

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Koda Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE 2255 30th Street NW Owatonna, MN 55060	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40614</p> <p>Based on observation, interview and document review the facility failed to provide a dignified dining experience for 1 of 1 resident (R57) who required a general soft and bite size texture diet.</p> <p>Findings Include:</p> <p>R57's face sheet dated 4/22/24, included diagnoses of hemiplegia and hemiparesis (mild to complete loss of strength on one side of the body) following cerebral infarction (stroke) affecting right dominant side.</p> <p>R57's Minimum Data Set (MDS) dated [DATE], indicated R57 usually is understood and understands. R57 had no behaviors and requires set up and cueing with eating and has no swallowing difficulty.</p> <p>R57's provider orders dated 3/25/24, included thin liquids, and 5/21/24, soft and bite size texture meals.</p> <p>R57's care plan dated 4/1/24, included alternation in nutrition/hydration related to multiple medical problems that may affect nutritional intakes. Interventions included diet as ordered. Honor food preferences as able. Feeding assistance as needed.</p> <p>During observation of the noon meal on 6/4/24 at 12:10 p.m., R57 was sitting in the dining room with 3 other residents at a table. R57 was served her lunch which was ground steak bites and asparagus. R57 grabbed waiter's arm, crying and shaking stating look at this, they are treating me like a baby. R57 stated this is not how her food is suppose to be. Nursing assistant (NA)-A took her meal back to the culinary aide (CA)-D. CA-D indicated this was the meal that was sent from the kitchen as R57 had difficulty with her breakfast this morning. CA-D contacted the culinary director (CD)-A. LPN-B indicated R57 has a soft food, bite size diet order but confirmed the meal she was served was ground food. LPN-B stated R57 did have difficulty with her breakfast but was related to the cheese with her meal.</p> <p>On 6/4/24 at 12:18 p.m., the CD arrived on the unit and indicated the meat served today had gristle present, which can be difficult to chew. CM indicated they tend to error on the side of caution when serving this type of meat and confirmed the meat and asparagus were of ground consistency, not soft and bite size. CM indicated R57 is on a Level 6 diet, which is soft, and cut into bite size pieces.</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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/4/24 at 12:30 p.m., R57 was served cut up steak bites and asparagus and staff were instructed to sit with R57 while she ate for supervision.</p> <p>During interview on 6/4/24 at 2:45 p.m., CD-A stated R57 was given a level 5 diet (minced or ground, soft, moist and easy to chew food) today but refused to eat it so was given a level 6 (soft and easy to chew foods that are moist and tender) but then required a staff member to supervise while she ate her meal. CD-A indicated they use a Robot Coupe (industrial food processor), and chop into bite size small pieces of food. CD-A stated if you continue to process it will be a level 5 diet which is ground and if continue it will become pureed. CD-A indicated it is all in how long you run the processor. The registered dietician (RD)-B indicated it is better to go down a level of texture for safety reasons.</p> <p>During interview on 6/4/24 at 3:29 p.m., R57 denied having problems swallowing her breakfast and stated they just hurry her up to much. R57 stated she doesn't like her food chopped up because she can't get a hold of it and feed herself. R57 stated they chopped it up today like baby food and I don't want my food like that as it makes me feel like a little kid. R57 was teary eyed when discussing her meal.</p> <p>During interview on 6/5/24 at 9:47 a.m., speech therapy (ST)-C indicated R57 has no issues with swallowing, but the diet order is related to her physically being able to cut her food up herself into bite size pieces. ST-C indicated R57 does have esophageal mobility issues so requires smaller bites of foods and she should avoid foods that are hard to chew. ST-C indicated she had talked to CD-A regarding serving the steak bites and that the facility either needed to stop serving them or get a better quality of meat. ST-C indicated they could have added moisture such as gravy to the meat to make it more tender for R57.</p> <p>During interview on 6/5/24 at 2:00 p.m., CD-A indicated he should have checked with R57 before serving her a different level texture diet.</p> <p>During interview on 6/6/24 at 11:02 a.m., the director of nursing (DON) indicated she would expect dietary staff to check with the resident or offer an alternative before altering the texture of the food. The DON indicated they should have definitely checked with the resident before to make sure she is aware of the risks if she does choose to eat meat with gristle present.</p> <p>The facility Meal Service policy undated, included the scope of meal service is to provide a diverse and nutritionally balanced menu that caters to the dietary requirements and preference of residents. Offer choices for residents with specific dietary needs including .medically prescribed diets. Conduct regular audits of the meal service process to ensure adherence to established standards. Assess factors such as food quality, presentation, timeliness of service and compliance with dietary requirements.</p>		

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<p>F 0641</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure each resident receives an accurate assessment.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40614</b></p> <p>Based on interview and document review, the facility failed to ensure resident status was accurately identified on the Minimum Data Set (MDS) assessment for 2 of 2 residents (R62, R23) reviewed for mood and behaviors, specifically post traumatic stress disorder (PTSD).</p> <p>Findings include:</p> <p>R62's Face Sheet printed 6/6/24, indicated admitted was 1/26/24, and diagnoses included spinal stenosis with neurogenic claudication (space around the lower spine narrows causing pressure on the spinal cord and nerves that go through it), depression and post traumatic stress disorder (mental health condition that develops following a traumatic event).</p> <p>R62's quarterly Minimum Data Set (MDS) dated [DATE], section I, active diagnosis list did not include post traumatic stress disorder.</p> <p>R23's Face Sheet printed 6/6/24, included an active diagnosis of post-traumatic stress disorder (PTSD), dated 7/28/16.</p> <p>R23's quarterly MDS assessment dated [DATE] section I, active diagnosis list did not include post traumatic stress disorder.</p> <p>During interview on 6/5/24 at 10:15 a.m., registered nurse (RN)-D, also identified as clinical reimbursement manager, confirmed both R62 and R23 had an active problem in the last 60 day visit note from the provider. RN-D indicated it has to be on the most current provider note or it doesn't get marked on the MDS.</p> <p>During interview on 6/6/24 at 10:53 a.m., the director of nursing (DON) and RN-C, also identified as regional director of clinical services, both indicated if the diagnosis of PTSD is listed on the diagnosis list as active it should be marked on the MDS.</p> <p>A policy on MDS was requested and none received.</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Create and put into place a plan for meeting the resident's most immediate needs within 48 hours of being admitted</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40614</p> <p>Based on interview and document review, the facility failed to offer/provide a summary of the baseline care plan to the resident and/or resident representative for 2 of 2 residents (R57, R35) reviewed who were newly admitted to the facility.</p> <p>Findings include:</p> <p>R57's Face Sheet dated 4/22/24, identified an admitted [DATE] and readmission on 4/22/24, with diagnoses of cerebral infarction (stroke) affecting right dominant side, heart failure, corticobasal degeneration (areas of the brain shrinks with nerve cells breaking down and dying) abdominal pain, aphasia (inability to speak well), major depressive disorder and generalized anxiety disorder.</p> <p>R57's admission Minimum Data Set (MDS) dated [DATE], identified R57 had clear speech and usually is understood and understands. R57 is wheelchair dependent and walking was not assessed. R57 had impairment on both upper extremities. R57 was cognitively intact and had no behaviors.</p> <p>R57's care plan dated 5/20/24, indicated R57 was at high risk for falling and required assist of one staff and non-mechanical lift to sit to stand. R57 required assist of one with grooming. Ambulation was not included in the plan of care.</p> <p>When interviewed on 6/4/24 at 3:29 p.m., R57 stated she never received a copy of her baseline or current plan of care and would like to have one. R57 added they never keep her up to date on what is going on and she wants to know.</p> <p>A progress note dated 5/15/24 at 2:00 p.m. by registered nurse (RN)-B indicated the resident, social services, writer was present along with family members via phone. The documentation did not include that a copy of the care plan was shared with those attending.</p> <p>R35's Face Sheet, printed 6/6/24, indicated an admitted [DATE] with diagnoses including rhabdomyolysis (breakdown of skeletal muscle to due to muscle injury), peripheral autonomic neuropathy disorders of nerves that control the organs of the body), repeated falls and limitation of activities due to disability.</p> <p>R35's significant change MDS dated [DATE], identified R35 understands and is understood and had adequate hearing and vision. R35 had no behaviors and requires supervision/touching for walking and transfers.</p> <p>R35's care plan last reviewed 6/4/24, indicated R35 had limited ability to maintain personal hygiene and staff are to provide cueing and assistance as needed. R35 is on a walking program two times per day with assist of 1 using a gait belt for transferring.</p> <p>During interview on 6/3/24 at 1:07 p.m., R35 indicated she never received a copy of her care plan on admission or since that time.</p> <p>(continued on next page)</p>		

