

Department of Health & Human Services  
Centers for Medicare & Medicaid Services

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No. 0938-0391

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>07/08/2026 |
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| <p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>Ensure each resident must receive and the facility must provide necessary behavioral health care and services.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to implement appropriate interventions and supervision, monitor and assess changes in mood and mental status, coordinate care with psychiatric providers, and notify the providers of changes in mood/behavior for 1 of 3 residents (R1) who had a significant history of suicidal ideation and suicide attempts. These failures resulted in Immediate Jeopardy (IJ) when R1 attempted suicide after a progressive decline in mood and behavior following the discontinuation of two psychotropic medications without increased monitoring, provider notification, or revision of interventions. Additionally, following R1's return from the hospital, the facility failed to ensure objects that could be used for self-harm were removed or secured despite ordered suicide precautions. The Immediate Jeopardy (IJ) began on 6/23/26, when it was identified R1 had a change in mood and behaviors, interventions and monitoring were not reviewed, and psychiatry was not notified of changes; then on 6/27/26 R1 attempted suicide by stabbing himself in the neck with a shard of mirror glass and required hospitalization. On 7/6/26 at 1:30 p.m., the Administrator and director of nursing (DON) were notified of the IJ. The IJ was removed on 7/8/26, after it was verified the facility implemented an acceptable removal plan. However, non-compliance remained at a lower scope and severity of D, no actual harm, with potential for more than minimal harm. Findings include: R1's face sheet identified diagnoses of suicidal ideations, generalized anxiety disorder, insomnia due to other mental disorders, and major depressive disorder, recurrent, severe without psychotic features. R1's after visit summary of hospitalization dated 3/7/26-3/19/26, identified R1 had been admitted to the hospital for suicidal ideation. Behavioral health consult requested to be done within two weeks of discharge. R1's physician orders directed to start taking Duloxetine (antidepressant medication) on 3/20/26 (did not include dose). R1's admission Minimum Data Set (MDS) dated [DATE], identified R1 had no cognitive impairment and did not have inattention, disorganized thinking, or altered level of consciousness. R1 had no hallucinations, delusions, or behaviors with staff or other residents. R1's PHQ-9 (assessment used to identify depression symptoms) was zero, which indicated R1 did not have any symptoms of depression and was administered an antidepressant. R1 had no impairments on upper body, but impairments on both sides of lower extremities. However, was dependent on staff for activities of daily living that involved mobility. R1 was continent of bowel and bladder and used a wheelchair. R1's physician order dated 3/19/26, included the order for Duloxetine 30 milligrams (mg) by mouth daily as per the hospital discharge summary. On 3/20/26 the dose was changed to 60 mg. R1's Social Service Trauma Informed Care History dated 3/24/26, indicated the most difficult time in his life was when his older brother committed suicide and he had a traumatic marriage. R1 got through those difficult times by learning about it. R1 relied on my own strategies to go through hard times. I work on a positive attitude. R1's (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER<br>REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| <p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>triggers were if I become moody and get down, it's a trigger to more depressed feelings.R1's social service progress note dated 3/25/26 at 9:52 a.m., indicated a [NAME] assessment was completed which identified R1 was at low risk for suicide (the Columbia Suicide Severity Rating Scale supports suicide risk assessment through a series of simple, plain-language questions and identifies whether someone is at-risk for suicide, severity and immediacy of that risk, and gauges the level of support the person needs). R1 signed psychiatric consents and will see psychiatry today. R1 was on 15-minute checks for safety. R1 stated if he were to end his life, he would stop eating, drinking, and taking medications. The progress note did not identify R1's responses, the scoring, or the clinical rationale supporting the low-risk determination. The completed assessment was requested but not received.R1's nursing order dated 3/25/26, identified in the Medication Administration Record (MAR) to ensure R1 takes all medications, check mouth to confirm all medications are swallowed, and report any refusals.R1's psychiatric visit note dated 3/25/26, identified after meeting with R1 it was HIGHLY recommended HOSPITALIZATION at a geripsych unit if possible or specialist psych unit as R1 CANNOT BE ADEQUATELY CARED FOR IN A SAFE AND SOUND FASHION at current facility due to inability to complete 1:1 observation due to staff limitations. If R1 returned from ED, must be placed on 1:1 observation or at minimum 10-minute checks with room clearing. R1's progress note dated 3/25/26 at 2:01 p.m., identified R1 was evaluated by the rural psychiatric physician and was ordered to be sent to the emergency department (ED) for further evaluation. If R1 returned he would be placed on 1:1 observation and would be seen by rural psychiatrist 3/26/26.R1's Emergency Department After Visit Summary (AVS) dated 3/25/26, identified R1 was seen at the Emergency Department (ED) for suicidal ideation and depression. R1's NP Psychiatric-Mental Health ED consult evaluation dated 3/26/26, included R1 came from facility due to suicidal ideation in which he was going to stop eating and drinking to commit suicide. R1 continued to endorse suicidal ideation. R1 stated he had been having suicidal thoughts and failed to kill himself in January when he attempted to slit wrists with a butter knife as well as a sharp plate edge. The facility should include a part to the care plan on how to appropriately respond to R1's report of suicidal thoughts and when they require additional assessment at the ED. R1 may benefit from a 1:1 assist in reassuring safety at the facility and certain sharp objects should be monitored while medication adjustments and therapy take place. The therapist can develop a plan with R1 moving forward and work with facility. The AVS summary included discharge instructions to follow-up with outpatient recommendations from psychiatric consultant, and return for worsening depression, increased thoughts of self-harm, isolation, or new concern. Patient education included: a suicidal crisis can move quickly. A person may feel ok in one moment, be affected by