29/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Melrose	525 West Main Street Melrose, MN 56352

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 - Some	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657 Based on record review and interview the facility failed to provide a reasonable call light response time for 4 of 4 (R27, R13, R36, R10) residents reviewed for dignity. Findings include: R27's quarterly MDS dated [DATE], indicated R27 was cognitively intact, and had the following diagnoses: anemia, HLD, depression, and post traumatic stress disorder (PTSD). R13's significant change MDS dated [DATE], indicated R13 was cognitively intact and had the following diagnoses: anemia (low blood count), atrial fibrillation (AFIB) (top two chambers of the heart beat irregularly), HTN, congestive heart failure (CHF) (heart does not pump blood efficiently), renal insufficiency (kidneys filter the blood ineffectively), HLD, and hyponatremia (low sodium levels in the body), and arthritis. R36's annual MDS dated [DATE], indicated R36 was cognitively intact and had the following diagnoses: cerebral vascular accident (CVA) (stroke), anemia, coronary artery disease (CAD) (hardening of the cardiac arteries), benign prostatic hyperplasia (BPH) (enlarged prostate), renal insufficiency, HLD, dementia, and depression. R10's quarterly Minimum Data Set (MDS) dated [DATE], indicated R10 was cognitively intact, and had the following diagnoses: hypertension (HTN) (high blood pressure), hyperlipidemia (HLD) (elevated levels of fat in the blood), anxiety and depression. The Device activity report dated 6/29/24, listed call light times for a 24-hour period and had 36 response times greater than 30 minutes, 7 greater than 60 minutes, and the longest response time was 2 hours and 21 minutes. The Device activity report dated 8/21/24, listed call light times for a 10-hour period and had 14 response times greater than 30 minutes, 3 greater than 60 minutes, and the longest response time was 1 hour and 27 minutes. The Device activity reported dated 8/23/24 through 8/24/24, listed call light times for a 14-hour period and had 23 response times greater than 30 minutes, 8 greater than 60 minutes, and the longest response time was 1 hour 45 minutes. (continued on next page)

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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F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 8/29/24 at 10:31 a.m., nursing assistant (NA)-E stated they felt that cares were not getting done, they felt rushed and unable to spend time with the residents they would like to. NA-E stated the call lights will be relayed by nursing staff or whoever was near the monitors which list out who called first. NA-E stated 5-6 minutes was an acceptable response time for call lights. The Device activity report dated 8/23/24 through 8/24/24, listed a call light time of 60 minutes for R27. On 8/29/24 at 11:06 a.m., R27 confirmed they had experienced long call light response times. R27 stated they were unable to make it to the restroom because of the long response time and urinated in their chair while waiting for help to come. R27 stated they felt angry when it took so long to get help. The Device activity reported dated 8/23/24 through 8/24/24, listed a call light time of 1 hour and 16 minutes for R13. On 8/29/24 at 11:16 a.m., R13 confirmed they had experienced long call light response times. R13 stated they are very independent and only need help with a few things from staff, so when they must wait so long it made them feel upset and angry when they, only put on the light a few times and still no one comes. The Device activity report dated 6/29/24, listed a call light time of 1 hour 57 minutes for R36. On 8/29/24 at 11:24 a.m., R36 confirmed they had experienced long call light response times. R36 stated they had been unable to get to the rest room in time and had soiled their bed. R36 stated they were frustrated and mad when they had to wait so long and were unable to make it to the bathroom. The Device activity report dated 6/29/24, listed a call light time of 1 hour and 10 minutes for R10. On 8/29/24 at 11:30 a.m., R10 confirmed they had experienced long call light response times. R10 stated they were unable to make it to the rest room while waiting for assistance and R10 was very upset and it made them feel bad to have to wait so long for help. On 8/29/24 at 10:50 a.m., licensed practical nurse (LPN)-A stated they feel rushed and were not able to spend as much time as they would like with the residents to complete their workload. LPN-A stated lights were called out over the walkie talkies, informing staff which lights were on and which had been on the longest. LPN-A stated residents had reported to them in the past they had been waiting a long time and were frustrated. LPN-A stated 15 minutes was an acceptable response time. On 8/29/24 at 11:36 a.m., the director of nursing (DON) (O)-B confirmed the facility's call light logs had reflected excessively long wait times and they were aware of the problem. The DON expected call lights to be responded to within 15 minutes. DON stated they were currently working to implement a new call light program which would be linked to the staff's Ipads and allow them to see which lights had been on the longest and assist them in expediting call light response times. DON stated they were working to improve communication with staff, residents and the overall culture of the facility in order to help prevent falls, meet resident needs and ensure a home-like environment for the residents.