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<p>F 0655</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note dated 3/15/24 at 1:44 p.m. by social services indicated R35 attended her care conference along with nursing and therapy. The progress note did not include that a copy of the baseline care plan was shared with R35 or others who attended.</p> <p>During interview on 6/5/24 at 12:32 p.m., registered nurse (RN)-C also identified as the regional director of clinical services confirmed there was no progress note for the initial care conference meeting. RN-C stated several copies of the initial care plan are handed out at the initial care conference so whomever attends the care conference receives a copy. RN-C indicated there is no formal documentation that a copy is given to them or if they refuse the copy or not. RN-C indicated the care conference note of who attended is in the EMR so whoever was present should have gotten a copy of the care plan.</p> <p>During interview on 6/5/24 at 1:30 p.m., RN-B, also identified as clinical manger, indicated she attends care conferences, is responsible for the baseline care plan for those admitted directly to her unit but does not hand out copies of the care plan unless the resident requests a copy. RN-B indicated the initial plan of care is discussed with those in attendance but not signed or given to the resident or family.</p> <p>The facility Resident/Family Participation in Care Planning policy dated 10/2/23, included:</p> <ul style="list-style-type: none"> <li>-Residents are informed of their rights and actively participate in person centered care planning per their discretion.</li> <li>-The resident has the right to see the care plan, including the right to sign after changes to it and to receive the services and/or items included in the plan.</li> <li>-The resident has the right to be informed, in advance, of the care to be furnished, the type of care giver or professional that will furnish care, and of changes to the plan of care.</li> <li>-Care conference documentation includes that staff resident and others that participate.</li> </ul>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40614</p> <p>Based on interview and document review, the facility failed to ensure staff provided restorative services to meet the assessed needs for 1 of 2 residents (R35) reviewed for restorative services.</p> <p>Findings include:</p> <p>R35's face sheet printed on 6/5/24, indicated diagnoses of idiopathic peripheral autonomic neuropathy (damage of nerves that causes numbness, pain and balance issues), osteoporosis (bones become weak and brittle), repeated falls and unsteadiness on feet.</p> <p>R35's significant change Minimum Data Set (MDS) assessment dated [DATE], included R35 is understood and understands, has intact cognition, no behaviors including refusal of care and requires supervision for transfers, walking in her room and hallways 10 to 50 feet.</p> <p>R35's care plan dated 6/4/24, indicated R35 is limited in wheelchair mobility related to debility and is on the walk list. Interventions included ambulation two times per day with assist of one, using front wheeled walker, distance as tolerated with a wheelchair to follow.</p> <p>A progress note dated 4/11/24 at 11:20 a.m., by certified occupational therapy assistant (COTA)-I included please add R35 to walk list two times per day with assist of one via front wheeled walker to a distance as tolerated with wheelchair to follow. She is assist of one for all cares.</p> <p>A progress note dated 4/15/24 at 3:03 p.m., by occupational therapist (OT)-H included R35 was discharged from skilled services today. Use one assist with transfers for safety with wheelchair. Recommend staff continue with walk list with front wheeled walker and assist of one to a distance as tolerated.</p> <p>During observation and interview on 6/3/24 at 1:11 p.m., R35 was seated in her wheelchair in her room and stated staff never walk me. R35 pointed to a board on the wall that stated walk two times per day with wheelchair to follow. R35 added she really wants to go home and the only way to do that is by walking.</p> <p>During observation 6/3/24 at 5:10 p.m., R35 was observed wheeling herself out to the dining room for supper.</p> <p>During observation and interview 6/4/24 at 10:40 a.m., R35 was in the hallway in her wheelchair and wheeled self into her room. R35 stated she hasn't been walked in weeks. R35 stated she wheels herself to the dining room for all her meals because staff don't have time to walk her there.</p> <p>During observation and interview on 6/5/24 at 7:45 a.m., R35 was in her room sitting in her wheelchair. R35 stated she was not walked at all yesterday.</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 6/5/24 at 8:23 a.m., nursing assistant (NA)-A indicated she walks R35 to the dining room and back every day. NA-A stated R35 is to be walked twice a day so the next shift does her other walk.</p> <p>During observation and interview on 6/5/24 at 8:30 a.m., R35 walked with assist of NA-A to the dining room using front wheeled walker. R35 stated this is the first time she has been walked to the dining room.</p> <p>During interview on 6/6/24 at 8:08 a.m., NA-E and NA-F stated they do walk R35 in the hallway and R35 is usually cooperative.</p> <p>During interview on 6/6/24 at 8:42 a.m., registered nurse (RN)-B, also identified as clinical manager, indicated she has never witnessed staff actually walking R35 in the hallway but would expect the staff to walk her twice a day per the plan of care and document if she refuses. RN-B indicated she has not reviewed point of care documentation to ensure the walking program is being completed.</p> <p>Review of documentation for walking in corridor included:</p> <p>April 11-30, 2024 - walked twice in corridor.</p> <p>May 1-31, 2024 - 0 walks were recorded with 5/21, 5/30 and 5/31 documented as deferred due to condition.</p> <p>June 1-6, 2024 - Walked on 6/5 and 6/6. On 6/4 documentation included deferred due to condition.</p> <p>During interview on 6/6/24 at 11:01 a.m., the director of nursing stated she would expect staff to walk R35 per the care plan and walking program.</p> <p>The facility Restorative Nursing Program policy dated 10/4/23, included:</p> <ul style="list-style-type: none"> <li>- The purpose of the restorative nursing program is to promote an optimal level of physical, mental and psychosocial functioning in alignment with the resident's individual goals.</li> <li>-Registered nurse will complete an assessment of restorative functioning for new admissions, readmission, and upon a significant change in status.</li> <li>-Monthly the registered nurse will evaluate the restorative nursing program to determine if the program should be continued as outlined, a goal has been changed, or a new goals has been implemented.</li> <li>-Quarterly the MDS will review the restorative care plans, point of care tracking and nursing evaluation.</li> <li>-A registered nurse will provide oversight to the program to ensure the restorative interventions are being implemented as planned.</li> </ul>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44630</p> <p>Based on observation, interview and document review the facility failed to comprehensively assess a resident for safe vaping practices for 2 of 2 residents (R7, R23) reviewed for accidents.</p> <p>Findings include:</p> <p>R7's annual Minimum Data Set, dated dated [DATE], indicated R7 exhibited rejection of care one to three days out of seven, dependent on staff for toileting, lower body dressing, chair to bed transfer, toilet transfer; required substantial/maximal assistance with shower, eating, oral hygiene, independent with motorized wheelchair/scooter, diagnoses included multiple sclerosis (disabling disease of the brain and spinal cord), depression, no tobacco use, and no history of falls.</p> <p>R7's care plan dated 3/12/23, indicated R7 had diagnosis of Multiple Sclerosis and currently prescribed medical cannabis in which family obtains and resident administers independently, facility to follow policy relating to MN law and Statute 152.21-.37.