something that happens that is upsetting to them and jump to making decisions without thinking. Plan for safety by limiting access to things that can harm you including medications, poisons, sharps, items to strangle or suffocate, alcohol and firearms. Increase communication. Additional patient education had a section that listed The Danger Signs of Suicide which included (but not limited to): Suddenly become happier or calmer and making funeral plans/setting affairs in order/or giving away belongings. Education also included Symptoms of Depression which included (but not limited to) Irritability, increased crying, anxiety, and panic attacks.R1's progress note dated 3/26/26, identified R1 returned from hospital with no new orders.R1's care plan dated 3/26/26, identified ineffective coping related to history of traumatic events, suicidal thoughts, mental health, brother's death, and triggers moody when depressed. Interventions included: allow to express feelings, assist to acknowledge the traumatic event and begin to work through the event by talking about the experience and expressing feelings in a calm, safe environment. Encourage resident to resume normal activities and begin new ones. The focus interventions dated 3/28/26 informed staff of R1's past traumas and (continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>he got through difficult times by finding coping strategies and working on positive attitude however the care plan did not identify if R1's coping strategies were different than 3/26/26 interventions, and no strategies or interventions to maintain or develop a positive attitude were defined or individualized. R1's care plan dated 3/26/26, identified R1 used psychotropic medications related to depression, anxiety, and insomnia. Target behaviors dated 3/26/26 included: negative thought process, self-isolation, low self-worth, teariness (sic). Behavioral interventions dated 3/26/26 included grounding techniques (techniques were not specified), show empathy, encourage to join activities, and mealtime outside of room. Behavior Triggers dated 3/28/26: 1-being away from daughters/grandchildren; 2-remembering difficult times. Additional interventions included referral to psych services and administer psychotropic medications as ordered by physician. Monitor for side effects and effectiveness every shift. Care plan directed staff to monitor/document/report as needed (PRN) adverse reactions to antidepressant therapy which included (not limited to): change in mood/behavior/cognition, hallucinations/delusions, social isolation, suicidal thoughts, fatigue, insomnia, appetite loss, and weight loss. Further directed to monitor/document/report as needed (PRN) any adverse reactions to anti-anxiety therapy which included (not limited to): drowsiness, lack of energy, depression, dizziness, and impaired thinking/judgement. Target behaviors included Additional intervention directed referral to psych services. Review of R1's record between 3/25/26 through 3/26/26 indicated, following R1's psychiatric evaluation and emergency department assessment for suicidal ideation on 3/25/26 and 3/26/26 it was not evident the facility revised R1's care plan to address the psychiatric providers' resident-specific recommendations. Specifically, the care plan did not address staff response when R1 verbalized suicidal thoughts, circumstances requiring additional emergency psychiatric evaluation, the recommended level of observation of 1:1 or 10-minute checks to maintain R1's safety, or environmental safety interventions, including room clearing and monitoring access to sharp objects while medication adjustments and therapy were taking place. Additionally, the care plan did not identify therapeutic interventions or therapist involvement to develop an ongoing plan addressing R1's suicidal ideation and behavioral health needs. R1's progress note dated 3/27/26 at 5:49 a.m., identified R1 remained on 15-minute safety checks due to suicidal ideation. R1 observed to be pleasant with no signs/symptoms of distress. R1 denied plans for self-harm. R1 stayed in bed throughout entire shift. At 8:25 a.m., R1 had suicidal ideation but no plan at the time. R1 stated he felt like not eating or drinking anything in order to die. R1 ate fairly for all meals offered. R1 complained of extreme pain on his legs and lack of sleep. R1 was on medication for sleep and pain control but felt they were not effective. Provider notified. R1's psychiatric visit note dated 3/27/26, identified R1 began Risperidone (antipsychotic) 1-2 mg at bedtime to address severe depression and perseveration. Recommendation also included being referred for psychotherapy and pain management. Agreed with maintaining R1 on 15-minute checks with ongoing close monitoring along with daily telehealth visits for seven days. R1's progress note dated 3/27/26 at 1:48 p.m., identified R1 was seen by psych provider via telehealth. R1 expressed numerous times he no longer wanted to live and prayed every day that he would. R1 stated he had no quality of life, was a bad person, and just wanted a needle that will end his life just like a sick dog. R1 told his daughters not to visit him. R1 felt if he had better sleep, he may not feel like this. Psych provider prescribed Trazadone 50 mg at bedtime. Staff are to complete [NAME] scores daily, 15-minute checks, and observe that R1 was taking medications. R1 would also have telehealth visits daily with psych provider over the weekend and into the next week. Psych provider also ordered Risperidone 1 mg at bedtime starting 3/28/26. Record review identified the directives were transcribed into the electronic health record as nursing orders. R1's progress note dated 3/29/26 at (continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>5:36 p.m., identified R1 wished to die but denied an intent or plan. Risperidone had not arrived to facility but will start as soon as available. R1 was cheerful but complained of feeling sad still regarding stroke and recovery. Continue suicide precautions with 15-minute checks and daily psych visits. R1's Columbia Suicide Severity Rating Scale dated 3/31/26, identified in the past month R1 did not wish he was dead or wished he could go to sleep and not wake up, did not have a response marked for if he had any thoughts of killing himself, and answered 'NO' to thinking about how he might do it, having these thoughts and some intention of acting on them. Another unanswered question was if he had started to work out or worked out the details of how to kill himself and if he intended to carry out the plan. The final question involved asking if he had ever done anything, started to do anything, or prepared to do anything to end his life which was answered 'NO'. Based on the results R1 was a low risk for suicide however, the record did not indicate how the low-risk categorization was determined despite the incomplete assessment. R1's care plan dated 3/31/26, identified R1 had a mood problem related