

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 02/04/2025
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47083</p> <p>Based on interview and document review, the facility failed to report an allegation of abuse immediately (within two hours) to the State Agency (SA) for 1 of 3 (R1) residents reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS), dated [DATE], indicated R1 was cognitively intact with diagnoses of heart failure and bipolar disorder. The MDS also indicated she used a wheelchair for mobility, and was independent with personal hygiene.</p> <p>R1's care plan dated 12/7/24, indicated R1 required the assistance of one staff to use the toilet and required set up assistance with personal hygiene. R1's care plan also indicated she was vulnerable due to her physical condition.</p> <p>On 1/25/25 a written statement by registered nurse (RN)-A indicated R1 reported nursing assistant (NA)-A made her feel uncomfortable when he was washing her up. R1 stated she could see and feel NA-A's erection. R1 stated she asked NA-A to stop, but he continued washing her.</p> <p>On 1/25/25 at 11:27 p.m., an email from RN-B to the director of nursing (DON) and licensed practical nurse (LPN)-A indicated R1 reported NA-A was washing her up and she asked him to stop. R1 reported she could tell NA-A was getting excited and she was afraid of him.</p> <p>On 1/26/25 at 9:30 p.m., a progress note indicated R1 told RN-C about a situation where a NA assisted her with her toileting and perineal care (peri care). This information was relayed to the DON.</p> <p>On 1/27/25 at 5:44 p.m. (nearly two days later) a report to the SA was filed and indicated R1 felt violated while NA-A was washing her up, causing her to feel anxious, fearful, and sick to her stomach. R1 stated she felt NA-A's erection brush against her.</p> <p>On 2/4/25 at 10:56 a.m., the DON stated she was informed of R1's alleged abuse on 1/25/25 around 9:00 p. m. She was unaware of the details of the incident until she reviewed the written statements provided by RN-A and RN-B on 1/27/25. The incident should have been reported to the SA on 1/25/25.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 2/4/25 at 5:35 p.m., the administrator stated an immediate report to the SA is expected when abuse is reported.</p> <p>The facility Maltreatment Reporting Guidelines dated 11/26/24, directed Care center will report any allegations of maltreatment of a vulnerable adult (VA) residing in our care center to the appropriate authorities, as required by abuse reporting for the Federal Regulations and maltreatment reporting for the Minnesota State Statutes.</p> <p>Care center must report to the State Agency (MDH) any suspected maltreatment (all alleged violations involving abuse, neglect, financial exploitation or maltreatment, including injuries of unknown source and misappropriation of resident property) immediately, but not later than 2 hours after the allegation is made, if the events that cause the allegation involve abuse or result in serious bodily injury, or not later than 24 hours if the events that cause the allegation do not involve abuse and do not result in serious bodily injury.</p>		