</p> <p>Progress note dated 1/19/24 at 2:20 p.m., social services (SS)-B indicated he attempted to speak with R7 this afternoon regarding vaping concerns, and to ask permission to reach out to his family members to explore non-smokable THC options. However, R7 did not want to speak with this writer.</p> <p>Progress note dated 1/19/24 at 9:55 a.m., registered nurse (RN)-B indicated provided education to R7 about facility being a smoke/vape free campus. R7 had been seen on various occasions vaping this week. Staff provided education to R7 upon each occurrence. R7 stated Yeah yeah I know what it is. and zoomed wheelchair away and will update social service designee about situation for follow up.</p> <p>Progress noted dated 3/15/24 at 8:10 p.m., RN-B indicated R7 was observed vaping in the hallway outside wellness, R7 was educated that it is unacceptable to vape in the building. R7 educated he needs to vape outside of facility property, laughed and stated doesn't matter and wheeled off in power wheelchair.</p> <p>R7's medical record review indicated lack of a vaping assessment, R7's refusal of vaping assessment, and ways to monitor and re-evaluate resident vaping to ensure safety.</p> <p>On 6/3/24 at 1:57 p.m., R7 stated he vaped medical marijuana outside daily. R7 stated during the winter he did not go outside to vape, but then leg cramps returned and started vaping again once the weather was nice. R7 was seated in motorized wheelchair in his room and on his bedside table a vape was observed and R7 confirmed that was the vape he used for his medical marijuana. R7 confirmed did not use gummies.</p> <p>On 6/4/24 at 11:29 a.m., nursing assistant (NA)-B stated R7 vaped in his room and inside the facility, and confirmed RN-B, the DON and administrator were aware of R7 vaping in the facility.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/4/24 at 11:52 a.m., R7 stated he used a vape to smoke his medical marijuana. R7 stated up until recently he had been vaping inside the facility and then was instructed by facility staff he could not vape inside and stated he signed a sheet that acknowledged he would not vape inside the facility. R7 stated he had not been assessed by the facility to use the vape and kept the vape in his possession and stated he had no incidents with the vape pen he used. R7 stated he followed the facility policy and went outside and off facility property when he vaped. R7 stated he obtained a prescription for medical marijuana through a provider and his family obtains the medical marijuana from a dispensary. R7 confirmed he was responsible for the medical marijuana and the facility did not have anything to do with his medical marijuana. R7 confirmed the facility was aware he used a vape.</p> <p>On 6/4/24 at 12:05 p.m. licensed practical nurse (LPN)-B stated he was aware R7 vaped inside the facility and about two weeks ago he observed R7 vape inside and notified registered nurse (RN)-B. LPN- B stated the facility did not handle or have any responsibility for R7's vaping medical marijuana. LPN-B confirmed facility leadership staff were aware R7 vaped inside the facility.</p> <p>On 6/4/24 at 12:36 p.m., RN-B stated was not aware R7 currently vaped, and stated she thought the form of R7's medical marijuana was a gummy. RN-B stated she was not sure the last time she observed R7 vape inside or outside the facility and stated she would expect R7's care plan to include vaping. RN-B stated R7 was last known to vape inside the facility about one month ago and stated she educated R7 he was not allowed to vape inside the facility. RN-B stated when she attempted to assess or discuss with R7 regarding his vaping he would tell her not to worry about it. RN-B stated the social worker, director of nursing (DON) administrator had educated R7 vaping was not allowed inside the facility, and stated R7 had refused a vaping assessment in the past.</p> <p>On 6/4/24 at 12:35 p.m., RN-B stated she was the care coordinator for Aspen and Dawn units and stated she was not aware of any residents that actively smoked or vaped. RN-B stated she rarely saw R7 at the facility and stated R7 knew had to go off facility property to vape medical cannabis. RN-B further discussed the last form of medical cannabis she was aware R7 used was in a form of a gummy or a capsule. RN-B stated within the last two weeks staff had not told her R7 had vaped inside of the facility. RN-B confirmed she had observed R7 vape inside the facility in the past but could not recall the last time, and stated when R7 was observed to vape in the facility R7 was educated that smoking and vaping was not allowed inside the facility. RN-B stated R7 was resistive to talk to her and would tell her not to worry him vaping, and then takes off away from her in his electric scooter. RN-B stated the last time she could recall him using medical marijuana was over a month ago. RN-B stated R7 had been education by social services, the DON and administrator vaping was not allowed inside the facility. RN-B confirmed vaping should be treated like smoking and expected residents assessed for safe use.</p> <p>(continued on next page)</p>		

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NAME OF PROVIDER OR SUPPLIER  Koda Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  2255 30th Street NW Owatonna, MN 55060	
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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/4/24 12:56 p.m., during and interview with the DON and RN-C, known as the regional director of clinical services, stated they were unaware of any residents who smoked or vaped and stated they had allegations of R7 and R23 vaping. The DON stated R7 had medical cannabis in a different form that she did not think was vaped, however the facility was not responsible for R7's medical cannabis. The DON stated RN-C notified her of R7 vaping over a month ago and stated she was not aware R7 went outside daily to vape. The DON stated she understood that R7 did not use a vape for his medical cannabis and had it in a different form. RN-C stated she would expect RN-B to be aware of the residents on her unit and update the care plan to include vaping, and notify the DON and administrator to work on the issue. The DON stated social services, RN-B and herself had a past conversation with R7 that he was not allowed to vape on facility property and there was a potential for him to be evicted if he continued.</p> <p>On 6/4/24 1:19 p.m., SS-B confirmed he was aware of issues with R7 and R23 vaping inside the facility and stated he had made a couple attempts to talk R7 and R23 and both are resistant to share information with the facility staff. SS-B stated R7 refused quarterly evaluations and care conferences, and refused to speak to himself and RN-B. SS-B stated he was unsure of last time staff made him aware that R7 vaped inside the facility, and stated there was a progress note in the electronic medical record dated 3/23/24, and indicated R7 was seen vaping in hallway outside of wellness room of the facility. SS-A stated himself, DON, and RN-B educated R7 on the policy for vaping and R7 signed a document that came from corporate release of liability on 10/23. SS-B stated R7 had a prescription for medical marijuana that he vaped previously. SS-B stated R7 was educated he can not vape or smoke inside the building as this is safe environment regulation. SS-B stated leadership staff including the DON and administrator discussed the vaping concerns, and offered policy to R7 and R7 signed a waiver. SS-B stated difficult approaching R7 with anything, ignored staff or moved away from staff.</p> <p>On 6/4/24 at 1:38 p.m., the administrator stated aware of R7 vaping months ago and she thought it had ended. The administrator stated his vaping had been addressed so many times and was not notified of any recent vaping. The administrator verified R7 was educated he couldn't vape in his room, inside the facility or on campus. The administrator stated she would not know how to do an assessment for R7's vaping medical cannabis and confirmed the facility was not responsible to have any management with R7's medical marijuana.</p> <p>On 6/4/24 at 2:18 p.m., RN-C stated the last communication from RN-B to the to IDT Team was on 3/15/24, regarding R7 vaping and stated RN-B had a progress note reeducating R7 on facilities policies on 3/15/24, and stated she was not aware of any further communication brought forward regarding R7 and vaping. RN-C confirmed there were no smoking/vaping assessments on file.</p> <p>On 6/5/24 7:43 a.m., NA-C stated R7 vaped daily and had heard staff discuss R7 vaping inside the facility. NA-C stated leadership staff had educated R7 he was not allowed to vape inside the facility.</p> <p>On 6/5/24 at 8:05 a.m., NA-D stated he observed R7 vape in his room about two weeks ago and did not tell other staff at the time, because management knows its a problem and they are trying to solve the problem. NA-D stated the administrator, DON, RN-B have all educated him and tried to stop R7 from vaping in the facility and he does not comply.</p> <p>On 6/05/24 at 8:09 a.m., during an interview social services (SS)-B stated R7 refused attempts staff had made with him to do any type of an assessment.