to depression and was at risk for decreased socialization, worsening depression, and anxiety. Interventions included: administer medications as ordered. Monitor/document for side effects and effectiveness; behavioral health consults as needed (psycho-geriatric team, psychiatrist etc); monitor/document/report PRN any risk for harm to self: suicidal plan, past attempt at suicide, risky actions (stockpiling pills, saying goodbye to family, giving away possessions or writing a note), intentionally harmed or tried to harm self, refusing to eat or drink, refusing medications or therapy, sense of hopelessness or helplessness, impaired judgement or safety awareness; monitor/record mood to determine if problems seem to be related to external causes: medications, treatments, concern over diagnosis. R1's Medication Administration Record (MAR) for 3/1/26-3/31/26, identified R1 took his Risperidone on 3/29/26, 3/30/26, and 3/31/26. R1's progress note dated 4/1/26, at 10:36 a.m., identified R1 had a telehealth psych appointment. R1 was in a good mood and stated he no longer had thoughts of dying. R1's progress note dated 4/3/26, but recorded as a late entry, identified R1 graduated from daily telehealth psych visits and would be seen for a regular follow-up appointment 4/9/26. R1 was discontinued from 15-minute checks and Columbia Suicide assessments. R1's telehealth psych visit note dated 4/9/26, identified R1 stated he was returning to his old self and no longer wearing a mask. Attributed dramatic improvement to initiation of Risperidone. Endorsed good appetite and good sleep. Denied hopelessness or low self-worth. Significant improvement in anxiety. Described suicidal ideation as a temporary blimp and uncharacteristic. Expressed strong motivation for self-advocacy and helping others. R1 expressed multiple future-orientated goals including moving closer to family. R1's telehealth psych visit note dated 4/16/26, identified past suicide attempts included refusal of medications, food, and fluids, cutting of wrists and throat with serrated butter knife and broken plate, and purchasing of a tarp and knife to cut wrists and throat in freezing weather. Staff report R1 continued to have a good mood and was pleasant. Sleeping and eating well. Does not appear overly anxious, had been getting up in wheelchair and wheeling around facility. No significant behaviors and no recent suicidal or homicidal statements. R1 stated his mood was fine with no current feelings of depression beyond frustration with residing at facility. Continue current scheduled medication regimen without changes given significant improvement and follow-up in one month. R1 and facility staff aware of reaching out sooner should concerns, questions, or side effects arise. Safety plan included to utilize holistic approach of healthy eating, journaling, and general self-care. Proactively ensure medications/sharps/weapons/firearms/etc. are always secured. R1 was in a monitored environment without access to firearms and medications administered by nursing. In the event of a crisis, R1 would reduce time alone, inform staff, contact professional supports, or return to clinic. In the event (continued on next page)</p> |                                                                                    |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Wabasso Restorative Care Center                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>660 Maple Street<br>Wabasso, MN 56293 |                                                 |
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| <p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>of an emergency, call 911 and present to the ED.R1's MAR dated 4/1/26-4/30/26, documented R1 took Duloxetine 60 mg daily, and Risperidone 1 mg daily without refusals of either medication documented.R1's nursing order dated 4/24/26, identified to monitor R1 for suicidal ideation with regular mood and safety checks. Track all food and fluid intake each meal, encourage eating, offer alternatives if meals are refused. Notify provider of poor intake or worsening condition.R1's telehealth psych visit note dated 4/30/26, identified R1 should continue Duloxetine 60 mg and Risperidone 1 mg for treatment-resistant major depressive disorder daily. R1 reported stable mood without significant depression but would experience occasional lows due to current living environment. No acute safety concerns expressed and denied self-injurious thoughts and behaviors, suicidal ideation, homicidal ideation, and psychosis.R1's progress notes on 5/9/26, 5/10/26, 5/13/26, identified R1 was monitored for suicidal ideation with no suicidal ideation noted.R1's progress note dated 5/14/26, identified R1 had a telehealth psych visit. R1 stated everything was going well. No medication changes and follow-up in one month.R1's progress note dated 5/15/26, identified R1 had no suicidal ideation or comments.R1's progress notes dated 5/20/26, identified R1 requested to have multiple medications discontinued as he does not want them.R1's progress note dated 5/21/26, identified per pharmacy reviews, R1's Risperidone had been discontinued. R1 was ok with this. R1's handwritten patient orders dated 5/21/26, identified to discontinue Risperidone 1 mg. This order was signed by APRN-A and acknowledged by LPN-A.Although the facility identified Risperidone was discontinued based on a pharmacy recommendation; however, despite request, no pharmacy recommendation supporting the discontinuation was provided.During a telephone interview on 7/6/26 at 9:12 a.m., pharmacist (PH)-B reviewed R1's record from pharmacy. PH-B could not locate a gradual dose reduction recommendation for Risperidone or a pharmacy recommendation to discontinue. PH-B stated her record showed on 5/21/26, APRN-A had signed a handwritten order to discontinue Risperidone. PH-B stated the order to discontinue Risperidone raised a red flag for her and she did not think Risperidone should have stopped abruptly.During a return call telephone interview on 7/8/26 at 9:05 a.m., pharmacist (PH)-A reviewed her pharmacy recommendations for R1 from April and May 2026. PH-A stated in April, she gave a recommendation for clarification on the diagnosis used for Risperidone. PH-A stated she did not make any recommendations in May to discontinue or change the Risperidone.R1's progress note dated 5/23/26, identified R1 was monitored for suicidal ideation, none noted. R1 was happy and described the day started good.R1's progress note dated 5/25/26, identified R1 was monitored for suicidal ideation and none noted.R1's progress note dated 5/28/26, at 7:44 a.m., indicated R1 did not want to take Duloxetine. Progress note at 10:45 a.m., R1 had spoken to LPN-A, who also identified as nurse manager, that he would like his Duloxetine discontinued as he doesn't need it anymore. Note further indicated a physician order was obtained to taper off Duloxetine every other day for two weeks then discontinue.R1's