STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245416	A. Building B. Wing	03/27/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Cura of Le Sueur	621 South 4th Street Le Sueur, MN 56058

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)
F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that each resident is free from the use of physical restraints, unless needed for medical treatment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073 Based on observation, interview and document review, the facility failed to assess for potential restraints for 2 of 2 residents (R12 and R20) who used weighted blankets. Findings include: R12's facesheet printed on 3/27/24, included diagnosis of hemiplegia (paralysis of one side of the body) following a cerebral infarction (stroke) affecting her right dominate side. R12's significant change Minimum Data Set (MDS) assessment dated [DATE], indicated R12 was cognitively intact, and required partial/moderate assistance with activities of daily living (ADL's). R12's physician orders did not include the use of a weighted blanket. R12's nursing assessments did not indicate R12 was assessed for safety with a weighted blanket. R12's care plan initiated on 10/23/23, did not include use of a weighted blanket. R12's measured weight was 210.5 pounds on 3/26/24. During an interview and observation on 3/25/24 at 1:48 p.m., R12 was observed resting on her back in her bed. A purple weighted blanket was observed over her. R12 stated the blanket belonged to the facility and she liked using it. A tag on the blanket indicated it was from SensaCalm.com and fit the top of R12's twin-size bed. A tag indicating the weight of the blanket was not observed. During an interview on 3/26/24 at 12:30 p.m., nursing assistant (NA)-D stated she was aware of R12's weighted blanket, but not aware if there were any guidelines around the use of it. During an interview on 3/26/24 at 12:48 p.m., licensed practical nurse (LPN)-A stated she was aware R12 had a weighted blanket and thought it was provided by her family. LPN-A was not aware of any guidelines around the use of weighted blankets. During a telephone interview on 3/26/24 at 1:08 p.m., family member (FM)-C stated he was aware of the purple weighted blanket but didn't know where it came from. (continued on next page)

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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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an observation and interview on 3/26/24 at 1:22 p.m., together with the director of nursing (DON), looked at R12's weighted blanket in her room. The DON stated she would expect a physician order for the blanket and a nursing assessment to have been completed to determine if R12 was able to remove it on her own so that it would not be a restraint. The DON stated the use of a weighted blanket should be included in R12's plan of care and would look at R12's EMR (electronic medical record) to determine if those elements were present. During an interview on 3/26/24 at 1:48 p.m., NA-E stated she was aware of R12's weighted blanket, and it helped R12 feel secure. NA-E stated another resident had one too, R20. During an interview on 3/26/24 at 1:51 p.m., laundry aide (LA)-D stated she was only aware of R12 and R20 having weighted blankets. R20's facesheet printed on 3/27/24, included diagnoses of autistic disorder (developmental disorder that impairs the ability to communicate and interact), cerebral palsy (a congenital disorder of movement and muscle tone), hemiplegia affecting left non-dominate side, schizophrenia (disorder that affects a person's ability to think and behave clearly) and dementia. R20's admission MDS dated [DATE], indicated severe cognitive impairment, unclear speech, was rarely/never understood or understands. R20 was dependent upon staff or required substantial/maximal assistance with ADL's. R20's physician orders did not include the use of a weighted blanket. R20's nursing assessments did not indicate R20 had been assessment for safety with a weighted blanket. R20's care plan initiated on 2/16/2024, did not include use of a weighted blanket. R20's measured weight on 3/26/2024, was 177 pounds. During an observation on 3/26/24 at 1:48 p.m., observed a navy-blue weighted blanket on R20's unmade bed. During an interview on 3/26/24 at 3:20 p.m., the DON acknowledged the facility had not followed their weighted blanket policy. The DON stated for both R12 and R20, there was not a physician order, no risk assessment had been completed to ensure R12 and R20 could remove the blankets on their own, and the blankets were not care-planned. The DON stated she would have expected the policy to be followed. (continued on next page)

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F 0604 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility Weighted Blanket Policy with revised date of 1/2019, indicated a weighted blanket was a therapeutic modality used by applying deep pressure stimulation thus reducing agitation, frustration, and anxiety. Indications for use included agitation, restlessness, altered sleep patterns, anxiety, dementia, and pain. A resident would be identified as a candidate for a weighted modality by the interdisciplinary team. If a weighted modality was appropriate, nursing would obtain an order for use from a physician, a nurse would complete a Physical Device Assessment to ensure resident is able to remove blanket and a resident would be informed they may remove blanket at any time. Nursing would add instructions for use within the care plan and resident kardex. It would include the type of weighted therapy device. For elderly or frail residents, the weight of blanket would be 5-8 pounds. For healthy adults the weight of blanket would be 10% of body weight. Weight should always be comfortable for the resident and can be less than recommendation. Reassess use and complete Physical Device Assessment quarterly and with significant change in status.

