STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Give residents notice of Medicaid/Medicare coverage and potential liability for services not covered. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657 Based on interview and document review, the facility failed to ensure the Skilled Nursing Facility Advanced Beneficiary Notice-Centers for Medicare and Medicaid-10055 (SNFABN-CMS-10055) was provided to 2 of 3 residents (R194 and R195) reviewed for beneficiary notices. Findings include: R194's discharge Minimum Data Set (MDS) dated [DATE], indicated R194 was admitted on [DATE] and discharged on [DATE]. R194's Notice of Medicare non-coverage form-CMS-10123 (NOMNC-CMS-10123), undated, indicated R194's services would end on [DATE]. However, R194 remained in the facility until [DATE]. R194's undated SNF Beneficiary Protection Notification Review form, indicated the facility/provider initiated the discharge from Medicare Part A when benefit days were not exhausted. R194's medical record lacked evidence the SNFABN-CMS-10055 was provided to R194 or their representative as required. R195's death in facility tracking record MDS dated [DATE], indicated R195 was admitted on [DATE] under the Medicare A benefit which may cover up to 100 days according to cms.gov, and died in the facility on [DATE]. R195's NOMNC-CMS-10123, undated, indicated R195's services would end on [DATE]. R195's progress note dated [DATE], indicated R195 entered hospice care, 9 days after services ended. R195's medical record lacked evidence the SNFABN-CMS-10055 was provided to R195 or their representative as required. On [DATE] at 10:28 a.m., the director of social services (SS)-A confirmed R194 and F195 were not provided with a SNFABN-CMS-10055 and SS-A was unaware they needed to be provided. SS-A voiced the importance of providing the SNFABN-CMS-10055 to give the residents adequate time to plan for their discharge and/or appeal if they wish, and it was the residents rights to receive these notifications. (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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0582 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On [DATE] at 09:47 a.m., The administrator stated they were aware the SNFABN-CMS-10055 were not being provided appropriately, and they had recently delegated the task of developing a process to an employee, however it was not in place at the time of the survey. The administrator stated their expectation was for the SNFABN-CMS-10055 to be provided when residents go onto and come off Medicare part A services. The Medicare Advance Beneficiary and Medicare Non-Coverage Notices policy last revised [DATE], indicated if the facility believes Medicare will not pay for an otherwise covered skilled services, the resident was notified in writing why the service may not be covered and the resident's potential liability for payment of the non-covered services.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44645 Based on interview and document review, the facility failed to ensure a written notification of transfer was provided for 1 of 3 residents (R7) upon transfer to the hospital. In addition, the facility failed to notify the Ombudsman for Long Term Care (LTC) of resident transfers to the hospital for 1 of 3 residents (R7), reviewed for hospitalization . This had the potential to affect all residents transferred to hospital. Findings include: R7's quarterly Minimum Data Set (MDS) dated [DATE], indicated R7 was cognitively intact. Diagnoses included diabetes, cerebral infarction (stroke), bipolar disorder, and chronic obstructive pulmonary disease (COPD). R7's clinical record indicated R7 was hospitalized from 9/4/24 through 9/6/24. R7's discharge MDS dated [DATE], indicated R7 had an unplanned discharge to a short-term general hospital and return was anticipated. R7's record lacked progress notes which indicated the circumstances of the transfer to the hospital on 9/4/24. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 9/6/24. However, R7's record lacked evidence a written notification of transfer was provided to the resident and/or resident representative. Additionally, R7's record lacked evidence the Ombudsman for LTC was notified of transfer to the hospital. R7's clinical record indicated R7 was hospitalized from 8/23/24 through 8/24/24. R7's discharge MDS dated [DATE], indicated R7 had a planned discharge to a short-term general hospital and return was anticipated. R7's record lacked progress notes which indicated the circumstances of the transfer to the hospital on 8/23/24. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 8/24/24. However, R7's record lacked evidence a written notification of transfer was provided to the resident and/or resident representative. Additionally, R7's record lacked evidence the Ombudsman for LTC was notified of transfer to the hospital. R7's clinical record indicated R7 was hospitalized from 7/10/24 through 7/12/24. R7's progress note dated 7/10/24 at 1:02 p.m., indicated R7 was sent to the hospital due to chest pain per physician orders. A subsequent progress note dated 7/12/24 at 8:06 p.m., indicated R7 was readmitted to the facility following hospitalization for atrial fibrillation. However, R7's record lacked evidence a written notification of transfer was provided to the resident and/or resident representative. Additionally, R7's record lacked evidence the Ombudsman for LTC was notified of transfer to the hospital. R7's clinical record indicated R7 was hospitalized from 6/6/24 through 6/7/24. R7's discharge MDS dated [DATE], indicated R7 had an unplanned discharge to a short-term general hospital and return was anticipated. R7's record lacked progress notes which indicated the circumstances of the transfer to the hospital on 6/6/24. R7's progress note dated 6/7/24 at 11:05 p.m., indicated R7 returned to the facility via stretcher accompanied by 3 EMS (emergency medical transport). However, R7's record lacked evidence a written notification of transfer was provided to the resident and/or resident representative. Additionally, R7's record lacked evidence the Ombudsman for LTC was notified of transfer to the hospital. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R7's clinical record indicated R7 was hospitalized from 2/10/24 through 2/16/24. R7's progress note dated 2/10/24 at 5:26 p.m., indicated R7 was sent to the hospital due to uncontrolled pain in left leg per provider order. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 2/16/24. However, R7's record lacked evidence a written notification of transfer was provided to the resident and/or resident representative. Additionally, R7's record lacked evidence the Ombudsman for LTC was notified of transfer to the hospital. through 1/30/24. R7's discharge MDS dated [DATE], indicated R7 had an unplanned discharge to a short-term general hospital and return was anticipated. R7's record lacked progress notes which indicated the circumstances of the transfer to the hospital on 1/26/24. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 1/30/24. However, R7's record lacked evidence a written notification of transfer was provided to the resident and/or resident representative. Additionally, R7's record lacked evidence the Ombudsman for LTC was notified of transfer to the hospital. R7's clinical record indicated R7 was hospitalized from 10/21/23 through 11/7/23. R7's progress note dated 10/31/23 at 2:05 p.m., indicated R7 left for a surgical procedure at 5 a.m., related to right calf ulcer. R7's discharge MDS dated [DATE], indicated R7 had a planned discharge to a short-term general hospital and return was anticipated. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 11/7/23. However, R7's record lacked evidence a written notification of transfer was provided to the resident and/or resident representative. Additionally, R7's record lacked evidence the Ombudsman for LTC was notified of transfer to the hospital. On 10/16/24 at 2:00 p.m., the administrator verified Notice of Transfer forms were not provided to R7 and/or responsible party upon transfers for emergent and therapeutic hospitalization s on 9/4/24, 8/23/24, 7/10/24, 6/6/24, 2/10/24, 1/26/24, and 10/21/23. The administrator stated notice of transfer should have been completed by the floor nurses upon transfer, and it was important for residents to be informed and given the opportunity to decline. Additionally, the administrator acknowledged the facility had not been notifying the ombudsman of resident transfers for hospitalization . On 10/16/24 at 4:01 p.m., the director of social services verified the ombudsman notice of transfer had not been submitted to the ombudsman for R7's hospitalization s, and the ombudsman should have been notified monthly of transfers to an acute care facility. The ombudsman should have been notified so they were aware of the resident's transfer so they could contact the resident to determine if they needed any additional services or if any ombudsman follow-up was needed. The facility's Transfer or Discharge policy revised 10/22, indicated a notice of transfer for emergent or therapeutic leave is provided to the resident/representative as soon as practicable before the transfer and to the long-term care (LTC) ombudsman when practicable (e.g., monthly).

