

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245424	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/01/2025
NAME OF PROVIDER OR SUPPLIER Presbyterian Homes of Arden Hills		STREET ADDRESS, CITY, STATE, ZIP CODE 3220 Lake Johanna Boulevard Arden Hills, 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)
<p>F 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618</p> <p>Based on interview and record review, the facility failed to immediately consult with the resident's physician for a need to alter treatment significantly for one of one resident (R1) reviewed. This practice resulted in a delay of treatment to R1's pressure ulcers.</p> <p>Findings include:</p> <p>R1's face sheet indicated R1 was admitted to the facility on [DATE] with a primary diagnosis of unspecified atrial fibrillation. R1's additional diagnoses included chronic kidney disease stage 3 and spinal stenosis, sarcoidosis of other sites.</p> <p>R1's progress note dated 4/22/25 at 9:40 a.m. indicated medical director (MD)-A reviewed R1's sacral ulcer. Progress note indicated the pressure ulcer was red that extended out from the wound under four centimeters with moderate odor and drainage on the dressing. The progress note indicated the facility staff, or the MD would be calling nurse practitioner (NP)-A to arrange wound clinic visit or hospitalization for debridement soon.</p> <p>R1's progress note dated 4/22/25 at 9:49 a.m. indicated R1 was seen by MD that day for a pressure ulcer to his left glute/sacral area and the MD recommended R1 to be sent to the hospital for wound debridement.</p> <p>R1's progress note dated 4/22/25 at 9:54 a.m. indicated orders were requested from NP-A to send R1 to the hospital for wound debridement that was recommended by MD-A. The progress note indicated the facility staff was waiting for orders.</p> <p>R1's progress note dated 4/22/25 at 2:54 p.m. indicated NP-A had called the facility back and gave R1 a referral to the wound center.</p> <p>R1's provider visit note dated 4/23/25 indicated there had been a rapid deterioration of R1's pressure ulcer. NP-A noted R1 had an ulceration located on his left buttock that was no stageable. NP-A noted the pressure ulcer bed was covered with large eschar tissue, surrounding skin was inflamed, foul odor was noted, and small drainage was noted. NP-A recommended R1 to be sent to the hospital for debridement.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's progress note dated 4/23/25 at 12:34 p.m. indicated R1 was sent to the hospital at 11:18 a.m. per NP-A's order due to the deterioration of R1's pressure ulcer on R1's buttocks.</p> <p>During an interview on 4/30/25 at 10:43 a.m., registered nurse (RN)-B stated MD-A recommended R1 to be transferred to the hospital but NP-A didn't want to send him to the hospital because NP-A was going to be at the facility on 4/23/25 and wanted to look at the pressure ulcer first.</p> <p>During an interview on 4/30/25 at 4:13 p.m., RN-C stated he worked with R1 and MD-A on 4/22/25. MD-A did not say R1's pressure ulcer was urgent. RN-C needed to inform NP-A about MD-A's recommendations so the facility could get orders from NP-A to send him to the hospital. RN-C stated it was protocol getting orders from NP-A to send R1 to the hospital even if MD-A gave orders to send R1 to the hospital.</p> <p>Attempts to interview NP-A on 5/1/25 at 8:39 a.m. but was not successful.</p> <p>During an interview on 5/1/25 at 8:54 a.m., MD-A stated clinical administrator (CA)-A asked if he could visit R1 due to R1's pressure ulcers. MD-A saw R1, and his pressure ulcer was large, soft slough, eschar, some odor, and surrounding erythema. MD-A stated he thought this wound was outside his expertise and had given the facility an order to send R1 to the hospital right away that same day. MD-A stated it was not appropriate to send R1 to the hospital over twenty-four hours after he gave the order. MD-A stated he was not informed by the facility that NP-A had disagreed with his recommendations of sending R1 to the hospital right away. MD-A stated he thought the facility had sent R1 to the hospital right after MD-A left the facility.</p> <p>During an interview on 5/1/25 at 9:30 a.m., CA-A stated MD-A wanted her to contact NP-A to get orders to send R1 to the hospital. The facility did not want to send R1 to the hospital because when residents usually go to the emergency room, they will always send them back with no treatment. CA-A stated she wanted R1 to be directly admitted to the hospital or directly to the wound clinic.</p> <p>Policy Communication and Notification- Staff, Practitioners, and Resident Representatives dated 7/2024 indicated staff would notify the practitioner any time there is a significant change in clinical condition including but not limited to a need to discontinue or change an existing form of treatment due to adverse consequences, or to initiate a new form of treatment and any other time there was a significant change in status from the plan of care.</p>		