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 42073 Based on interview and document review, the facility failed to submit accurate and/or complete data for staffing information, including information for salaried nursing staff, based on payroll and other verifiable and auditable data during 1 of 1 quarter reviewed - Quarter 1, 2024, (October 1 - December 1), to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS. Findings include: The PBJ Staffing Data report indicated the following: 1) No RN Hours on 10/8/23, 12/23/23, 12/24/23, 12/30/23, and 12/31/23. 2) Failed to have Licensed Nursing Coverage 24 Hours/Day on 10/8/23, 11/5/23, 11/18/23, 11/25/23, 12/16/23, 12/23/23 and 12/24/23. During an interview on 3/26/24 at 10:05 a.m., together with the nursing staff scheduler (SS)-E reviewed nursing staff schedules for the dates identified on the PBJ report indicating No RN Hours and Failed to have licensed nursing coverage 24 hours a day. The paper schedules indicated RN coverage and licensed nursing staff coverage for each of the dates. During an interview on 3/26/24 at 10:58 a.m., the PBJ Staffing Data Report was shared with the administrator. The administrator stated corporate managed PBJ data and didn't know how the data was pulled for the report. The administrator stated nursing leadership staff who were salaried had worked the shifts identified on the report and they did not punch a timecard. As a result, their hours might not be reflected in the PBJ data. Timecards of the nursing staff on duty on the dates identified on the PBJ report were requested. During an interview on 3/27/24 at 9:37 a.m., for the salaried nursing leadership staff who did not punch a time clock, verifiable information was requested of the administrator for the shifts worked. Documentation of EMR (electronic medical record) log in and log out times were provided and reviewed for each nurse for each of the dates identified in the PBJ report. Review of documents provided by the administrator indicated: 1) To ensure RN coverage on the dates identified on the PBJ report, reviewed EMR log in/log out times for each of the salaried RN's who were on duty. RN hours on 10/8/23, 12/23/23, 12/24/23, 12/30/23, and 12/31/23, were verified. 2) To ensure licensed nursing coverage 24 hours a day on the dates identified on the PBJ report, reviewed a combination of timecards and EMR log in/log out times for each of the licensed and/or salaried nursing staff on duty. Licensed nursing staff on duty 24 hours a day on 10/8/23, 11/5/23, 11/18/23, 11/25/23, 12/16/23, 12/23/23, and 12/24/23, were verified. (continued on next page)

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	The facility Payroll Based Journal (PBJ) Reporting policy with revised date of 5/2022, indicated the facility would electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data for direct care staffing information, including whether the individual is a registered nurse or licensed practical nurse.

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44630 Based on observation and interview staff failed to ensure mechanical transfer lifts were cleaned after resident use for 2 of 2 residents (R19 and R20) observed for infection control practices. Findings Include: R19's admission Minimum Data Set (MDS) assessment dated [DATE], indicated R19 was cognitively intact, dependent on staff for toileting, required set up or clean up assistance with personal hygiene, substantial/maximal assistance with transfers, and used a wheelchair for mobility. R19's care plan dated 3/22/24, indicated R19 had self-care deficit related to hx (history) of right hip fx (fracture) interventions included locomotion off unit: total dependence in w/c (wheelchair), toileting: assist of two to commode, transfer: assist of two resident performs stand pivot transfers with four wheeled walker and is able to take 3-5 steps as needed, and non-ambulatory. R19's progress note dated 2/27/24 at 10:54 p.m., registered nurse (RN)-A indicated R19 was followed by PT/OT (physical therapy/occupational therapy) to increase her strength, endurance, gait and balance, recommendation today from a hoyer (transfer equipment) lift to the Ezstand (transfer equipment). R20's admission MDS assessment dated [DATE], indicated R20 was rarely/never understood, dependent on staff for toileting, dressing, personal hygiene, transfers, and used a wheelchair for mobility. R20'S care plan dated 3/20/24, indicated self-care deficit related to Cerebral Palsy and interventions included assist of two with Ez-Lift (Hoyer). On 3/25/24 at 2:11 p.m., nursing assistant (NA)-A removed a mechanical lift from R20's room and placed the lift in the hallway and walked away. NA-A stated she was not sure when the lifts were disinfected and what the facility policy was for disinfecting of the mechanical lifts. NA-A confirmed she did not disinfect R20's mechanical lift prior to or after use. On 3/25/24 at 1:47 p.m., trained medication aide (TMA)-A removed a mechanical lift from R19's room placed the mechanical lift in the hallway. TMA-A then was observed to walk down the hallway and there was no cleaning of the mechanical lift observed. TMA-A confirmed she did not disinfect the mechanical lift after use with R19. TMA-A stated mechanical lifts were expected to be disinfected after each resident use. TMA-A stated other residents in the facility might use that same mechanical lift throughout the facility. On 3/25/24 at 5:00 p.m., during an interview NA-B stated staff were not expected to disinfect mechanical lifts after each use and lifts were disinfected when visibility soiled or were in contact with urine. NA-B confirmed she did not disinfect mechanical lifts prior to or after each resident use. (continued on next page)

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F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	On 3/25/24 at 5:02 p.m., observed NA-B ask the director of nursing (DON), when mechanicals lifts were expected to be disinfected. The DON stated it was the expectation staff were to clean mechanical lifts after each resident use and between uses to prevent the spread of infection. The DON stated other residents in the facility use the same lifts and staff were expected to clean mechanical lifts after each resident use. The DON stated disinfectant wipes were available on the mechanical lifts for the staff to use. On 3/25/24 at 5:20 p.m., NA-C removed a mechanical lift from R19's room and placed the lift in the hallway and walked away. NA-C was interviewed and stated mechanical lifts were not disinfected after each resident use, and confirmed she did not disinfect R19's mechanical lift after use. NA-B stated the lifts are disinfected every so often, but not after each resident use. The facility Cleaning of Shared Medical Equipment policy dated 8/21, indicated: Policy: to establish a process for the cleaning of non-critical, reusable shared resident care equipment. In accordance with existing infection prevention and control policies and procedures. Ensure all reusable resident care equipment is routinely cleaned, and when appropriate, disinfected, before and after reuse. Common shared resident care equipment may include: Stethoscopes Glucometers Mechanical lifts