

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245399	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/23/2024
NAME OF PROVIDER OR SUPPLIER Little Falls Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1200 First Avenue Northeast Little Falls, MN 56345	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>43083</p> <p>Based on interview and document review the facility failed to ensure the provider and resident representative were notified of a fall for 1 of 3 residents (R2) reviewed.</p> <p>Findings include:</p> <p>R2's admission Minimal Data Set (MDS), undated as it was still in progress, indicated R2 had diagnoses which included type 2 diabetes and hypertension.</p> <p>R2's progress note dated 8/16/24, indicated R2 had rolled out of bed at 11:30 p.m. on 8/15/24, trying to get to the fridge, rolled onto the floor looking for kids. Staff implemented a low bed and fall mat was in place as well as safety checks every 1-2 hours. However, R2's record lacked evidence the provider or resident representative was notified of the fall.</p> <p>On 8/23/24 at 11:26 a.m., registered nurse (RN)-A stated staff would be expected to notify the resident's provider and representative right away following a fall.</p> <p>On 8/23/24 at 11:51 a.m., director of nursing (DON) stated staff were expected to notify the resident's representative and the provider as soon as possible, following a fall. DON stated follow up with staff regarding R2's fall that occurred on 8/15/24, revealed the floor nurse's night was chaotic and she forgot to complete an incident report for the fall and notify the provider and resident representative.</p> <p>Review of facility policy titled Accident/Incident dated 1/18/18, indicated notification of a family member or responsible party when a resident suffers an injury due to an accident/incident, family or the responsible party would be notified immediately. If there was no injury as a result of the accident/incident family or responsible party would be notified within a reasonable time frame. Family or responsible party would be advised of a fall. In addition, the physician would be notified immediately whenever an injury occurs and for all other events within a reasonable timeframe.</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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