physician order dated 5/29/26, identified Duloxetine 60 mg give one day off and one day on until 6/12/26.R1's MAR dated 5/1/26-5/31/26, documented R1 was administered Risperidone daily without refusal until the last dose was given on 5/20/26. The MAR also documented Duloxetine was administered daily when scheduled without refusal.R1's progress note dated 6/1/26, identified R1 had no suicidal ideation during the shift.R1's social service progress note dated 6/2/26, identified R1 came to the office about a past complaint. Social service offered a grievance form but R1 declined and stated he would let it go. R1 requested to return to Assisted Living he had previously resided at or another facility.R1's progress note dated 6/10/26 at 1:26 p.m., identified R1 had been seen for wound rounds. Provider and LPN-A noted R1 to be sarcastic and short-tempered during visit. R1 was tapered off his Duloxetine, last dose 5/28/26.R1's telehealth psych visit note dated 6/11/26, identified nursing staff reported R1 requested to discontinue (continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>Duloxetine, and was currently being tapered off with plan to be discontinued on 6/12/26. Risperidone was discontinued 5/21/26 (sic), following pharmacy recommendation. Since these adjustments were made, R1 had seemed more negative and gruff, made comments that come across as more critical and harsh. Had not made suicidal or homicidal statements. Does not appear overly anxious, no concerns with eating or sleeping habits. Requested to discharge from facility to live closer to family. R1 stated he couldn't be better. Denied depression, irritability, hopelessness, or low self-worth, excessive risk-taking activities. R1 stated he could think clearly since Risperidone discontinued and Duloxetine changed. Medications discontinued and tapered by primary care physician. No acute safety concerns as R1 denied suicidal ideation, homicidal ideation, and hallucinations. No medication adjustments recommended due to the significant medication changes completed one week apart. Recommend ongoing close monitoring by facility staff for any return of suicidal ideation which occurred upon admission to facility which required initiation of Risperidone approximately three months ago to address. Safety plan remained unchanged. Will plan for a 1-month follow-up meeting sooner should concerns or questions arise. Review of R1's record from 5/20/26 through 6/27/26 indicated the facility did not increase the frequency of mood monitoring or suicide risk assessments following the discontinuation of Risperidone and Duloxetine despite psychiatry's recommendation for ongoing close monitoring. R1's progress note dated 6/11/26, identified R1 had a telehealth psych visit. Provider made no medication changes. Staff to monitor for mood changes due to decrease in antidepressants. Follow-up in one month. R1's progress note dated 6/12/26, identified R1 was monitored for suicidal ideation with no suicidal ideation noted. R1's progress note dated 6/16/26 at 10:52 p.m., identified R1 had used profanity and disrespected staff. R1 was lying in bed, awake, staring at the ceiling, perturbed, irritated, and ruminating. R1 was not getting the answers he wanted to hear and did not want to have a positive/problem solving conversation. Interventions attempted included reapproach and firm boundaries which were not effective. Although R1 was showing signs of mood changes, the facility did not report concerns to psychiatry or primary care provider, and the care plan was not revised with new interventions to address the decline. R1's progress note dated 6/23/26 at 11:58 a.m., identified R1 was seen due to concerns of self-isolation, depressive symptoms, and negative interactions with staff. R1 recently discontinued Duloxetine and Risperidone and stated he was doing well without them. Discussed psychiatric follow-up for medication management or talk therapy. R1 declined and stated he did not need psychiatric services. Education provided regarding the benefits of ongoing psychiatric support. R1 verbalized understanding and declined services. Although R1's 6/23/26 progress note identified concerns with self-isolation, depressive symptoms, and negative interactions with staff, the medical record did not reflect documentation supporting the frequency or progression of these behaviors beyond the progress notes dated 6/10/26, 6/11/26, and 6/16/26. There was no evidence the facility increased mood monitoring or completed additional assessments in response to R1's decline. Further, the record did not indicate the physician or psychiatry were notified of the change in R1's mood despite the subsequent offer of psychiatric services. Additionally, there was no evidence the care plan was evaluated for effectiveness or revised to include resident-specific interventions addressing the documented decline. R1's social service note on 6/23/26 at 1:24 p.m., identified R1 requested assistance for a ride to his bank. R1 stated his account was hacked and he needed to go in-person to fix it. Social service and health unit coordinator (HUC)-A attempted to help R1 with ride costs. R1 was unkind with words toward HUC-A, and used the F word. HUC-A redirected R1 and he responded calmer. R1's Columbia Suicide Severity Rating Scale dated 6/23/26, identified R1 answered 'NO' to all questions and was a low risk for suicide. R1's progress note dated 6/25/26, identified R1 stated he did not like anything about the facility. Inquired of (continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>discharge plan and R1 stated that is none of anyone's business. No one needs to know. R1 did not follow all of therapist's instructions during therapy session. Refused to do therapy band exercises and stated the band did not do him any good. When reflected back to R1 that he used to have a pleasant relationship with therapist, R1 replied I know. Now everything has changed. R1 would not elaborate or respond to telling therapist what could be done to improve situation. During an interview on 7/1/26 at 12:02 p.m., DON stated she thought R1's primary care provider was notified of R1's change of mood and behaviors, could not recall if psychiatry had been notified of the changes but was unable to locate notification of changes to either provider for 6/16/26, 6/23/26, or 6/25/26. R1 declined taking medications and that is why facility started monitoring him. DON had reviewed the progress note from 6/16/26, and that is why she went to talk with him on 6/23/26 (seven days later). R1 did not respond very nice to the conversation. R1 had behavior of isolating; he would come out for some activities sometimes and would watch games and movies. DON stated of R1's behaviors leading up to the incident not something you could see that was bad, but you can notice somebody, when you know them, when something is wrong. DON stated it was not a lot of behaviors but seeing something going on, isolated, being quiet, not