

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245397	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/09/2024
NAME OF PROVIDER OR SUPPLIER Havenwood Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1633 Delton Avenue NW Bemidji, MN 56601	

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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 35569</p> <p>Based on observation, interview and document review the facility failed to assess the use of a wedge cushion used to keep a resident (R1) in bed as a potential restraint for 1 of 3 residents reviewed for rights.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified severe cognitive impairment. The MDS indicated R1 had two or more falls since the last assessment date and did not use restraints. R1's care area assessment (CAA) dated 12/6/23, identified multiple falls and indicated after medication adjustments R1 was more alert and moved around more. The CAA indicated R1 was restless and liked to fidget with things. The CAA identified fall interventions that included a contour mattress, low bed against the wall and a wedge cushion to position in bed.</p> <p>R1's care plan dated 3/18/24, identified decreased physical mobility with potential for falls. The care plan identified general weakness, poor coordination, restlessness and impulsive behaviors. The care plan indicated R1 was unable to turn or reposition himself, sit up, lie down or get his feet and legs into bed independently. The care plan directed staff to use a wedge when in bed to prevent falls.</p> <p>R1's Physician Order Report dated 4/14/24 through 5/14/24, identified the following fall interventions: Bariatric bed with contour mattress, low bed and bed against wall.</p> <p>R1's Resident Progress Note dated 5/2/24, indicated he had an unwitnessed fall, had rolled out of bed and was found face down on the floor by nursing assistant (NA). R1 sustained several skin tears and had a red mark on his face. A correlating Event Report dated 5/7/24, indicated R1's fall mat and wedge were not in place at the time of the fall.</p> <p>During observation and interview on 5/9/24 at 11:22 a.m., R1 was seated in his wheel chair with family member (FM)-A. R1 had a bandage on his elbow and steri strips on his arms. FM-A stated R1 did not stay in bed and said R1 used to walk several miles a day and had a lot of strength in his arms and legs. FM-A said she had seen R1 swing his legs out of bed and said she thought he got his legs out of bed and got carried over by the momentum. FM-A said R1 had a bed that went all the way down to the floor and a mat on the floor. FM-A stated when staff put R1 in bed they put him as close to the wall as they could and used a wedge cushion and pillows to keep him wedged toward the wall.</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 0604</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 5/9/24 at 11:16 a.m., trained medication aide (TMA)-A stated she was told R1 got anxious at night and scooted around in bed. TMA-A said R1's falls occurred on the evening and night shift. TMA-A said the wedge cushion was in place to make sure R1 could not roll onto the floor. NA-A was present and said the wedge cushion had a thing that he laid on so he could not get it (the wedge) out. NA-A stated R1 had a different wedge cushion previously but he had been able to remove it, so he got a new one.</p> <p>During observation and interview on 5/9/24 at 2:12 p.m., R1's wedge cushion was observed with NA-B. The cushion had an attachment that NA-A said was slid under R1's hips to hold the wedge in place. NA-A said the wedge was used to keep R1 facing the wall and prevent falls.</p> <p>During interview on 5/9/24 at 2:20 p.m., the nurse consultant stated they had identified that R1 was very restless in the evenings and at night and said most of his falls had occurred when he was in bed. The nurse consultant said pillows and the wedge were implemented to help position R1 for comfort and was not a restraint. The nurse consultant stated R1 would probably not be able to remove the wedge himself and said she was not familiar with the type of wedge being used. The nurse consultant stated R1 had not been assessed for a potential restraint.</p> <p>Facility Policy Physical Restraints, dated 4/2015, indicated:</p> <ul style="list-style-type: none"> - Prior to using a restraint, an assessment will be conducted determining the need and benefit/risk relationships. The physical restraint elimination form will be completed. If a resident scores as a priority for reduction the restraint shall not be started. For a resident who scores good or poor for reduction, therapy will be consulted for an evaluation and a restraint may be started once risk verses benefits of the restraints are discussed and documented. - Three principles will guide the decision making process when physical restraints are determined to be the best course of intervention: <ul style="list-style-type: none"> a. The least restrictive device, applied the least amount of time possible to achieve its stated purpose. b. The benefit of use has been considered and outweighs any potential risk. c. A plan has been develop to minimize/prevent complications and risk factors from materializing considering the circumstances and specific type of restraint to be used. - For residents with a device which they can remove themselves, i.e. front release lap belt, lap tray, lap buddies, etc., the nurse will have the resident demonstrate, each month, the ability to remove the device and will record this on the treatment sheet. When the resident can no longer remove the device it will be considered a restraint and the above policy will be in effect. 		