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/5/24 at 9:06 a.m., during a phone interview medical doctor (MD)-G stated R7 used an electronic cigarette or a vape for medical cannabis, and was ordered by another provider. MD-G stated she did not assess or discuss with R7 his use of vaping medical cannabis. MD-A stated staff had discussed with her the concern about R7 vaping indoors, and stated she does not have a concern with R7 safely using a vape and the concern was with air quality for the other residents. MD-A stated she had no safety concerns with R7 vaping.</p> <p>On 6/5/24 at 9:17 a.m., the administrator stated she was notified of R7's vaping inside the facility by RN-B about six weeks to two months ago. The administrator confirmed there was not an assessment of R7's vaping, and stated the facility was not responsible for R7's medical cannabis. The administrator stated she expected staff to document attempts of R7 vaping in the facility or attempts to complete an assessment of R7 vaping. The administrator stated she was not sure how to go about completing an assessment of a resident vaping medical cannabis.</p> <p>40614</p> <p>R23's Face Sheet printed 6/6/24, included diagnoses of quadriplegia (paralysis that affects all limbs and body from the neck down), complex pain syndrome, psychosis (loss of contact with reality) not due to a substance or known physiological condition.</p> <p>R23's quarterly MDS dated [DATE], indicated R23 exhibited rejection of care one to three days out of seven and verbal behaviors directed towards others 4-6 days out of 7. R23 was dependent on staff for toileting, lower body dressing, chair to bed transfer, toilet transfer; required substantial/maximal assistance with shower, partial to moderate assist with personal hygiene. Diagnoses included seizure disorder, malnutrition and depression and no tobacco use.</p> <p>R23's care plan dated 3/26/24, indicated R23 had socially inappropriate/disruptive behavioral symptoms as evidenced by resident being non compliant with rules, as it is recommended that resident does not smoke due to not being safe with lighting and holding cigarette. R23 will seek out staff to assist her despite facility policy. Interventions include resident will not exhibit smoking on premises or seek out staff to assist her in smoking. Maintain a calm environment and approach the resident and ask if she would like to have smoke aides and if so obtain orders. Educate the resident that the facility is a non smoking facility.</p> <p>R23's medical record lacked documentation over the past year of any attempts to assess safety with vaping/smoking. The plan of care addressed R23 was unsafe to smoke, but did not address vaping.</p> <p>A physician progress note dated 5/23/24, included tobacco use and cannabis mild use disorder (abuse) uncomplicated with overview stating she vapes cannabis with another resident off the nursing home grounds.</p> <p>Physician orders did not include medical cannabis or vaping of any products.</p> <p>A progress note dated 12/20/23 at 8:05 a.m., RN-B, also identified as clinical manager, indicated wellness staff, unidentified, approached her to inform her that she has reminded and educated R23 on three different occasions in the last 24 hours about the facility being a smoke free campus, and that resident needs to go off campus to smoke. Resident continues to be noncompliant. Staff educated to continue informing her if resident is witnessed smoking or vaping.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note dated 12/21/23 at 11:24 a.m., RN-B indicated a conversation occurred with family member (FM)-L, who was not aware R23 was smoking anything more than her cigarettes when she was going outside with them. FM-L was not aware of increase in verbal aggression. FM-L was read the no-smoking contract and verbalized understanding. FM-L was informed the same form was read to R23 who refused to sign the document. FM-L also verbalized he will be attempting to have a conversation with R23's friend who visits every weekend and R23 to make sure they are aware they can not be doing things that could or are detrimental to R23's health and her ability to continue living at the facility.</p> <p>A progress note dated 12/21/23 at 2:54 p.m., SS-B indicated at approximately 10:30 a.m., R23 was approached and SS-B began reading the Resident Agreement of Non-Smoking Campus and Actions document. R23 interrupted stating she wasn't going to sign it. SS-B continued to read the agreement so R23 understood what the document was and R23 interrupted several times stating you can go now. SS-B continued to read the document and R23 appeared as though showing possible verbal and physical signs of acute anxiety. SS-B finished document and R23 stated You can do whatever the hell you want and refused to sign the document and left the area.</p> <p>A Resident Agreement of Non-Smoking Campus and Actions form included R23's name and the facility related to the agreement. Execution where the resident would sign included refused to sign, and form was signed by SS-B, dated 12/21/23.</p> <p>A progress note dated 1/1/24 at 5:20 a.m., RN-B indicated upon entering R23's room, R23 hid a teal colored vape pen under her blankets. R23 stated oh I better be careful with that or you'll tell on me. Resident educated that the facility is a smoke free campus and she needs to go outside off campus to smoke cigarettes or vape. Resident stated I did go outside yesterday to smoke cigarettes and it colder than hell out, I am not going out there. RN-B restated clean air act/smoke free campus policy and resident stated I don't give a . [foul language used] about it. I do what I want. RN-B asked resident where she is getting the vape pens. Resident stated None of your business, I don't want you to find out.</p> <p>A progress note dated 1/3/24 at 7:30 a.m., RN-B indicated nursing assistant (NA), unidentified, reported resident was vaping in room this morning upon their entry to answer her call light to get her up for the day. NA reminded resident about no smoking policy and resident laughed and stated yeah yeah yeah just get me up. RN-B discussed policies with resident again around 10:15 a.m. Resident stated I don't care, I know, it's so damn cold out, I will not go outside. I just be sneaky about it. Writer discussed policy again and resident stated Don't care, don't waste your talking. and drove power wheel chair off unit to wellness room.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A progress note dated 3/15/24 at 2:30 p.m., RN-B indicated R23 was seen vaping in neighborhood living area. Resident was educated on facility being a smoke free facility and the clean air act states no vaping or smoking in buildings. Resident laughed and said whatever. R23's friend (O)-M was contacted who stated yes he is the one bringing this resident her vape pens. O-M declined to state what the pens are when asked if they are tobacco or CBD (cannabidiol - non-psychoactive compound in cannabis that helps with pain, anxiety ) or tetrahydrocannabinol (THC - psychoactive drug from the cannabis plant). O-M became very upset and got verbally aggressive on phone. SS-B present at time of phone call, attempted to reiterate before O-M became upset and stated well whatever, its whatever. I have things to do. and hung up the phone. RN-B went to R23's room and provided education about not smoking/vaping in the building and that resident needs to go outside off campus to smoke or vape. R23 became upset and stated I don't have to move, I will live here. Any problems send the administrator in here.</p> <p>A progress note dated 3/18/2024 at 8:15 a.m., RN-B indicated R23 was witnessed vaping in the hallway outside of wellness room this morning. Provided education to resident that she can not be vaping in the building and needs to go outside off campus to vape or smoke. Resident laughed and said yeah yeah yeah, whatever as she drove away in power wheelchair.</p> <p>On 6/5/24 at 8:20 a.m. R23 refused to speak with surveyor.</p> <p>On 6/6/24 at 9:20 a.m., R23 again refused to speak with surveyor.</p> <p>During interview on 6/4/24 at 11:45 a.m., NA-F stated she has witnessed R23 vaping something in her room about two or three months ago but was unsure what it was. NA-F indicated she never told anyone about it.</p> <p>During interview on 6/4/24 at 11:53 a.m., NA-A indicated she has never witnessed R23 vaping inside but has witnessed her outside vaping but not smoking. NA-A is unsure if it is medical marijuana or tobacco that R23 is vaping.</p> <p>During interview on 6/4/24 at 12:35 p.m., RN-B indicated no one currently smokes or vapes on Aspen and Dawn, which is the two units she manages. RN-B stated she does have two residents who have a history of vaping and smoking. RN-B indicated she spoke with R23 and asked her if she continued to smoke or vape and she said nope now just get out of here. RN-B indicated she did witness R23 four to six weeks ago in the living room area vaping but not since that time. RN-B indicated she wasn't aware of what product R23 was vaping. RN-B indicated smoking and vaping should both be assessed for safe use, which R23 has refused to cooperate with, and staff should be documenting it as a behavior if witnessed and reported to her.