saying hi, just general mood going down but had not increased the mood and behavior monitoring. R1's progress note dated 6/26/26 at 12:55 p.m., identified R1 was monitored for suicidal ideation and signs/symptoms of depression. R1 appeared depressed. No suicidal ideation noted. R1's Columbia Suicide Severity Rating Scale dated 6/26/26, identified R1 answered 'NO' to all questions and was a low risk for suicide. During an interview on 7/6/26 at 1:32 p.m., LPN-E stated he worked 6/26/26, that was the first time he noticed R1 was not talking as much as usual. The facility had an order to monitor for moods, so LPN-E documented that R1 was not having usual moods. LPN-E completed the Columbia Suicide assessment because of R1's mood and felt R1 was honest during the assessment. LPN-E had not been informed by NA's or other nurses that R1 had been acting differently in May or June. LPN-E did not notify physician or psychiatry of R1's mood change. During an interview on 7/6/26 at 8:02 a.m., NA-C stated she started working at the facility mid-May. When NA-C first came R1 was happy to see us, was in a good mood, wanted to go to lunch, therapy, and outside during the shift. NA-C thought a couple of weeks ago R1 started to refuse medications, getting depressed, not talking as much. NA-C gave examples that R1 used to talk about his family a lot and then suddenly would only say thank you and not engage in conversation. NA-C recalled one day R1 was really sad and depressed because his granddaughter was home and he could not see her. Sometimes when he would have therapy he would get in a bad mood. R1 socially isolated a lot more but some days were better than others. During an interview on 7/6/26 at 10:18 a.m., licensed practical nurse (LPN)-C stated he had noticed R1 had shown more signs of withdrawing since medication discontinuation but not much of a noticeable difference. LPN-C could not recall when R1's mood started to decline. During an interview on 7/6/26 at 6:46 a.m., NA-A stated prior to 6/27/26, beginning the end of May or beginning of June, R1 was more depressed, socially isolated, had some moments when he was talking like he was sad and hopeless and other days he would act and talk normal. NA-A stated at first she had noticed R1 had a lot of anger, then would be quiet. NA-A recalled on 6/27/26, R1 got up around 9:45 a.m. instead of 11:00 a.m. R1 was thanking everyone at lunch which now that I think about it, might have been something. He had been more social than normal but not too social. During an interview on 7/1/26 at 10:10 a.m., maintenance (MN)-A stated R1 had been a very open spirit to me but had appeared a bit more down lately. During an interview on 7/1/26 at 10:15 a.m., housekeeper (HK)-A stated on 6/27/26, she went to his room to clean. R1 was lying in bed. HK-A stated they said good morning to each other and that was it. R1 was being really quiet that morning and that was kind of off for him. R1's progress note dated 6/27/26 at 1:54 p.m., identified LPN-B was notified of an (continued on next page)</p> |                                                                                    |                                                 |

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| NAME OF PROVIDER OR SUPPLIER<br><br>Wabasso Restorative Care Center                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>660 Maple Street<br>Wabasso, MN 56293 |                                                 |
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| <p>F 0740</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>               | <p>urgent need to respond immediately to the yard. R1 was observed with fresh blood on his shirt but not actively bleeding at the time. LPN-B instructed staff to call 9-11 while he remained with R1. R1 initially refused attempt by staff to apply pressure to neck area, where a puncture wound was suspected. R1 stated I am in prison. I just want to go meet my mother and friends who recently died. LPN-B was able to persuade R1 to surrender a piece of glass, which may have been used to puncture his neck. R1 continued to be closely monitored under supervision until he was taken to the ED. Earlier in the day, R1 had been observed in a good mood, taken medications, ate lunch in the dining room, and had a conversation with LPN-B. R1's ED notes dated 6/27/26-6/30/36, identified R1 had been in the ED since 6/27/26, due to a suicide attempt. R1 took a piece of broken glass, cut small puncture wounds to neck, chest and right upper thigh. R1 required six total stitches. R1 was medically cleared for inpatient psychiatric care but was declined due to needing assistance and medical floor declined due to not having acute medical need. R1 stated he decided to face reality and reset priorities and goals. R1 reported stabbing himself with the mirror was him acting out so he could leave the facility. R1 did not want to try another antidepressant and stated he did not like how they made him feel. R1 did not want to go to a therapist I am smarter than the therapist. R1 planned to cope at discharge with journaling and reading. R1 had staff he trusted at the facility he would reach out to if suicidal thoughts returned. R1 completed a [NAME]-Brown Safety Plan on 6/30/26, prior to return to facility. Step 1: warning signs: silent/being quiet, shut down/stop interacting. Step 2: internal coping strategies included: writing/journaling, humor, watch news, read, draw, praying/religion. Step 3: list of family/friends to contact, go outside/sit in sun. Step 4: list of people to ask for help. Step 5: list of professionals to contact including suicide prevention number. Step 6: R1 did not identify environmentally lethal methods at facility. R1 stated treating people with respect, not being alone, and life were important and worth living for to him. Review of R1's post-hospital care plan did/did not identify incorporation of the [NAME]-Brown Safety Plan, warning signs, coping strategies, or resident-specific interventions recommended by the emergency department. During a telephone interview on 7/1/26 at 10:48 a.m., nursing assistant (NA)-A stated that a couple of weeks before 6/27/26, R1 complained about his roommate and reported he could not sleep but did not explain why. NA-A had never heard R1 make comments of self-harm, and the suicide attempt shocked her. On 6/27/26, R1 got out of bed around 9:45 a.m. and nothing about his behavior caused concern. Around 1:30 p.m., after a resident reported glass and blood on the floor, NA-A</p> |                                                                                    |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to notify the physician for 1 of 3 residents (R1) reviewed for change of condition. Findings include: R1's face sheet dated 7/1/26, identified diagnoses of suicidal ideations, generalized anxiety disorder, major depressive disorder, insomnia due to other mental disorders, and major depressive disorder