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44645 Based on interview and document review, the facility failed to provide a written notice of a bed hold at the time of transfer for hospitalization for 1 of 3 residents (R7) reviewed for hospitalization . Findings include: R7's quarterly Minimum Data Set (MDS) dated [DATE], indicated R7 was cognitively intact. Diagnoses included diabetes, cerebral infarction (stroke), bipolar disorder, and chronic obstructive pulmonary disease (COPD). R7's clinical record indicated R7 was hospitalized from 9/4/24 through 9/6/24. R7's discharge MDS dated [DATE], indicated R7 had an unplanned discharge to a short-term general hospital and return was anticipated. R7's record lacked a progress note indicating the reason for the transfer to the hospital on 9/4/24. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 9/6/24. However, R7's recorded lacked evidence a bed hold notice was provided to the resident and/or responsible party at the time of transfer for hospitalization . R7's clinical record indicated R7 was hospitalized from 8/23/24 Through 8/24/24. R7's discharge MDS dated [DATE], indicated R7 had a planned discharge to a short-term general hospital and return was anticipated. R7's record lacked a progress note indicating the reason for the transfer to the hospital on 8/23/24. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 8/24/24. However, R7's recorded lacked evidence a bed hold notice was provided to the resident and/or responsible party at the time of transfer for hospitalization . R7's clinical record indicated R7 was hospitalized from 7/10/24 through 7/12/24. R7's progress note dated 7/10/24 at 1:02 p.m., indicated R7 was sent to the hospital due to chest pain per physician orders. A subsequent progress note dated 7/12/24 at 8:06 p.m., indicated R7 was readmitted to the facility following hospitalization for atrial fibrillation. However, R7's recorded lacked evidence a bed hold notice was provided to the resident and/or responsible party at the time of transfer for hospitalization . R7's clinical record indicated R7 was hospitalized from 6/6/24 through 6/7/24. R7's discharge MDS dated [DATE], indicated R7 had an unplanned discharge to a short-term general hospital and return was anticipated. R7's record lacked a progress note indicating the reason for the transfer to the hospital on 6/6/24. R7's progress note dated 6/7/24 at 11:05 p.m., indicated R7 returned to the facility via stretcher accompanied by 3 EMS (emergency medical transport). However, R7's recorded lacked evidence a bed hold notice was provided to the resident and/or responsible party at the time of transfer for hospitalization . (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R7's clinical record indicated R7 was hospitalized from 2/10/24 through 2/16/24. R7's progress note dated 2/10/24 at 5:26 p.m., indicated R7 was sent to the hospital due to uncontrolled pain in left leg per provider order. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 2/16/24. However, R7's recorded lacked evidence a bed hold notice was provided to the resident and/or responsible party at the time of transfer for hospitalization . R7's clinical record indicated R7 was hospitalized from 1/26/24 through 1/30/24. R7's discharge MDS dated [DATE], indicated R7 had an unplanned discharge to a short-term general hospital and return was anticipated. R7's record lacked a progress note indicating the reason for the transfer to the hospital on 1/26/24. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 1/30/24. However, R7's recorded lacked evidence a bed hold notice was provided to the resident and/or responsible party at the time of transfer for hospitalization . R7's clinical record indicated R7 was hospitalized from 10/21/23 through 11/7/23. R7's progress note dated 10/31/23 at 2:05 p.m., indicated R7 left for a surgical procedure at 5 a.m., related to right calf ulcer. R7's discharge MDS dated [DATE], indicated R7 had a planned discharge to a short-term general hospital and return was anticipated. R7's entry tracking MDS dated [DATE], indicated R7 returned from short-term general hospital on 11/7/23. However, R7's recorded lacked evidence a bed hold notice was provided to the resident and/or responsible party at the time of transfer for hospitalization . On 10/16/24 at 2:00 p.m., the administrator verified bed hold notices were not provided to R7 and/or responsible party upon transfers for hospitalization on [DATE], 8/23/24, 7/10/24, 6/6/24, 2/10/24, 1/26/24, and 10/21/23. The administrator stated bed hold notice at time of transfer for hospitalization was important so residents were made aware they can return to the facility, any cost to them to hold the bed, and provided the opportunity to decline a bed hold. On 10/16/24 at 4:01 p.m., the director of social services stated the floor nurses were responsible for obtaining bed hold notices at the time of transfer for hospitalization , and it was important for residents to know they would not be discharged and could return to the facility and know the cost for holding the bed. The facility's Bed-Holds and Returns policy revised 10/22, indicated residents, regardless of payer source, are provided written notice about these policies at least twice: notice 1 - well in advance of any transfer (e.g., in the admission packet); and notice 2 - at the time of transfer (or, if the transfer was an emergency, within 24 hours). Multiple attempts to provide the resident/representative with notice 2 should be documented in cases where staff were unable to reach and notify the resident/representative timely. The facility's Transfer or Discharge policy revised 10/22, indicated a notice of bed hold for emergent or therapeutic leave is provided to the resident/representative within 24 hours of transfer.