STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245418	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Belgrade Nursing Home	103 School Street Belgrade, MN 56312

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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for residents who are continent or incontinent of bowel/bladder, appropriate catheter care, and appropriate care to prevent urinary tract infections. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49654 Based on observation, interview, and record review the facility failed to comprehensively assess and provide timely treatment of suspected urinary tract infection (UTI) for 1 of 1 residents (R20) who reported UTI symptoms and had repeated infections. Findings include: R20's quarterly minimum data set (MDS) dated [DATE], indicated R20 had a brief interview for mental status (BIMS) score of 15 indicating R20 was cognitively intact. R20 required substantial/maximal assistance with toileting including toilet transfers, incontinent of bladder but was not on a scheduled toileting program. R20's face sheet printed 2/20/25 indicated R20 had the following diagnoses of Type II Diabetes, high blood pressure, and a history of acute cystitis (a sudden inflammation of the bladder, commonly known as a urinary tract infection (UTI)), and history of UTI's. During interview on 2/18/25 at 12:57 p.m., R20 stated she had been having pain and burning when she urinated. R20 stated she had told facility staff 'over the weekend' but nothing had been done and she was still experiencing pain. R20 stated she had UTI's in the past and recognized when she was experiencing related symptoms. R20's historical care plan printed 2/20/25, indicated R20 required extensive staff assistance with toileting to include staff performing peri cares. The care plan also indicated R20 had a history of urinary tract infections with interventions including monitoring for signs and symptoms such as urgency, frequency, pain and dysuria (discomfort or burning during urination). The care plan further indicated R20 had mixed bladder incontinence and required assistance to clean peri area after each incontinent episode. Progress note dated 2/15/25 at 09:48 a.m., indicated R20 reported complaints of discomfort and burning during urination. Progress note dated 2/15/25 at 9:52 a.m., revealed staff nurse requested an order for a urinalysis and urine culture (UA/UC-a test that identifies a urinary tract infection). Progress note dated 2/18/25 at 04:02 a.m., indicated R20 continued to report burning and itching with urination and staff would update physician with change in status via fax to check for possible UTI. Progress note dated 2/18/25 at 10:15 a.m., indicated the physician had approved an order for a UA/UC to check R20 for UTI. (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 0690 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 2/19/25 at 04:22 p.m., licensed practical nurse (LPN)A stated if a resident had complaints of burning or pain with urination the physician would be updated of the resident's change, and a request would be made for an order for a UA/UC. LPN-A stated the process is the same on the weekend as during the week. LPN-A went on to state a UA/UC is included in standing orders if a resident is symptomatic. LPN-A stated this was to ensure no delay in identifying or treatment if a provider was not immediately available. LPN-A stated she collected the urine sample on the evening shift of 2/18/25, however this was not taken to the lab until sometime the next day. During interview on 2/20/25 at 09:53 a.m. director of nursing (DON) stated staff were expected to assess a resident using LOEB's criteria (a set of clinical guidelines used to help healthcare providers determine when to initiate antibiotic therapy in long term care facilities) for residents reporting signs or symptoms of a UTI, and document those findings in the medical record for other staff would have access to that information. DON confirmed R20's chart did not contain documentation of LOEB's criteria being completed. DON stated staff could contact a provider over the weekend to obtain orders and could also transport a urine sample to the lab for analysis. DON confirmed R20's medical record lacked any follow up from the initial request for a UA/UC on 2/15/25 and stated four days was too long to wait to do anything. DON stated it was important to take immediate action with reported symptoms to prevent sepsis related to a bladder infection. Facility document titled Belgrade Nursing Home Standing orders included the following: Suspect urinary tract infection or resident has symptoms: Cath PRN for UA/UC urine specimen.

