

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245401	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/10/2025
NAME OF PROVIDER OR SUPPLIER  Central Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  444 North Cordova Le Center, MN 56057	

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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44630</p> <p>Based on interview and document review, the facility failed to follow their grievance process for missing personal property for 1 of 1 resident (R1) who reported a missing item.</p> <p>Findings include:</p> <p>R11's admission Minimum Data Set (MDS) assessment dated [DATE], indicated R11 was cognitively intact, no behaviors, very important to choose what clothes to wear, dependent on staff for dressing and diagnoses included after care following joint replacement surgery.</p> <p>On 3/9/25 at 11:22 a.m., R11 stated she had a jean jacket that was missing. R11 stated the jacket was put in the laundry and never returned. R11 stated she informed multiple staff about the missing jean jacket and had not heard back about the missing jacket. R11 stated the missing jacket was at least thirty dollars.</p> <p>On 3/10/25 at 7:26 a.m., social services (SS)-A stated R11 reported a missing jean jacket over two weeks ago and she helped search R11's room and other staff looked throughout the facility for the jacket. SS-A stated she looked in laundry and other resident rooms for the jacket and the jacket was not found. SS-A stated a form was filled out regarding the missing jacket. SS-A was observed to look for the paper form in her office and confirmed she could not find the form. SS-A stated she had seen R11 wear the jean jacket prior to her reporting the jacket missing. SS-A stated the process for missing items was a form was filled out, the missing item was discussed in IDT (interdisciplinary team) meeting, and the administrator was made aware. SS-A confirmed the IDT team and administrator was not made aware as expected, and follow up with R11 had not occurred.</p> <p>On 3/10/25 at 7:31 a.m., laundry (L)-C stated she had been aware of R11's missing jacket about a month ago but had not been able to locate the jacket. L-C indicated social services follows up with the residents.</p> <p>On 3/10/25 at 10:28 a.m., the administrator stated social services was expected to follow the policy regarding missing clothing and make him aware when a resident reported a missing item. The administrator confirmed he was not made aware of R11's report of the missing jacket. The administrator confirmed the missing item process was not followed through.</p> <p>Facility Missing Item Policy and Procedure dated 3/1/21, indicated</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 0585</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Social service department will complete a missing item report</p> <p>Social service department will begin an investigation to locate the missing items and will inform the IDT at the following morning meeting of the missing item report.</p> <p>If the item is unable to be located, social services will discuss with the administrator possible alternatives to replace the missing item.</p> <p>Social services will notify the residents representative of the missing item if its unable to be located immediately with the 5-day investigation person. Social services will office possible alternative to replace the missing item.</p> <p>The facility administrator will sign off of the report once the investigation is finalized, the report will be filed in the residents soft file in the social service office.</p>