recurrent severe without psychotic features. R1's admission Minimum Data Set (MDS) dated [DATE], identified R1 had no cognitive impairment. R1 had no hearing impairment and wore glasses. R1 did not have inattention, disorganized thinking, or altered level of consciousness. R1 had no hallucinations, delusions, or behaviors with staff or other residents. R1's PHQ-9 (assessment used to identify depression symptoms) was zero, which indicated R1 did not have any symptoms of depression. R1 was on an antidepressant. R1 had no impairments on upper body but impairments on both sides of lower extremities, was dependent on staff for toileting, bathing, dressing, rolling, sitting, and transfers. R1 was continent of bowel and bladder. R1 used a wheelchair for mobility. R1's care plan dated 3/26/26, identified R1 used psychotropic medications related to depression, anxiety, and insomnia. Interventions included: administer psychotropic medications as ordered by physician. Monitor for side effects and effectiveness every shift. monitor/document/report as needed (PRN) adverse reactions to antidepressant therapy: change in mood/behavior/cognition, hallucinations/delusions, social isolation, suicidal thoughts, withdrawal, decline in activities of daily living ability, continence, no voiding, constipation, fecal impaction, diarrhea, gait (walking) changes, rigid muscles, balance problems, movement problems, tremors, muscle cramps, falls, dizziness/vertigo, fatigue, insomnia, appetite loss, weight loss, nausea/vomiting, dry mouth, and dry eyes; monitor/document/report PRN any adverse reactions to anti-anxiety therapy: drowsiness, lack of energy, clumsiness, slow reflexes, slurred speech, confusion/disorientation, depression, dizziness, lightheadedness, impaired thinking/judgement, memory loss, forgetfulness, nausea, stomach upset, blurred or double vision. Unexpected side effects: mania, hostility, rage, aggressive or impulsive behavior, hallucination; referral to psych services; target behaviors: negative thought process, self-isolation, low self-worth, teariness. R1's order dated 5/21/26, identified to discontinue Risperidone (antipsychotic) 1 milligram (mg). R1 had been on this medication for off-labeled use of major depressive disorder. R1's progress note dated 5/28/26, at 7:44 a.m., identified R1 did not want to take Duloxetine (antidepressant) 60 mg anymore, nurse notified. At 10:45 a.m., R1 had spoken to licensed practical nurse (LPN)-A, who also identified as nurse manager, that he would like his Duloxetine discontinued as he doesn't need it anymore. Order from physician to taper off Duloxetine every other day for two weeks then discontinue. R1's progress note dated 6/16/26 at 10:52 p.m., identified R1 had used profanity and disrespected staff. R1 was laying in bed, awake, staring at the ceiling, perturbed, irritated, and ruminating. R1 was not getting the answers he wanted to hear and did not want to have a positive/problem solving conversation. Interventions attempted included reapproach and firm boundaries which were not effective. R1's record did not identify notification to physician or psychiatry regarding this incident. R1's progress note dated 6/23/26 at 11:58 a.m., identified R1 was seen due to concerns of self-isolation, depressive symptoms, and negative interactions with staff. R1 recently discontinued Duloxetine and Risperidone and stated he was doing well without them. Discussed psychiatric follow-up for medication management or talk therapy. R1 declined and stated he did not need psychiatric services. Education provided regarding the benefits of ongoing psychiatric (continued on next page)</p> |                                                                                    |                                                 |

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| <p>F 0580</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>support. R1 verbalized understanding and declined services. R1's record did not identify notification to physician or psychiatry regarding this incident. R1's progress note dated 6/25/26, identified R1 stated he did not like anything about the facility. Inquired of discharge plan and R1 stated that is none of anyone's business. No one needs to know. R1 did not follow all of therapists instructions during therapy session. Refused to do therapy band exercises and stated the band did not do him any good. When reflected back to R1 that he used to have a pleasant relationship with therapist, R1 replied I know. Now everything has changed. R1 would not elaborate or respond to telling therapist what could be done to improve situation. R1's record did not identify notification to physician or psychiatry regarding this incident. R1's progress note dated 6/26/26 at 12:55 p.m., identified R1 was monitored for suicidal ideation and signs/symptoms of depression. R1 appeared depressed. No suicidal ideation noted. R1's record did not identify notification to physician or psychiatry regarding this incident. During an interview on 7/6/26 at 6:46 a.m., nursing assistant (NA)-A stated beginning the end of May or beginning of June, R1 was more depressed, socially isolated, had some moments when he was talking like he was sad and hopeless and other days he would act and talk normal. NA-A stated at first she had noticed R1 had a lot of anger, then would be quiet. Now, he is just doing a little bit of speaking. During an interview on 7/6/26 at 8:02 a.m., NA-C stated she started working at the facility mid-May. When NA-C first came R1 was happy to see us, was in a good mood, wanted to go to lunch, therapy, and outside during the shift. NA-C thought a couple of weeks ago R1 started to refuse medications, getting depressed, not talking as much. NA-C gave examples that R1 used to talk about his family a lot and then suddenly would only say thank you and not engage in conversation. NA-C recalled one day R1 was really sad and depressed because his granddaughter was home and he could not see her. Sometimes when he would have therapy he would get in a bad mood. R1 socially isolated a lot more but some days were better than others. R1's record did not identify these mood changes noted by NA's were reported to nurses, physician, or psychiatrist. During an interview on 7/6/26 at 1:32 p.m., licensed practical nurse (LPN)-E stated he worked 6/26/26, that was the first time he noticed R1 was not talking as much as usual. The facility had an order to monitor for moods so LPN-E documented that R1 was not having usual moods. LPN-E stated he did not notify physician or psychiatry of R1's mood change. During an interview on 7/1/26 at 12:02 p.m., DON stated she thought R1's primary care provider was notified of R1's change of mood and behaviors, could not recall if psychiatry had been notified of the changes but was unable to locate notification of changes to either provider for 6/16/26, 6/23/26, or 6/25/26. R1 had behavior of isolating. He would come out for some activities sometimes and would watch games and movies. DON stated of R1's behaviors leading up to the incident not something you could see that was bad, but you can notice somebody, when you know them, when something is wrong. DON stated it was not a lot of behaviors but seeing something going on, isolated, being quiet, not saying hi, just general mood going down. During a telephone interview on 7/6/26 at 9:52 a.m., medical director (MD)-A stated the facility should absolutely notify the providers of changes in mood and behaviors after every occurrence. The Notification of Changes policy reviewed 7/7/26, identified the facility must inform the resident, consult with residents physician, family or legal representative when there is a change requiring such notification such as significant change in residents mental or psychosocial condition.