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44645 Based on interview and document review, the facility failed to ensure physician orders were followed for 1 of 1 residents (R7) reviewed for skin conditions. Findings include: R7's quarterly Minimum Data Set (MDS) dated [DATE], indicated R7 was cognitively intact. Diagnoses included diabetes, cerebral infarction (stroke), bipolar disorder, and chronic obstructive pulmonary disease (COPD). R7's progress note dated 10/5/24 at 10:23 p.m., indicated R7 called 911 at 7:50 p.m. R7 wanted to go to the hospital because the cream (ammonium lactate) that was applied to her legs made them feel numb. R7's progress note dated 10/6/24 at 2:00 p.m., indicated R7 returned from the hospital at 1:30 p.m., with no change in condition noted, no new orders, and still complained of pain in her legs. During observation on 10/13/24 at 2:52 p.m., R7's lower extremeties were swollen and red with multiple blisters covering both legs from under the knees to the ankles. On 10/13/24 at 3:07 p.m., R7 stated approximately a week prior, she had call 911 because she had throbbing, burning pain in both of legs and feet, and had spent the night in the hospital due to the condition and pain. She needed to stay in bed due to pain when her legs were not elevated, and had an appointment with the wound clinic on 10/14/24. On 10/16/24 at 9:35 a.m., R7 stated the wound clinic physician told her that the old cream that had been ordered (ammonium lactate) caused the issue of blisters and pain in her legs. R7's Wound Clinic After Visit Summary dated 10/14/24, indicated the following skin care plan was ordered for R7's bilateral lower extremities: - skin care outside of clinic performed by facility staff - mild compression is recommended - can be removed at night and put back on first thing in the morning - avoid use of ammonium lactate topical due to history of blistering with use - moisturize daily with general lotion (such as Cetaphil or CeraVe) - gently wash legs/feet with wash cloth to displace flaky dry skin which will resolve with consistent care - compression will assist swelling reduction which in turn will minimize risk for wound recurrence (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R7's progress noted dated 10/14/24 at 12:17 p.m., indicated R7 had been seen by the wound clinic, no open areas were seen and no new dressing was ordered, an order for mild compression and R7 returned with Spandage white netting, and a box was placed in R7's room for morning cares. Recommendation to moisturize skin daily with CeraVe or Cetaphil after general cleanse, and orders were applied to PCC [PointClickCare clinical charting system]. However, the recommendation to avoid use of Ammonium Lactate was not indicated in the progress note. R7's October 2024 Treatment Administration Record (TAR) indicated Ammonium Lactate External Cream 12% had been applied topically at bedtime to R7's legs and feet on 10/14/24 and 10/15/24. However, the wound clinic provider had indicated the use of Ammonium Lactate should have been discontinued on 10/14/24. On 10/16/24 at 11:44 a.m., the director of nursing (DON) verified R7's TAR indicated Ammonium Lactate cream had been applied to R7's legs/feet on 10/14/24 and 10/15/24. DON stated she would have expected the nurse to discontinue the order for Ammonium Lactate, or if the nurse was unsure, the Ammonium Lactate should have been placed on hold while the nurse clarified the order with the provider. The facility's Administering Medications policy, revised 4/2019, indicated medications were administered in accordance with prescriber orders.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0732 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Post nurse staffing information every day. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657 Based on document review and interviews the facility failed to ensure the required staffing information was posted daily. This had the potential to affect all 41 residents residing in the facility and their visitors who may wish to review the information. Findings include: During review of the staff posting documentation from April, May, June, and August 14th through October 14th the facility failed to provide evidence of the staff postings for the following dates: April: 6th, 7th, 13th, 14th, 20th, 21st, 27th, and 28th of 2024. May: 4th, 5th, 11th, 12th, 18th, 19th, 25th, and 26th of 2024. June: 1st, 2nd, 8th, 9th, 14th, 15th, 16th, 22nd, 23rd, 29th, 30th of 2024. August: 17th, 18th, 24th, 25th, and 31st of 2024. September: 1st, 7th, 8th, 14th, 15th, 21st, 27th, 28th, 29th of 2024. October: 5th, 6th, and 12th of 2024. On 10/16/24 at 4:11 p.m., the staffing coordinator (O)-C confirmed they had not been completing the staff posting on the weekends and was unaware it was required to be posted daily. On 10/17/24 at 9:47 a.m., the administrator expected the staff posting to be displayed every day. During the week the staffing coordinator was responsible for completing it and on the weekends the north nurse was to be completing and posting the staff posting. The administrator stated they were unaware the posting had not been completed on the weekends and it was important to post the staffing information to know they had enough nursing staff on site and to ensure the information was available for family and visitor to review if they wish to do so. The Daily Posting of Nursing Hours Policy dated 12/12/2022, indicated it was the policy of New [NAME] Care Center to post the staffing numbers of licensed and non-licensed nursing personnel for each shift per Centers for Medicare and Medicaid guidelines.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure drugs and biologicals used in the facility are labeled in accordance with currently accepted professional principles; and all drugs and biologicals must be stored in locked compartments, separately locked, compartments for controlled drugs. 44645 Based on observation and interview, the facility failed to ensure insulin flexpens and eye drops were appropriately labeled with an opened on date to prevent expired medications from being administered in 3 of 3 medication carts. In addition, the facility failed to ensure controlled substances were stored in a manner to reduce the risk of theft and/or diversion in 1 of 3 medication carts, and 1 of 1 medication refrigerators. This had the potential to effect all residents. Findings include: On 10/15/24 at 7:36 a.m., the medication cart located on the [NAME] wing was reviewed. Licensed practical nurse (LPN)-A stated the top drawer contained an opened multidose bottle of Dorzolamide-timolol 2-0.5% eye drops. However, it had not been labeled with the date the bottle had been opened. On 10/16/24 at 4:26 p.m., the medication cart located on the East wing was reviewed. LPN-C stated the cart contained an opened Ozempic 4 mg/3 mL (insulin) flexpen. The flexpen and/or box had not been labeled with the date the insulin had been opened. On 10/16/24 at 4:42 p.m., the medication cart located on the North wing was reviewed. Registered nurse (RN)-A stated the second drawer on the left contained an emergency kit (e-kit) which contained controlled substances. However, the e-kit was not secured in a separately locked, permanently affixed compartment as required. Additionally, an opened bottle of Latanoprost 0.0005% eye drops had not been labeled with the date the eye drops had been opened. RN-A confirmed the e-kit was not stored in a secured, separately locked compartment as required, and the eye drops had not been labeled with the date they had been opened. On 10/16/24 at 3:28 p.m., the director of nursing (DON) stated licensed staff were expected to write the date a multi-dose vial had been opened or accessed on the product label. Additionally, licensed staff were expected to review the opened date prior to administration of a multi-dose vial so they could be properly discarded within 28 days unless the manufacturer specifies differently. At 4:56 p.m., a review of the locked medication room located on the North wing was completed with the DON. The DON opened the unlocked medication refrigerator and found four bottles of unopened liquid Ativan (controlled substance) inside a separate, permanently affixed compartment. DON stated it was unlocked and all controlled substances should be locked in a separate, permanently affixed compartment to prevent diversion. Manufacturer's directions included disposal of opened Ozempic after 56 days. Drugs.com included direction for dispose of Dorzolamide-timolol after expiration date, and Latanoprost 6 weeks after opening. The facility's Medication Labeling and Storage policy, revised 2/2023, indicted multi-dose vials that have been opened or accessed are dated and discarded within 28 days unless the manufacturer specifies a shorter of longer date for the open vial. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0761 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	The facility's Controlled Substances policy, revised 11/2022, indicated controlled substances are separately locked in permanently affixed compartments. All keys to controlled substance containers are on a single key ring that is different from any other keys.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 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. 