</p> <p>During interview on 6/4/24 at 12:56 p.m., the DON indicated there is no one in the facility who smokes currently but there have been allegations regarding two residents vaping on the long term care wings. The DON indicated there have been multiple conversations with R23, FM-L, and O-M who brings whatever she is vaping in for her. The DON indicated it has been over a month since any new reports have been made to her. The DON stated even if vaping/smoking is periodic, a plan of care should be in place and a smoking/vaping safety assessment attempted. The DON confirmed there was no evidence of a smoking/vaping safety assessment in the medical record or refusal.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 6/4/24 at 1:19 p.m., SS-B indicated he is aware of R23 vaping in the building. SS-B indicated he was made aware by staff reports. SS-B indicated R23 will get verbally aggressive when asked about vaping in the building. SS-B stated they spoke to FM-L regarding R23 vaping and stated FM-L is at a loss of what to do. SS-B stated FM-L has talked to R23 about stopping and she denies any vaping. SS-B indicated he was concerned where R23 is getting whatever it is she is vaping but is frequently seen with R7 in and out of the building. SS-B indicated the past incidents were reported to administrator and DON and feel they need further guidance on what else to do at this point. SS-B indicated there should be a plan of care addressing R23's vaping if there isn't one.</p> <p>During interview on 6/4/24 at 1:38 p.m., the administrator indicated she was aware of R23 vaping a few months ago but thought it had ended. The administrator indicated it has been addressed many times and had not been made aware of anything recent. The administrator stated R23 will not disclose what she is vaping or what she has in her room, and frequently refuses to cooperate with staff. The administrator indicated she would expect R23's vaping to be addressed in a behavioral plan of care and that R23 refuses to cooperate with smoking/vaping safety assessments.</p> <p>During interview on 6/5/24 at 9:17 a.m., the administrator indicated it was six weeks to 2 months ago when she was last notified of anyone vaping in the building. The administrator indicated R23 has a right to her privacy and staff can not just go look through her possessions. The administrator stated she won't share with us what the product is she has been witnessed vaping and attempts at conversations with her have always ended with her refusing to share any information. The administrator indicated in the past when trying to have conversations about her vaping inside the building, R23 will state she is done with the conversation.</p> <p>The facility Non-Smoking - Smoke Free Campus policy dated 2024, indicated:</p> <p>Policy: No smoking, no use of tobacco or cannabis products, and no use of electronic cigarettes are allowed in the buildings or on the grounds of the community.</p> <p>Procedure:</p> <ol style="list-style-type: none"> <li>1. Residents and their responsible parties are notified of the smoke-free campus and no smoking rules prior to admission.</li> <li>2. Residents who wish to continue to smoke must leave the community property to smoke.</li> <li>3. Residents leaving the community are asked to sign in and out.</li> <li>4. Residents admitted , who have been previous smokers/ tobacco users, are supported with smoking cession including orders from the attending physician.</li> <li>5. Residents will be evaluated/assessed for safe smoking practices and ability to smoke independently if they choose to do so when they are off campus.</li> <li>6. Based on the assessment, the resident may be provided equipment to aid in safety (such as a smoking apron) when they choose to smoke while off campus.</li> </ol> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>7. Because Community is a non-smoking campus, the Community does not provide direct supervision for smokers who choose to smoke off campus, even if the assessment has determined they have identified unsafe smoking practices. Alternatively, the Community staff will consult with the resident and or resident representative to determine alternate supervised smoking off campus, and assisted by family members as needed.</p> <p>8. The Community will attempt to work with the resident and/or family members to encourage safe smoking while off campus while honoring the resident rights and autonomy.</p> <p>9. The Community will not provide staff assistance to and from off-campus areas used for smoking. The Community staff will consult with the resident and or the resident representative for alternate assistance to use off campus smoking options, if assessed.</p> <p>10. Residents who do not follow safe smoking rules may have smoking materials removed or be asked to give them up. Residents whose continued smoking in violation of this policy presents a threat to the health or safety of the community ' s residents or staff may be given a discharge notice and assisted with alternate placement</p> <p>The facility Medical Cannabis policy 2019, indicated:</p> <p>As required by Minnesota ' s medical cannabis law, Minnesota communities will not unreasonably limit a resident ' s access to or use of medical cannabis to the extent such access</p> <p>and use are consistent with the law. However, as permitted by the law, Minnesota communities will implement reasonable restrictions on medical cannabis use within the</p> <p>community.</p> <p>Minnesota SNFS. Minnesota SNFs will not unreasonably limit a resident s access to or use of medical cannabis to the extent such access and use are consistent with Minnesota s medical cannabis law. However, as permitted by the law, Minnesota SNFs will implement the following reasonable restrictions: Residents will be required to inform the community if the resident is taking medical cannabis and to comply with the medical cannabis law. SNFs will not offer counsel to residents regarding how to comply with the medical cannabis law. SNFs will document the fact that the resident is taking medical cannabis in the residents medical record but will not be responsible for documenting individual administrations of medical cannabis.</p> <p>SNFs will not administer or assist in the administration of medical cannabis. Residents will self administer the medical cannabis or will arrange for a person other than a community associate to administer the medical cannabis in compliance with all legal requirements.</p> <p>If a SNF determines in its clinical judgment that the resident lacks the ability to safely self administer medical cannabis, the SNF may prohibit such self-administration.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>SNFs will not store or maintain medical cannabis for residents. Residents taking medical cannabis will either (1) store and maintain their own medical cannabis in a locked compartment supplied by the resident and kept in the residents room or (2) arrange for a person other than a community associate to store and maintain the medical cannabis in compliance with all legal requirements. (1) will restrict the administration of non-vapor medical cannabis to the resident's room, (2) will prohibit the indoor administration of vapor medical cannabis, and (3) may impose reasonable restrictions on the outdoor administration of vapor medical cannabis. Minnesota Housing Communities. Minnesota housing communities (HWS/AL/IL) will not unreasonably limit a tenants access to or use of medical cannabis to the extent such access and use are consistent with Minnesotas medical cannabis law. However, as permitted by the law, Minnesota housing communities will implement the following reasonable restrictions: Tenants will be required to inform the community if the resident is taking medical cannabis and to comply with the medical cannabis law. Communities will not offer counsel to tenants regarding how to comply with the medical cannabis law. Communities will not administer or assist in the administration of medical cannabis.</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 40614</b></p> <p>Based on observation, interview, and record review the facility failed to ensure staff were following manufacturer's guidelines with continuous positive airway pressure (CPAP) machine with the use of distilled water for 1 of 1 resident (R62).</p> <p>Findings include:</p> <p>R62's face sheet printed 6/6/24, included diagnoses of heart failure, spinal stenosis with neurogenic claudication (space around the lower spine becomes narrowed causing pressure on the spinal cord and nerves resulting in pain, numbness and difficulty walking or standing), and obstructive sleep apnea (OSA-sleep-related breathing disorder causing the airway to become obstructed and occasional to frequent cessation of breathing).</p> <p>R62's quarterly Minimum Data Set (MDS) dated [DATE], indicated R62 was cognitively intact and required extensive assist of two for bed mobility and transfers. Special treatments did not include CPAP.</p> <p>R62's plan of care dated 1/29/24, did not include a respiratory plan of care or the use of a CPAP machine.