</p> |                                                                                    |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>07/08/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Wabasso Restorative Care Center                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>660 Maple Street<br>Wabasso, MN 56293 |                                                 |
| 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<br>(Each deficiency must be preceded by full regulatory or LSC identifying information)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                    |                                                 |
| <p>F 0605</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Prevent the use of unnecessary psychotropic medications or use medications that may restrain a resident's ability to function.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to assess continued need of as needed (prn) psychotropic medications for 1 of 3 residents (R2) with provider every 14 days. Findings include: R2's face sheet dated 7/7/26, identified diagnoses of suicidal ideations, generalized anxiety disorder, and major depressive disorder. R2's admission Minimum Data Set (MDS) dated [DATE], identified R2 had no memory issues, no issues with hearing or speech. R2 did not have behaviors towards staff or other residents. R2 was independent with activities of daily living. R2 was on an antipsychotic and received on a routine basis. R2's care plan dated 4/15/26, identified R2 used psychotropic medications due to depression, anxiety, insomnia, post-traumatic stress disorder, and history of suicidal ideations. Interventions included: administer psychotropic medications as ordered. Monitor for side effects and effectiveness every shift. Behavioral interventions: redirection, offer walk outside, distraction. Monitor/document/report as needed adverse reactions of psychotropic medications: unsteady gait, tardive dyskinesia, shuffling gait, rigid muscles, shaking, frequent falls, refusal to eat, difficulty swallowing, dry mouth, depression, suicidal ideations, social isolation, blurred vision, diarrhea, fatigue, insomnia, loss of appetite, weight loss, muscle cramps, nausea, vomiting, behavior symptoms not usual to the person. Referral to psych services, target behaviors of social isolation, pacing. R2's physician orders dated 4/14/26, identified Hydroxyzine Pamoate 50 milligrams (mg) capsule by mouth every 12 hours as needed for anxiety. R2's medication administration record (MAR) dated 4/1/26-4/30/26, identified R2 received Hydroxyzine 50 mg on 4/16/26, 4/18/26, 4/20/26, 4/21/26, 4/26/26, and 4/27/26. R2's physician encounter note dated 4/28/26, identified R2 was seen at facility on day 14 but did not address Hydroxyzine PRN usage for renewal or discontinuation. R2's physician encounter note dated 4/29/26, identified R2 was seen at facility on day 15 but did not address Hydroxyzine PRN usage for renewal or discontinuation. R2's Pharmacist's Recommendation to Prescriber dated 5/14/26, identified Hydroxyzine 50 milligrams (mg) was ordered on 4/14/26, and is overdue for 14-day review. It had not been used at all in May. Please consider discontinuation of PRN Hydroxyzine. Rationale included if PRN is to exceed 14 days, prescriber must document rationale in the medical record-AND-indicate the duration for the PRN order. R2's MAR dated 5/1/26-5/31/26, identified R2 received Hydroxyzine 50 mg on 5/16/26, 5/18/26, and 5/20/26. R2's handwritten physician order dated 5/21/26, identified discontinue Hydroxyzine 50 mg signed but not dated by physician. During an interview on 7/7/26 at 12:55 p.m., licensed practical nurse (LPN)-C and LPN-E were seated at the nurse's station. LPN-E stated for PRN psychotropic medications the floor nurse would monitor them. The medication should have a stop date on it so it would not just be continuous. LPN-C wondered if maybe that was why there were orders to monitor those medications in the MAR. When the floor nurse would notice the medication was at the 14-day mark, the provider should be emailed to renew the medication. LPN-C stated the medication should not be given after the 14-day mark unless the provider was aware. LPN-C and LPN-E verified R2 had not had a stop date on Hydroxyzine and it had been given to R2 after 14 days. During an interview on 7/2/26 at 12:42 p.m., director of nursing (DON) stated the doctor had to assess prn psychotropic medications every 14 days. Nurses and management review psychotropic PRN medications and sometimes would miss them. That is why the facility had the pharmacy recommendations monthly, they are there to help the facility when they miss it. DON could not articulate why R2 did not have the Hydroxyzine addressed by a physician during rounds. During a telephone interview on 7/6/26 at 9:52 a.m., medical director (continued on next page)</p> |                                                                                    |                                                 |

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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION                                                                                | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>245400                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | (X2) MULTIPLE CONSTRUCTION<br><br>A. Building<br>B. Wing                           | (X3) DATE SURVEY<br>COMPLETED<br><br>07/08/2026 |
| NAME OF PROVIDER OR SUPPLIER<br><br>Wabasso Restorative Care Center                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | STREET ADDRESS, CITY, STATE, ZIP CODE<br><br>660 Maple Street<br>Wabasso, MN 56293 |                                                 |