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 42073</p> <p>Based on observation, interview and record review, the facility failed to ensure safe and appropriate water temperatures were maintained below 120 degrees Fahrenheit (F) to prevent potential scalding for 5 of 8 residents (R8, R20, R24, R11, R25) observed for accidents and hazards.</p> <p>Findings include:</p> <p>R8's facesheet printed on 3/11/25, included diagnoses of congestive heart failure (the heart doesn't pump blood as well as it should), dementia and schizophrenia (prevents a person's ability to think, feel and behave clearly).</p> <p>R8's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R8 had severe cognitive impairment, he was understood and could usually understand. R8 required supervision with toileting.</p> <p>R8's care plan dated 6/23/23, indicated staff would assist with transfers/ambulation, but R8 would get up on his own with walker.</p> <p>R20's facesheet printed on 3/11/25, included diagnosis of chronic kidney disease.</p> <p>R20's quarterly MDS assessment dated [DATE], indicated R20 was cognitively intact, was understood and could understand. R20 was independent with toileting.</p> <p>R20's care plan dated 8/7/23, indicated R20 could ambulate around his environment independently using assist of wheelchair.</p> <p>R24's facesheet printed on 3/11/25, included diagnosis of congestive heart failure.</p> <p>R24's significant change MDS dated [DATE], indicated R24 was cognitively intact, could understand and be understood and was independent with toileting.</p> <p>R24's care plan dated 10/14/24, indicated transfer independence with 4-wheeled walker.</p> <p>R11's facesheet printed on 3/11/25, included diagnoses of arthritis and aftercare following joint replacement surgery.</p> <p>R11's admission MDS assessment dated [DATE], indicated R11 was cognitively intact, could understand and be understood and was dependent upon staff for assistance to the toilet.</p> <p>R11's care plan dated 12/30/24, indicated R11 had an ADL (activity of daily living) deficient related to recent surgery and required assistance of staff to toilet.</p> <p>R25's facesheet printed on 3/11/25, included diagnoses of spinal stenosis (spaces inside the bones of the spine get too small) and spondylosis with myelopathy (spinal cord become depressed).</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R25's admission MDS assessment dated [DATE], indicated R25 was cognitively intact, could understand and be understood; and was independently with toileting.</p> <p>R25's care plan dated 2/6/25, indicated toileting independence.</p> <p>During an observation on 3/10/25 at 11:35 a.m., the hot water coming out of the faucet in R2's bathroom sink felt unusually hot.</p> <p>During an observation and interview on 3/10/25 at 11:47 a.m., maintenance director (MD)-A used an instant read thermometer to measure the temperature of the water from R2's bathroom faucet. The temperature measured 120 degrees F. MD-A who was new to the role since August 2024, stated he was unaware of safe, maximum water temperature for resident rooms.</p> <p>During record review, documents provided by MD-A titled Monthly Water Temperature Checks, indicated water temperature was checked monthly in two resident bathrooms faucets on each of the three wings. Results included temperatures over 120 degrees F with no action taken. The form did not identify safe parameters for water temperature.</p> <p>For May and June 2024, all 12 temperatures were recorded as being 109 degrees F, except for one room which was 108 degrees F.</p> <p>Starting in August 2024, the recorded temperatures were significantly higher:</p> <p>--8/20/24, of the six readings, two were &gt; 120 degrees F: 122.3 F and 120.8 F.</p> <p>--9/13/24, of the six readings, two were &gt; 120 degrees F: 120.4 F and 121.9 F.</p> <p>--10/30/24, of the six readings, three were &gt; 120 degrees F: 120.4 F and 121.7 F x 2.</p> <p>--11/26/24, of the six readings, none were &gt; 120 degrees F.</p> <p>--12/5/24, of the six readings, four were &gt;120 degrees F: 120.8 F, 122.5 F, 123.3 F, 121.6 F.</p> <p>--1/7/25, of the six readings, four were &gt;120 degrees F: 120.6 F, 121.4 F, 121.2 F, 121.6 F.</p> <p>--2/7/25, of the six readings, two were &gt; 120 degrees F: 122.3 F, 121.1 F.</p> <p>--Undated (for March 2025), of the six readings, four were &gt; 120 degrees F: 121.6 F, 122.7 F, 120.6 F, 123.6 F.</p> <p>During an interview on 3/10/25 at 1:38 p.m., nursing assistant (NA)-B identified eight residents: R8, R20, R16, R24, R11, R25, R3, R21, who were able to toilet independently and/or who used the sink in their bathrooms.</p> <p>During observation and interview on 3/10/25, from 1:45 p.m. to 2:03 p.m., along with MD-A, went to each of the eight rooms and temped the hot water at the bathroom sink faucet. Results indicated five of eight faucets had water temperatures exceeding 120 degrees F:</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>1. R8: 122 degrees F</p> <p>2. R20: 122.3 degrees F</p> <p>3. R24: 121.8 degrees F</p> <p>4. R11: 122.5 degrees F</p> <p>5. R25: 121.6 degrees F; R25 stated the water did not feel too warm to him.</p> <p>During an interview on 3/10/25 at 1:50 p.m., NA-A was not aware of hot water complaints from residents nor was she aware of any resident being scalded from hot water.</p> <p>During an interview on 3/10/25 at 2:06 p.m., the director of nursing (DON) stated no residents had reported nor were observed being scalded by hot water.</p> <p>During an interview on 3/10/25 at 2:45 p.m., the administrator was informed water temperatures in some resident bathrooms exceeded 120 degrees F. The administrator stated he would work with MD-A to correct it.</p> <p>A policy on maintaining and monitoring water temperature from resident bathroom sink faucets was requested and not received.</p>