</p> <p>R62's physician orders dated 1/26/24, included be sure CPAP has distilled water during use twice a day. The physician orders did not include an order for CPAP use.</p> <p>During an observation and interview on 6/4/24 at 11:05 a.m., R62's ResMed AirSense 11 CPAP machine was on his bedside table, the attached humidified water container was dry, and no distilled water was found in R62's room. R62 stated the facility has been out of distilled water for four days so staff have been using tap water to fill the CPAP reservoir. R62 indicated it isn't good for his CPAP machine but staff keep telling him they are out of distilled water when he has asked them. R62 stated they normally have a gallon of distilled water sitting on his desk top or by the bedside, but there isn't any currently in his room. No distilled water was observed next to the bedside table, on desk, in the bathroom or anywhere in R62's room.</p> <p>During interview and observation on 6/5/24 at 7:15 a.m., R62 stated they couldn't find any distilled water last evening so staff used tap water again. R62 added apparently they have been out of distilled water for awhile now. R62 was unable to identify the staff member who used tap water. F62 indicated staff have been using tap water for four or five days. No distilled water was observed next to bedside table, desk, bathroom or anywhere in his room.</p> <p>During interview on 6/5/24 at 7:19 a.m., registered nurse (RN)-B indicated she was in R62's room yesterday afternoon and he had a full jug of distilled water next to his bed stand that she emptied and directed nursing assistant (NA)-G to get more from the storeroom. RN-B indicated the facility provides the distilled water and if it wasn't in the storeroom she would expect someone to let her know.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Koda Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  2255 30th Street NW Owatonna, MN 55060	
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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 6/5/24 at 7:43 a.m., licensed practical nurse (LPN)-C indicated distilled water is supposed to be used in CPAP machines and was not sure if it is the facility or the family who provides the distilled water.</p> <p>During interview and observation on 6/5/24 at 10:40 a.m., NA-B was present in R62's room and indicated R62 had just told her staff have been using tap water in his CPAP machine. NA-B removed the reservoir from the CPAP and stated there is calcium build up on the bottom which is from using tap water and then you breath that in which isn't healthy. NA-B confirmed there was no distilled water in the room and went to the storeroom and got a new distilled water jug and brought back to R62's room and filled the CPAP reservoir.</p> <p>During interview on 6/5/24 at 2:05 p.m., NA-G indicated she could not find any distilled water yesterday so resorted to using tap water to fill the empty reservoir before bed time. NA-G indicated she used tap water on Thursday (5/30/24) and stated she had checked the storeroom for distilled water and the shelf was empty so she didn't know what else to do so used tap water. NA-G indicated she did not work over the weekend so was unsure what the staff did.</p> <p>During interview 6/6/24 at 12:01 p.m., purchasing coordinator (PC)-J indicated she had ordered distilled water through US foods on 5/28/24, but the distilled water never came in, which she was unaware of until yesterday morning. PC-J indicated they were totally out of distilled water for about five or six days and indicated she got some from a local store yesterday (6/5/24) and put it in the storeroom.</p> <p>During interview on 6/6/24 at 10:55 a.m., the director of nursing (DON) indicated she would expect staff to use distilled water in all CPAP machines. The DON indicated if the facility was out of distilled water she would expect staff to contact the on call nurse who would be expected to go buy some from a local store.</p> <p>Review of the Resmed AirSense 11 user guide undated, (document.resmed.com) included:</p> <p>Instructions for use of the CPAP indicated to open the water tub and fill it with distilled water up to the maximum water level mark. Do not fill the water tub with hot water. Close the water tub and insert it into the side of the device. If using the HumidAir 11 Standard water tub, use distilled water only.</p> <p>A facility policy for CPAP machine application and use was requested but not provided.</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide care or services that was trauma informed and/or culturally competent.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 40614</p> <p>Based on observation, interview, and document review, the facility failed to comprehensively assess and reassess past trauma and implement care plan interventions utilizing a trauma-informed approach for 2 of 2 residents (R64, R23), reviewed who had an active diagnosis of post-traumatic stress disorder (PTSD).</p> <p>Findings include:</p> <p>R23's Face Sheet printed 6/6/24, included an active diagnosis of post-traumatic stress disorder (PTSD) (mental health condition that develops following a traumatic event), dated 7/28/16.</p> <p>R23's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R23 understands and is understood. A Brief Interview for Mental Status (BIMS) indicated a score of 0 indicating severe cognitive impairment. R23 had behaviors that included verbal behavioral symptoms directed towards others 4 to 6 days, but less than daily. R23 had rejection of care 1 to 3 days. R23 required substantial/maximal assistance with transfers, and toileting and was dependent for bed mobility and transfers. R23 was taking antipsychotic and antidepressant medication. Diagnoses included traumatic spinal cord dysfunction and depression but did not include PTSD.</p> <p>R23's care plan, last reviewed/revised on 3/26/24, failed to identify PTSD/trauma as a focus area. As a result, the care plan lacked individualized trauma-informed approaches or interventions and lacked identification of triggers to avoid potential re-traumatization related to PTSD.</p> <p>A PTSD/trauma assessment was not present in the medical record.</p> <p>On 6/5/24 at 8:20 a.m. R23 refused to speak with surveyor.</p> <p>On 6/6/24 at 9:20 a.m., R23 again refused to speak with surveyor.</p> <p>During interview on 6/5/24 at 1:23 p.m., social services (SS)-B indicated he has not completed a PTSD/Trauma assessment on R23 and added R23 will likely refuse if he attempts to complete one as she refuses to cooperate with other assessments.</p> <p>During interview on 6/4/24 at 11:53 a.m., nursing assistant (NA)-A indicated she was not aware of R23 PTSD/Trauma diagnosis and indicated they do not have a plan of care they follow related to the diagnosis or triggers.</p> <p>During interview on 6/5/24 at 12:14 P.M., registered nurse (RN)-C, also identified as regional director of clinical services, confirmed a PTSD/Trauma assessment had not been completed on R23 since she was admitted [DATE] and would have expected it to be completed or evidence it was attempted if she refused to cooperate.</p> <p>During interview on 6/6/24 at 10:53 a.m., with director of nursing (DON) indicated she would have expected a PTSD/Trauma assessment completed or attempted at least annually. The DON confirmed R23 had no plan of care related to PTSD/Trauma.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R62's Face Sheet printed 6/6/24, indicated admitted was 1/26/24, with diagnoses of spinal stenosis with neurogenic claudication (space around the lower spine narrows causing pressure on the spinal cord and nerves that go through it), depression and post traumatic stress disorder.</p> <p>R62's quarterly Minimum Data Set (MDS) dated [DATE], indicated R62 was cognitively intact and required extensive assist of two for bed mobility and transfers. R62's section I, active diagnosis list did not include post traumatic stress disorder.</p> <p>R62's plan of care last reviewed 5/10/24, included R62 was at risk for impaired psychosocial well being due to adjustment related to short term placement .barriers to coping include depression, PTSD and Parkinson's. Interventions included encourage use of relaxation techniques and involvement in activities. Encourage family participation. Offer one to one visits. Offer prayer/spiritual support. Provide reassurance and comfort. Listen to and validate resident's feeling. Use a calm, reassuring approach.</p> <p>A PTSD/Trauma assessment dated [DATE] at 7:30 a.m., completed by social services (SS)-A of short term care, included difficult times included Vietnam. A question Have you been through anything life threatening or traumatic included Vietnam, 2 car accidents and 2 tornados. Triggers that make things worse was answered no. Some things that you do now to help manage consequences of going through difficult/tough times was answered no. What is calming or relaxing to you included golfing, horseback riding and motorcycles.</p> <p>A progress note dated 5/10/24 at 1:25 p.m., by social services (SS)-B included PHQ-9 (depression symptom scale) was 3 indicating minimal depression. Previous assessments completed 2/8/24 and 1/31/24, was 0 indicating no signs of depression. Care plan was reviewed and remains current.