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49035 Based on observation, interview and document review, the facility failed to implement interventions to prevent further development of decreased range of motion and ability for 2 of 2 residents (R29, R53) reviewed for positioning and mobility. Findings include: R29's annual Minimum Data Set (MDS) dated [DATE], included diagnosis of stroke, arthritis, and hemiplegia or hemiparesis (weakness or inability to move one side of your body). R29's annual MDS included he had limited range of motion on one side of his upper body. On 8/27/24 at 11:39 a.m., R29 was positioned by staff at a table in the dining room. Right arm was noted to be on his lap with right hand curled inward. R29's care plan dated 8/2/24, included a restorative nursing intervention of passive range of motion for right upper and lower extremities which included passive stretching and extensions of the right fingers and thumb. R29's occupational therapy discharge summary dated 7/14/24, included discharge recommendations for passive range of motion to R29's right upper extremity. R29's Follow Up Question report for 7/1/24 to 7/31/24, included a task for passive range of motion to fingers and wrist. Responses were as follows: Resident refused was documented 6 times Resident not available was documented 1 time Not applicable was documented 6 times Missing documentation or zero minutes was documented 11 times Task was documented as complete 10 times R29's Follow Up Question report for 8/1/24 to 8/29/24, included a task for passive range of motion to fingers and wrist. Responses were as follows: Resident not available was documented 2 time Not applicable was documented 13 times Missing documentation or zero minutes was documented 12 times Task was documented as complete 1 time (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 8/28/24 at 7:26 a.m., nursing assistant (NA)-A stated she did not have time to do range of motion. NA-A stated not applicable would be documented under the range of motion task if it was not offered and not completed. During interview on 8/29/24 at 8:27 a.m., director of therapy (DOT) stated it was very important for R29 to have his range of motion completed to prevent development of contractures and loss of range of motion in his joints. R53's quarterly Minimum Data Set (MDS) dated [DATE], indicated R53 was severely cognitively impaired, and had the following diagnoses: anemia (low iron in the blood), hypertension (HTN) (high blood pressure), renal insufficiency (kidneys not working properly/failing), dementia, malnutrition, anxiety and depression. R53's medical record indicated a restorative nursing program for passive range of motion (ROM) for bilateral (both sides) lower extremities daily and as needed on nights and evenings. The follow up question report dated 6/1/24 through 6/30/24, indicated the number of minutes spent completing the program, refusals and not applicable documentation of the ROM program. Resident refused was documented 2 times Not applicable was documented 9 times Task was documented as complete 9 times From 7/1/24 through 7/28/24: Resident refused was documented 1 times Not applicable was documented 19 times Task was documented as complete 6 times The undated Follow up Question: Question 1, indicated the number of minutes spent completing the ROM program, refusals and not applicable. From 8/1/24 through 8/27/24: 1 out of 21 days the program was completed. 1 out of 21 days showed zero minutes completed. 19 out of 21 days not applicable. R53's medical record lacked any rational or reasoning why the ROM program would not have been completed on the above listed days. (continued on next page)

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F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 8/26/24 at 2:27 p.m., R53's family member (O)-C stated R53 had a ROM program for their legs but it was only done when the staff had time. O-C felt R53 could have benefited from the ROM program. On 8/29/24 at 10:31 a.m., the nursing assistant (NA)-E stated they would complete the ROM program sometimes, but only if they had time. NA-E stated they normally documented if the ROM was completed in the task tabs in point click care (PCC) and put how long they preformed the ROM program and would leave it blank if they did not have time to do it. On 8/29/24 at 10:50 a.m., the licensed practical nurse (LPN)-A stated R53 had a ROM program which began in January of this year. LPN-A stated the facility used to have a restorative aide, but not anymore, and they rarely had the time to complete the program. LPN-A stated the NA's and nurses can complete the program and it was documented in the task tab of PCC and they would put not applicable when it was not completed. LPN-A stated when ROM was not completed it should have been reported to the nurse on duty but they very rarely had time to check and see it was completed or document why not. During interview on 8/29/24 at 9:53 a.m., director of nursing (DON) stated a task should have been documented in the resident's chart if it was completed. The floor nurse should have been updated if a resident was refusing. The DON confirmed R29 had a task for passive ROM and the task was often documented as not applicable. The DON stated completing passive ROM was important to keep residents at their current health status. Facility policy Restorative Nursing Services dated January 2024, included resident would receive restorative nursing care as needed to help promote safety and independence. 49657