49657 Based on interview and document review the facility failed to submit any data for staffing information, including information for agency and contract staff, based on payroll and other verifiable and auditable data, during 1 of 1 quarter reviewed (quarter 3), to the centers for Medicare and Medicaid Services (CMS) according to specifications established by CMS. Findings Include: Review of the Payroll Based Journal Report (PBJ) [NAME] Report 1705D for quarter 3 2024 (April 1st through June 30th), identified no data had been submitted. As a result, the metric for excessively low weekend staffing, Registered Nurse (RN) hours and licensed nursing coverage was suppressed for the quarter. On 10/17/24 at 09:43 a.m., the human resources specialist (O)-B stated they were responsible for gathering and submitting the data for each quarter to CMS. O-B confirmed they had forgotten the last step and did not submit it to CMS for quarter 3. O-B stated the importance of completing and submitting this information because it could interfere with the facility's overall star rating, admissions related to the rating, and accurate staffing information being presented to the public and CMS. On 10/17/24 at 09:47 a.m., the administrator confirmed the PBJ information had not been submitted for quarter 3 of 2024, and their expectation was for it to be completed by the deadline. The Staffing, Sufficient and Competent Nursing policy last revised August 2022, lacked specific information regarding submission requirements.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49654 Based on observation, interview, and record review the facility failed to maintain infection control measures when performing wound care for 1 of 1 residents (R25) reviewed for wound care. Findings include: R25's annual minimum data set (MDS) dated [DATE], identified R25's cognition as intact and included diagnoses of diabetes mellitus (a blood disorder characterized by impaired ability of the body to maintain proper levels of sugar in the blood), heart failure and hypertension. Further, R25 had a stage 4 full thickness pressure ulcer (an injury to the skin and tissue due to pressure on the skin for a long time) with exposed bone, tendon, or muscle. R25's current care plan identified R25 had skin alteration related to stage 4 sacral ulcer. Nursing staff were to keep skin clean and dry, provide wound care per orders, observe for changes and update provider as needed. Furthermore, R25 was to receive a skin assessment per protocol and nursing staff to observe skin with personal cares. R25's nurse practitioner (NP) orders dated 10/7/24, indicated R25 needed daily dressing changes to his stage 4 pressure ulcer, required an air mattress, and was followed weekly by the wound team. A wound progress note dated 10/14/24, indicated R25 required daily foam dressing changes, instructed nursing staff to keep skin clean and dry, and R25 would continue to be followed weekly by wound care team. During observation on 10/15/24 at 8:28 a.m., licensed practical nurse (LPN-A) and LPN-B completed R25's dressing change. R25 was positioned lying in bed on his left side, exposing his buttocks towards LPN-A. A yellow disposable chux pad (a disposable absorbent sheet designed to protect surfaces) was observed tucked under R25's left hip/buttocks. A brown and grayish tan substance was noted on the chux pad. LPN-A and LPN-B performed hand hygiene and applied clean gloves. LPN-B opened dressing packages and handed LPN-A a clean chux pad; LPN-A unfolded the clean chux pad and placed it over the outer edge of the dirty yellow chux pad leaving the brown and grayish tan substance uncovered. LPN-A removed the dressing from R25's buttocks exposing the stage 4 pressure ulcer to the open air. Behind and slightly to the right of LPN-A was a free-standing oscillating fan that was turned on and blowing directly at R25's exposed wound. LPN-A sprayed wound cleaner on clean 4x4 gauze and wiped R25's wound beginning at the inner most area of wound working her way towards outer edges. LPN-A repeated this process three times and then dabbed the wound with clean, dry 4x4 gauze. LPN-B then applied an absorbent foam dressing to cover the wound. LPN-B did not initial or date the dressing. LPN-A and LPN-B removed gloves and performed hand hygiene. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 10/15/24 at 8:28 a.m., LPN-B stated R25 wouldn't allow staff to remove the soiled chux pad and replace it with a clean one during dressing changes. LPN-B stated R25 did not allow staff to touch his things or turn off the fan. LPN-B stated if she could shut off the fan, she would. However, she did not ask R25 for permission and therefore left the fan on. Further, LPN-B stated R25's wound was routinely followed by the wound nurse. LPN-A stated the nursing staff would cleanse the outer aspect of the wound and complete the outer foam dressing changes daily. LPN-A stated R25 would not let her shut off the fan, however, then confirmed she had not asked to shut the fan off during dressing changes. LPN-A stated if left on, the fan could blow germs and bacteria all over the place. During interview on 10/15/24 at 2:30 p.m., director of nursing (DON) stated her expectation was to remove all soiled chux pads prior to a clean dressing change. She went on to state nursing staff should be dating and initialing all dressings so all staff would know who performed and when the last dressing change was completed. Furthermore, DON stated she expected staff to shut off any fans during dressing changes so air was not blowing directly into an open wound. DON stated this was important because a fan could blow bacteria or debris into the wound and potentially cause an infection. A policy regarding wound dressing changes was requested but not provided by the end of the survey.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0882 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Designate a qualified infection preventionist to be responsible for the infection prevent and control program in the nursing home. 44645 Based on interview and document review, the facility failed to ensure the acting infection preventionist (IP) had completed specialized training in infection prevention and control. This had the potential to affect all 41 residents residing in the facility. Findings include: On 10/17/24 at 9:59 a.m., the interim director of nursing (DON) stated the DON and assistant director of nursing (ADON) shared IP duties. The DON stated she had not completed specialized training in infection prevention and control. On 10/17/24 at 10:29 a.m., the administrator stated the DON and the ADON had not completed specialized training in infection prevention and control. A policy related to infection preventionist specialized training was requested, but not provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245421	A. Building B. Wing	10/17/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
New Brighton Care Center	805 Sixth Avenue Northwest New Brighton, MN 55112

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 0883 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement policies and procedures for flu and pneumonia vaccinations. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44645 Based on interview and document review, the facility failed to ensure 2 of 5 residents (R2, R3) reviewed for immunizations were offered and/or provided the pneumococcal vaccine series as recommended by the Centers for Disease Control (CDC) to help reduce the risk of associated infection(s). Findings include: A CDC Pneumococcal Vaccine Timing for Adults feature dated 3/15/2023, identified various tables when each (or all) of the pneumococcal vaccinations should be obtained. This identified when an adult over [AGE] years old, or an adult 19-[AGE] years old with specified immunocompromising conditions, had received the complete series (i.e., PPSV23 and PCV13) then the patient and provider (shared clinical decision-making) may choose to administer Pneumococcal 20-valent Conjugate Vaccine (PCV20). R2's quarterly Minimum Data Set (MDS) dated [DATE], indicated R2 was [AGE] years old and diagnoses included chronic obstructive pulmonary disease (COPD) and chronic respiratory failure. R2's immunization report, dated 10/17/24, indicated R2 received PPSV23 on 9/7/2017 and PCV13 on 12/18/2010. The record lacked evidence of shared clinical decision-making with the physician for PCV20 at least 5 years after the last pneumococcal dose. The record lacked evidence that R2 was offered or received PCV20. R3's quarterly MDS dated [DATE], indicated R3 was [AGE] years old and diagnoses included the following specified immunocompromising conditions: chronic respiratory failure and heart failure. R3's immunization report, dated 10/17/24, indicated R3 received PPSV23 on 5/21/09 and PCV13 on 8/24/18. The record lacked evidence of shared clinical decision-making with the physician for PCV20 at least 5 years after the last pneumococcal dose. The record lacked evidence that R3 was offered or received PCV20. On 10/17/24 at 9:59 a.m., director of nursing/infection preventionist (DON/IP) verified R2 and R3 had not been offered or provided education on PCV20, and there had been no shared clinical decision-making with the resident providers regarding pneumococcal immunizations. The DON/IP stated the PCV20 vaccine should have been offered when the resident became eligible and pneumococcal immunizations were important to maintain resident health. The facility's Pneumococcal Vaccine policy revised 3/22, indicated all residents are offered pneumococcal vaccines to aid in preventing pneumonia/pneumococcal infections in accordance with current CDC recommendations.