</p> <p>During observation and interview 6/4/24 at 10:49 a.m., R62 was lying in his bed in his room. R62 indicated he does have PTSD related to his time serving in Vietnam and upon his return home. R62 indicated he was wounded in Vietnam and returned home on a stretcher where the treatment of veterans was very different from today and he experienced harassment and poor treatment. R62 stated someone asked him on admission about PTSD but at the time he thought he would be here short term so didn't share much information. R62 spoke about his past experiences with suicidal ideation, psychiatric facility stays and how he has learned to cope with his PTSD. R62 indicated he sometimes probably should talk more about it but then tries to push it to the back of his thoughts, but thinks talking about things would be helpful for him. R62 indicated he does have triggers for his PTSD that include any time something from the military is celebrated such as Memorial Day, July 4th and Veterans day. R62 added loud noises that sound like gun fire, or old war movies can take him back to Vietnam, or certain smells. R62 stated he does not look forward to July 4th holiday next month. R62 stated he would be willing to talk to someone at the facility about his PTSD.</p> <p>During interview on 6/5/24 at 9:44 a.m., SS-A indicated she completed the PTSD/Trauma screen with R62 and at the time R62 did not want to disclose his triggers. SS-A indicated R62's stay became long term and he was moved to another unit and is unsure what was done after he was moved. SS-A indicated assessments for PTSD/Trauma should be completed quarterly.</p> <p>(continued on next page)</p>		

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<p>F 0699</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 6/5/24 at 1:23 p.m., SS-B confirmed R62 went from a short term stay to a long term stay after his last doctors appointment where the provider informed him he may not gain his ability to walk again. SS-B indicated he did update the PTSD/Trauma screen with R62 this morning and stated they had a conversation about R62's experiences in Vietnam. SS-B stated R62 did share his triggers and a care plan has been developed for PTSD. SS-B included moving forward he will continue to assess him quarterly.</p> <p>During interview on 6/6/24 at 8:37 a.m., RN-B, also identified as clinical manager, indicated until yesterday (6/5/24) she was not aware of R62's PTSD when he brought up agent orange exposure and had medical questions related to that. RN-B indicated he has not shared any triggers with her but would be good for staff to know what they are if he has any. RN-B indicated PTSD assessments is a social service function.</p> <p>During interview 6/6/24 at 10:55 a.m., RN-C, indicated it is the facility policy to reevaluate PTSD quarterly or sooner if any significant changes in behaviors. RN-C indicated the PTSD screen was repeated yesterday.</p> <p>The facility Trauma Informed Care policy dated 5/8/24, consisted of the facility will ensure that residents who are trauma survivors receive culturally competent, trauma-informed care in accordance with professional standards of practice and accounting for residents' experiences and preferences in order to eliminate or mitigate triggers that may cause re-traumatization of the resident. If the trauma survivor is reluctant to share history, the community is still responsible to try to identify triggers which may cause re-traumatization and develop care plan interventions which minimize or eliminate the effect of the trigger. Interventions recognize the survivors need to be respected, informed, connected, and hopeful regarding their own recovery and may need outside support to accomplish this. After the assessment has been completed, an individualized, comprehensive care plan will be completed. Each resident's comprehensive care plan should include approaches that address the residents' cultural preferences and reflect trauma-informed care when appropriate. This includes but is not limited to: communication; food preparation; clothing preference; physical contact or provision of care by the opposite sex; cultural etiquette (voice, volume and eye contact); interventions accounting for the residents' experiences and preferences in order to eliminate or mitigate triggers that any cause re-traumatization.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>42073</p> <p>Based on observation and interview, the facility failed to ensure proper infection control practices were followed, specifically hand hygiene, when culinary aides were observed failing to wear clean gloves or failing to wear gloves when handling food. This had the potential to impact all 30 residents who resided on Kindle and Oak units.</p> <p>Findings include:</p> <p>During a dining observation on the Kindle unit on 6/3/24, from 5:27 p.m. to 5:58 p.m. observed culinary aide (CA)-A dish up food from the steam table onto plates for residents. CA-A was wearing gloves as he dished up food, handled multiple paper diet slips, (initially handled by nursing assistants [NAs] when residents selected their meal options), opened cupboard doors, and the freezer. Then without removing his gloves, washing his hands, and donning clean gloves, CA-A put several pieces of bread in the toaster. Once the bread was toasted, CA-A spread peanut butter on it and delivered it to the residents seated at the dining table. CA-A returned to the kitchenette to continue serving food.</p> <p>During an interview on 6/3/24 at 5:58 p.m., culinary services director (CSD)-A was in the Kindle unit kitchenette and was asked about glove use policy for dietary. CSD-A stated the corporation required use of gloves when serving meals. CSD-A was informed of observations of CA-A's hand hygiene. CSD-A stated he would expect when handling food directly, CA-A should have removed gloves, washed his hands, and donned new gloves. CSD-A stated wearing gloves can give staff a false sense of security. CA-A joined the conversation and admitted he had not changed gloves before handling the bread/toast.</p> <p>During a dining observation on the Oak unit on 6/4/24 at 12:09 p.m., observed CA-B dishing up food from the steam table onto resident plates, handling steam table pan covers, dessert plates, multiple paper diet slips (initially handled by NAs when residents selected their meal options), then with the same gloved hands, buttered slices of bread for residents.</p> <p>During an interview on 6/4/24 at 12:24 p.m., CA-B stated she had been in her role for two weeks. Informed her of observations of handing bread with gloved hands that she wore as she worked around the kitchenette. CA-B stated she didn't realize she should remove gloves, wash her hands, and don clean gloves when handling food. She did not recall receiving specific training on that.</p> <p>During an interview on 6/4/24 at 2:44 p.m., CSD-A was informed of a second observation on Oak unit of a culinary aide not performing proper hand hygiene prior to directly handling food. CSD-A stated it was okay for culinary aids to handle meal slips, serving spoon handles, lids on containers in the steam table and then handle bread. CSD-A was asked for the policy that indicated that was acceptable. A policy was not received.</p> <p>During an interview on 6/5/24 at 10:10 a.m., registered nurse RN-A, who was also the infection preventionist, was informed of hand hygiene observations by culinary aides on Kindle and Oak units without proper hand hygiene. RN-A stated culinary aides should remove contaminated gloves, wash their hands, and don new gloves before handling food directly.</p> <p>(continued on next page)</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Orientation documents provided by CSD-A for CA-A who was hired on 1/30/24, and CA-B who was hired on 5/21/24, were received, including a document titled Culinary Services Competency Checklist which was blank. CSD-A stated he did not have documentation that CA-A and CA-B received hand hygiene training during orientation, specifically when to perform hand hygiene and when to change gloves. CSD-A stated the checklist was used by cook (C)-A as a guide when he did new employee orientation. CSD-A stated there were signs posted in the dietary department on how to wash hands, and staff also received infection control training via an online portal. Records from online training indicated CA-A and CA-B completed a one-hour module titled: infection prevention and control. CSD-A stated he wasn't sure if the training module addressed hand hygiene as it relates to removing contaminated gloves, washing hands, and donning new gloves before handing food directly.</p> <p>During an interview on 6/6/24 at 1:21 p.m., with CSD-A, the administrator, and the DON (director of nursing), the administrator and DON were informed of findings related to hand hygiene with dietary staff. CSD-A now stated it was not a corporate policy for dietary staff to wear gloves when prepping and serving food, but rather a recommendation. Regarding training for new employees, the administrator and DON stated training should be documented for each employee to ensure the training was received on each item on the checklist.