STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245422	A. Building B. Wing	01/09/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Milaca Elim Meadows Health Care Center	730 Second Street Southeast Milaca, MN 56353

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 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured. 20794 Based on interview and document review, the facility failed to ensure a comprehensive, person-centered care plan was developed, accurate, and revised to assure assessed care needs were implemented for 1 of 2 residents (R54) reviewed for care planning. Findings include: R54's Admission Minimum Data Set (MDS), 12/09/2024; indicated R54 had diagnoses including coronary artery disease (CAD), depression, anxiety and asthma. In review of R54's Face Sheet, print date of 1/08/25, additional diagnoses included emphysema, malignant neoplasm of unspecified part of unspecified bronchus or lung and a personal history of nicotine dependence. Upon entering R54's room for an interview on 1/06/25 at 2:21 p.m., R54's person smelled of cigarette smoke. R54 stated that she had just come back from the outside resident smoking area. R54 stated that she has not smoked as much since admission due to the cold weather, and mainly smokes late afternoon / early evening when family and friends visit. A review of R54's Smoking Risk assessment, dated 12/17/24, resident's smoking frequency of smoking was dependent on R54's stress level. R54 agreed to allow the unit nurse to store her cigarettes and lighter during her stay when not outside smoking. The facility deemed R54 to be able to smoke independently. However, review of R54's care plan (creation date of 12/19/24) and the nursing assistant care sheet for the unit, it was noted both lack documentation that R54 was a smoker. Attempts were made throughout survey (1/06/25 - 1/09/25) to observed R54 smoking, however, do to the cold temperatures, R54 did not go outside to smoke. During an interview on 1/08/25 at 10:47 a.m., nursing assistant (NA)-A and registered nurse (RN)-A, reviewed the unit's nursing assistant care sheet (undated). Both NA-A and RN-A verified the care sheet did not identify R54 as a smoker. However, both staff members were aware of R54 being a smoker. (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0656 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 1/08/25 at 11:05 AM, the unit manager (LPN)-A and director or nursing (DON) were noted to be sitting in the unit managers office. The unit manager, after review of R54's care plan, verified the resident's care plan did not address R54 as a smoker and what if anything the facility staff (including agency pool staff) needed to do to monitor R54. Both staff members stated it was important to have the information available to assure resident safety and whereabouts when smoking. In review of the facility's policy, entitled: Care Plan and Baseline Care Plan (last revised 10/14/22) indicted the following: 3. The interdisciplinary team, in conjunction with the resident, resident's family, significant other or resident representative, shall develop a comprehensive person-centered care plan for each resident. This comprehensive care plan will be in the [electronic health record] by day 21 of the stay or 7 days after completion of the comprehensive initial MDS, whichever comes first. 4. The resident care plan is constantly changing. It should be updated routinely in the electronic record to reflect resident's current condition. The resident care plan is reviewed for accuracy, updated with quarterly MDS review, and all other scheduled MDS assessments.