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F 0757 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident's drug regimen must be free from unnecessary drugs. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49035 Based on interview and document review, the facility failed to identify indications (reason) for medications for 1 of 5 residents (R14) reviewed for unnecessary medications. Findings include: R14's admission Minimum Data Set (MDS) dated [DATE], included R14 had moderate cognitive impairment and diagnoses of hypertension, depression, and schizoaffective disorder. R14's order summary report dated 2/14/25, included amlodipine besylate (used to treat high blood pressure) 10 milligrams (mg) one tab by mouth every morning, lisinopril (used to treat high blood pressure) 10 mg one tab by mouth every morning, and psyllium (often used to treat constipation) 400 mg capsule give one by mouth at bedtime. All medication orders failed to include reason for use or associated diagnosis. During interview on 2/20/25 at 9:29 a.m., registered nurse (RN) case manager (CM)-A stated all orders were entered either by the case manager or a floor nurse with a new admission. Orders are then checked by two additional staff members. Orders should have had an associated diagnosis or reason for use. The provider should have been updated for clarification for any missing diagnosis. CM-A confirmed R14 did have multiple medications missing a reason for use associated with them. CM-A confirmed this should have been noticed and corrected within 14 days of admission. During interview on 2/20/25 at 12:26 p.m., director of nursing (DON) stated new admission orders were typically entered by case manager upon admission. Any missing diagnosis or order confusion should have been clarified by a provider. All orders should have been double or triple checked after being entered. The DON confirmed some of the orders for R14 were missing a diagnosis. The DON stated it was important to have the diagnosis in the order so everyone would know why the medication was being given. Facility policy transcribing/processing doctor's orders dated 2/20/25, included to remember the diagnosis with all orders received and to call to clarify orders with a provide.

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49035 Based on interview and document review, the facility failed to identify indications (reason) for medications for 1 of 5 residents (R14) reviewed for unnecessary psychotropic medications. Findings include: R14's admission Minimum Data Set (MDS) dated [DATE], included R14 had moderate cognitive impairment and diagnoses of hypertension, depression, and schizoaffective disorder. R14's order summary report dated 2/14/25, included deutetrabenazine 18 mg one tab by mouth every morning, risperidone 3 mg give one tablet by mouth two times a day, and trazodone 100 mg give one tablet by mouth at bedtime. All medication orders failed to include reason for use or associated diagnosis. During interview on 2/20/25 at 9:29 a.m., registered nurse (RN) case manager (CM)-A stated all orders were entered by the case manager or a floor nurse with a new admission. Orders are then checked by two additional staff members. Orders should have had an associated diagnosis or reason for use. The provider should have been updated for clarification for any missing diagnosis. CM-A confirmed R14 did have multiple medications missing a reason for use associated with them. CM-A confirmed this should have been noticed and corrected within 14 days of admission. During interview on 2/20/25 at 12:26 p.m., director of nursing (DON) stated new admission orders are typically entered by case managers upon admission. Any missing diagnosis or order confusion should have been clarified by a provider. All orders should have been double, or triple checked after being entered. The DON confirmed some of the orders for R14 were missing a diagnosis. The DON stated it was important to have the diagnosis in the order so everyone would know why the medication was being given. Facility policy transcribing/processing doctor's orders dated 2/20/25, included to remember the diagnosis with all orders received and to call to clarify orders with a provide.

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F 0838 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct and document a facility-wide assessment to determine what resources are necessary to care for residents competently during both day-to-day operations (including nights and weekends) and emergencies. 49657 Based on record review, and interview the facility failed to conduct and document a comprehensive facility-wide assessment which included all necessary components to provide adequate care and services to the residents in the facility. The deficient practice had the potential to affect all 22 residents in the facility. Findings include: Review of the facility's facility assessment on 2/19/25, showed it did not include the following requirements: 1) No input received or requested from the residents or resident families during the creation of the assessment. 2) No recruitment or retention plan for employees. 3) No contingency plan for staffing that does not evoke the emergency preparedness plan. On 2/19/25 at 5:15 p.m., the administrator confirmed they did not use or request input from residents or residents families to help create and complete their facility assessment. Furthermore, the administrator confirmed they did not have a recruitment and retention plan, or contingency staffing plan in place. A facility assessment policy was requested, and none was provided.