</p> <p>The corporate policy or recommendations for hand hygiene for the dietary staff was requested and not received.</p> <p>The facility Infection Prevention and Control Program policy dated 8/30/23, indicated microorganisms may enter the resident through various points of entry (direct or indirect) such as food handling with unclean hands.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>44630</p> <p>Based on observation, interview and document review the facility failed to ensure the infection control program used enhanced barrier precautions (EBP) for 5 of 5 residents (R7, R19, R9, R62 and R57) who had wounds or indwelling device present.</p> <p>Finding include:</p> <p>R7's care plan dated 3/12/24, indicated R7 required total assist with two staff for all transfers with Hoyer lift, related to weakness caused by history of multiple sclerosis and total assist to toilet related to weakness caused by history of multiple sclerosis, has a Supra pubic catheter in place.</p> <p>R33's care plan dated 5/17/24, indicated R33 had a pressure injury to coccyx and wound treatments and orders.</p> <p>On 6/4/24 at 11:15 a.m. nursing assistant (NA)-B was in R33's room and provided a bed bath for R33. NA-A confirmed R33 had an open sore on her buttock that was covered with a dressing. NA-B stated no gowns or gloves were required when assisting R33 with cares or transfers. NA-B stated the facility had not provided education PPE including gown and gloves was required when cares or transfers were completed for residents with a wound or catheter.</p> <p>On 6/4/24 at 12:11 p.m., licensed practical nurse (LPN)-B stated the facility had not implemented EBP interventions of PPE worn when caring for residents with a catheter or a wound. LPN-B stated EBP was mentioned in a nursing meeting, however the facility and not implemented any new interventions or use of PPE during catheter or wound cares.</p> <p>On 6/4/24 at 3:08 p.m., RN-B stated it was not facility practice to wear PPE when caring for residents with catheter or wounds and the facility had not implemented EBP.</p> <p>40614</p> <p>R19's plan of care dated 5/22/24, included a pressure injury to right heel. The goal indicated pressure injury will remain free from infections.</p> <p>During observation and interview on 6/3/24 at 1:55 p.m., family member (FM)-K indicated R19 has had a pressure ulcer for a long time on her heel and is currently receiving hospice care. FM-K indicated staff do not wear gowns when providing cares for R19.</p> <p>During interview on 6/5/24 at 11:00 a.m., RN-A indicated R19 has had a stage 4 pressure ulcer present for the past 2 years.</p> <p>R9's plan of care dated 5/28/24, included resident has impaired skin integrity related to immobility and incontinence as evidenced by stage three pressure injury to coccyx.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During observation and interview on 6/3/24 at 2:13 p.m., R9 had an air mattress on her bed and wound care supplies sitting on a table in her room. R9 indicated she does have a pressure ulcer on her bottom that she has had it a long time. R9 indicated the dressing gets changed every day.</p> <p>During observation on 6/3/24 at 3:30 p.m., on a tour of the 300 wing, also known as Aspen, there were no signs indicating transmission based precautions or EBP and no evidence of personal protective equipment (PPE) visualized.</p> <p>R62's Face Sheet printed 6/6/24, included retention of urine.</p> <p>R62's physician orders dated 1/26/24, included Foley catheter cares and output every shift. Flush catheter as needed if decreased urine output. Physician orders dated 5/6/24, included change Foley catheter once per month.</p> <p>During observation and interview on 6/4/24 at 10:49 a.m., R62 indicated staff do not wear gowns when providing cares but added they do wear gloves if emptying his urinary catheter. R62 indicated he came to the facility with his catheter and will likely have it indefinitely. There was no sign on the door indicating EBP or personal protective equipment (PPE) outside the door or visualized on the unit.</p> <p>R57's Face Sheet printed 6/6/24, included a diagnosis of retention of urine.</p> <p>R57's physician orders dated 3/25/24, included 16 French, Foley catheter, change as needed.</p> <p>During observation on 6/4/24 at 11:21 a.m., R57 was in the bathroom in her room. Nursing Assistant (NA)-A was assisting R57 with peri care, wearing only gloves. At 11:23 a.m., NA-A, without gloves and NA-H, wearing gloves used a standing lift and transferred R57 out of the bathroom and back to a chair. NA-A placed R57's catheter bag on the floor. NA-A and NA-H was observed not wearing gowns during cares.</p> <p>During observation and interview on 6/4/24 at 11:45 a.m., R57 indicated she has had a catheter since coming to facility. R57 stated no one puts on gowns when they provide her care and maybe will put on gloves if they empty her catheter bag. There was no sign on the door indicating EBP or personal protective equipment (PPE) outside the door or visualized on the unit.</p> <p>During interview on 6/4/24 at 12:58 p.m., NA-A and NA-H indicated they do not wear gowns or gloves unless someone has an active infection. NA-A and NA-H indicated they don't currently have anyone on the unit on any precautions. NA-A and NA-H indicated they aren't aware of what EBP is and haven't received any education.</p> <p>(continued on next page)</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview on 6/4/24 at 2:33 p.m., registered nurse (RN)-A, also identified as infection preventionist (IP), indicated there was currently no residents on EBP. RN-A indicated the last resident on EBP was due to a chronic wound with a history of methicillin resistant staphylococcus aueris (MRSA) but has now healed. When questioned when EBP is used, RN-A indicated it is used for chronic wounds with a history of MRSA. If no history of MRSA in a wound, they would not use EBP. When questioned if EBP is used for residents with urinary catheters or indwelling devices, RN-A stated no. RN-A indicated she started the IP role in February and is currently still being trained. RN-A indicated she is aware of the current EBP guidelines, but the person training her does not agree residents with wounds or indwelling devices should be placed in EBP.</p> <p>During interview on 6/4/24 at 2:40 p.m., RN-C, also identified as regional clinical director, indicated she has been mentoring RN-A in the infection role since she started it in February 2024. RN-C indicated anyone with a wound or indwelling device needs to be in EBP and added she met with RN-A just last week and instructed her on this. RN-C indicated she instructed RN-A to begin working on a current list of residents who would require EBP in the facility and they had plans to meet again on Thursday (6/6/24).</p> <p>The facility Enhanced Barrier Precautions policy dated 3/28/24, included:</p> <ul style="list-style-type: none"> <li>- Enhanced Barrier Precautions (EBP) is a strategy in nursing homes to decrease transmission of CDC-targeted and other epidemiologically important multidrug-resistant organisms (MDROs).</li> </ul> <p>EBP will be used for residents actively infected or colonized with CDC-targeted and other epidemiologically important MDROs. Additionally, residents at risk for MDROs, specifically those with an indwelling medical device and/or chronic wounds requiring a dressing will be required to use EBP</p> <ul style="list-style-type: none"> <li>-Enhanced Barrier Precautions (EBP) expands the use of Personal Protective Equipment (PPE) beyond situations in which exposure to blood and body fluids is anticipated. It also refers to the use of gown and gloves during high-contact resident care activities that provide opportunities for transfer of MDROs to staff hands and clothing.</li> <li>- Enhanced Barrier Precautions are used with all residents with any of the following: <ul style="list-style-type: none"> <li>Infection or colonization with a CDC - targets medication drug resistant organism (MDRO) when Contact Precautions do not otherwise apply.</li> <li>- Infection with an additional epidemiologically important MDRO when Contact Precautions do not otherwise apply.</li> </ul> </li> </ul> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245426	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  06/06/2024
NAME OF PROVIDER OR SUPPLIER  Koda Living Community		STREET ADDRESS, CITY, STATE, ZIP CODE  2255 30th Street NW Owatonna, MN 55060	

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<ul style="list-style-type: none"> <li>- Chronic Wounds (e.g. pressure ulcers, diabetic foot ulcers, unhealed surgical wounds, and venous stasis ulcers), regardless of MDRO colonization status.</li> <li>- Indwelling medical devices (e.g. central lines, urinary catheters, feeding tubes, tracheostomy/ventilator), regardless of MDRO colonization status.</li> <li>-During high-contact resident care gloves and gown should be worn prior to high contact care activity. Activities include: dressing; bathing/showering/ transferring; providing hygiene; changing linens; changing briefs or assisting with toileting; indwelling medical device care or use; chronic wound care.</li> </ul>