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 50764</p> <p>Based on observation, interview, and document review the facility failed to discard food that had expired and ensure all foods were labeled and dated with opened and discard dates. This had the potential to affect all residents residing in the facility who were served food from the kitchen.</p> <p>Findings include:</p> <p>During observation on [DATE] at 10:30 a.m., 16 single serve red gelatin in small plastic condiment-style containers with lids and hand written dates of [DATE], 23 single serve applesauce in small plastic condiment-style containers with lids with handwritten dates of [DATE], and one open medium plastic container of turkey with a hand written date of [DATE], were in the main kitchen Tonka refrigerator.</p> <p>During observation on [DATE] at 4:50 p.m., single serve containers of applesauce dated [DATE], were observed on the top of each cart.</p> <p>During interview on [DATE] at 4:55 p.m., licensed practical nurse (LPN)-A stated the applesauce was used for residents who had crushed medications and preferred them mixed with something. LPN-A was unsure what the date on the container indicated or how long the applesauce was good for.</p> <p>During interview on [DATE] at 10:03 a.m., dietary manager (DM)-D stated the dates on the containers indicated the date they were put in the refrigerator and they should be used within five days. DM-D further stated the gelatin should have been discarded on [DATE], the applesauce discarded on [DATE], and the turkey discarded on [DATE]. DM-D stated the applesauce was used multiple times daily for snacks for residents and by the nurses for crushed medications. DM-D was unsure what the gelatin and turkey had been used for or when it was last used. DM-D stated food opened in the refrigerator should be discarded within five days for food safety reasons and to prevent foodborne illnesses.</p> <p>During interview on [DATE] at 12:46 p.m., administrator stated he was unaware of foods that should have been discarded from the refrigerator but expected the dietary staff to label and discard foods within their expected timeframe to ensure resident safety.</p> <p>A facility document titled Refrigerator Procedure dated ,d+[DATE], indicated perishable open items may not be in fridge longer than three days after placed in the fridge. Items will be tossed if in the fridge after three days.</p> <p>Facility Policy and Procedure on Refrigerator Storage dated [DATE], indicated any leftover food would be put in the fridge in clean containers with tight fitting lids. Each container will be labeled and dated and will have the use by date. Any food not used by the use by date will be disposed of immediately. All food and nutritional staff are responsible for this.</p>

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>50764</p> <p>Based on interview and document review, the facility failed to have a documented water management program including an assessment with a description of the building water system using text and flow diagrams to identify where Legionella and other opportunistic waterborne pathogens could grow and spread. Furthermore, the facility failed to implement measures to prevent the growth of opportunistic waterborne pathogens. This had the potential to affect all residents and staff using water in the facility.</p> <p>Findings include:</p> <p>During interview on 3/10/25 at 11:29 a.m., maintenance director (MD)-A stated he did not know what Legionella was and was not aware of what he was supposed to do for water management. MD-A stated he did not have a water management program and did not have an assessment or text and flow diagram to identify how water traveled throughout the facility. MD-A stated he started his position in August 2024 and had not had any training on water management.</p> <p>During interview on 3/10/24 at 12:45 p.m., registered nurse (RN)-A also known as the infection preventionist, stated she oversaw infection prevention and control at the facility, was aware of what Legionella was, but that the maintenance director was supposed to take care of the water management program at the facility. RN-A stated they had not had any Legionella-related pneumonia infections.</p> <p>During interview on 3/10/24 at 12:32 p.m., administrator stated he was unable to find a water management program or an assessment of the buildings water system. Administrator further stated MD-A was new and may need education on water management.</p> <p>Facility Infection Prevention and Control program policy dated 1/6/25, indicated:</p> <p>16: Water management</p> <p>a) A water management program has been established as part of the overall infection prevention and control program.</p> <p>b) Control measures and testing protocols are in place to address potential hazards associated with the facility's water systems.</p> <p>c) The Maintenance Director serves as the leader of the water management program.</p> <p>The water management program and policy were requested but not received.</p>		