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| F 0605<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | (MD)-A stated PRN psychotropics should be reviewed every 14 days for necessity. When reviewed they should determine if the medication could be discontinued, kept PRN, or prescribed. The facility Use of Psychotropic Medications policy reviewed 7/7/26, identified residents only receive psychotropic medications when other nonpharmacological interventions are clinically contraindicated. Additionally, these medications should only be used to treat the residents medical symptoms and not used for discipline or staff convenience, which would deem it a chemical restraint. Psychotropic medication used on a PRN basis must have a diagnosed specific condition and indication for the PRN use documented in the residents medical record and is subject to limitations. PRN orders for antipsychotic medications only shall be limited to 14 days with no exceptions. If the attending physician or prescribing practitioner believes it is appropriate to write a new order for the PRN antipsychotic they must first evaluate the resident to determine if the new order for the PRN antipsychotic is appropriate. The policy did not address PRN psychotropic medication orders. |                                                                                    |                                                 |

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| <p>F 0755</p> <p>Level of Harm - Minimal harm<br/>or potential for actual harm</p> <p>Residents Affected - Few</p>                 | <p>Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and record review the facility failed to follow physician orders for 1 of 3 residents (R1) reviewed for weight gain. Findings include: R2's face sheet identified diagnoses of heart failure, rheumatoid arthritis, and localized edema. R2's admission Minimum Data Set (MDS) dated [DATE], identified R2 had no memory issues, no issues with hearing or speech. R2 was independent with activities of daily living. R2's care plan dated 4/15/26, identified R1 received diuretic for congestive heart failure. Interventions included: administer diuretic medication as ordered by physician. Monitor for side effects and effectiveness every shift. Monitor dose. May require modification in order to achieve desired effects while minimizing adverse consequences, especially when multiple antihypertensives are prescribed simultaneously. When discontinuing, gradual tapering may be required to avoid adverse consequences caused by abrupt cessation. Monitor/document/report PRN adverse reactions to diuretic therapy: dizziness, postural hypotension, fatigue, and in increased risk of falls. R2's physician order dated 4/14/26, identified Furosemide (diuretic) 20 mg for edema PRN daily for 1.5 pounds above baseline. R2's weights with corresponding medication administration record (MAR) for Furosemide administration from 4/15/26-5/12/26, identified: 4/15/26-baseline weight was 168.0 pounds. 4/16/26-no weight was obtained. 4/17/26-weight was 169.8 pounds. This was 1.8 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/18/26- weight was 169.7 pounds. This was 1.7 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/19/26-weight was 169.6 pounds. This was 1.6 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/20/26-weight was 171.6 pounds. This was 3.6 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/21/26- weight was 172.1 pounds. This was 4.1 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/22/26- weight was 173.2 pounds. This was 5.2 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/23/26- no weight was obtained. 4/24/26- weight was 173.9 pounds. This was 5.9 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/25/26- weight was 176.0 pounds. This was 8.0 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/26/26-weight was 178.0 pounds. This was 10 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/27/26-weight was 177.0 pounds. This was 9.0 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/28/26- weight was 182.0 pounds. This was 14 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/29/26- weight was 182.0 pounds. This was 14 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 4/30/26- weight was 183.2 pounds. This was 15.2 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 5/1/26- weight was 185.2 pounds. This was 17.2 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 5/2/26- weight was 184.2 pounds. This was 16.2 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 5/3/26- weight was 183.1 pounds. This was 15.1 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 5/4/26-weight was 186.8 pounds. This was 18.8 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 5/5/26- weight was 186.6 pounds. This was 18.6 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 5/6/26- weight was 181.0 pounds. This was 13.0 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. 5/7/26- weight was 182.4 pounds. This was 14.4 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide (continued on next page)</p> |                                                                                    |                                                 |

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| F 0755<br><br>Level of Harm - Minimal harm<br>or potential for actual harm<br><br>Residents Affected - Few                         | <p>given.5/8/26- weight was 187.2 pounds. This was 19.2 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given.5/9/26- weight was 188.4 pounds. This was 20.4 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given.5/10/26- weight was 188.6 pounds. This was 20.6 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given.5/11/26- weight was 190.4 pounds. This was 22.4 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given.5/12/26- weight was 190.6 pounds. This was 22.6 pounds above the baseline weight of 168.0 pounds. No PRN Furosemide given. Although R2 had a continuous weight gain greater than 1.5 pounds per day, PRN Furosemide was not administered from 4/14/26-5/12/26. During an observation and interview on 7/6/26 at 10:10 a.m., R2 was in his room, sitting in a wheelchair. R2 stated the hospital had changed his Furosemide from daily to PRN why take Furosemide off when I had congestive heart failure. Unacceptable. Could have built fluid around my heart. R2 stated he did not feel fluid buildup on himself. During an interview on 7/6/26 at 6/46 a.m., registered nurse (RN)-A stated R2 had diagnoses of localized edema and heart failure. RN-A stated R2 was ordered to get daily weights but could not articulate why the facility did not capture the weight gain. Furosemide should have been given in April and May each time the weight was above baseline as the order said. During an interview on 7/2/26 at 12:42 p.m., DON stated she would have expected nursing staff to give Furosemide every time R2's weight had increased 1.5 pounds as the order directed. The point of daily weights was for the facility to track if they are gaining weight. At the beginning of R2's stay the facility was not monitoring properly but when it was discovered, the facility did what it could to rectify the situation.</p> |                                                                                    |                                                 |