

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245429	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/09/2025
NAME OF PROVIDER OR SUPPLIER Tweeten Lutheran Health Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 125 5th Avenue Southeast Spring Grove, MN 55974	

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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>PASARR screening for Mental disorders or Intellectual Disabilities</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51578</p> <p>Based on observation, interview, and document review, the facility failed to ensure a Level II Pre-admission Screening and Resident Review (PASARR) was completed or clarified for 1 of 1 resident (R) 25 reviewed for PASARR who has a mental disorder who previously received services.</p> <p>Findings include:</p> <p>R25's Significant change Minimum Data Set (MDS) assessment dated [DATE] indicated R25 had intact cognition. R25 can hear adequately and communicate needs verbally.</p> <p>R25 was admitted on [DATE], with diagnoses of schizoaffective Disorder, Bipolar Disorder, Narcissistic Personality Disorder, Anxiety.</p> <p>R25's current medication regimen includes psychotropic medication of Depakote and Zyprexa.</p> <p>During an observation and interview on 1/6/25 at 3:22 p.m., R25 was in his room and was difficult to understand at times as R25 mumbled his words. R25 indicated he wanted to go home or somewhere different, stating so he can get back into a routine with visits to his previous psychiatrist.</p> <p>During an interview on 1/07/25 at 11:52 a.m., social services worker (SSW) indicated R25 wanted to go back to his group home and the county case worker is looking for placement as he cannot go to his previous one since it is on the second floor. SSW indicated R25 spends a lot of his time sleeping and noted a change in R25 behaviors such as refusing to talk or come out of room. SSW further explained R25 should have a PASARR Level II assessment due to his diagnosis and mental health concerns.</p> <p>During an interview on 1/7/25 at 1:08 p.m., nursing assistant (NA)-1 indicated R25 tends to stay in bed most of the time and refuses to go to activities.</p> <p>During an interview on 1/07/25 at 2:21 p.m. director of nursing (DON) said R25 has a case worker and case manager and they are in touch regarding appointments and changes in care.</p> <p>During an interview on 1/08/25 at 9:15 a.m., SSW verified they have no paperwork or documentation the facility initiated a request for a PASARR level II screening. And should have with his extended stay and mental health illnesses.</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 0645</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/8/25 at 9:36 a.m. power of attorney (POA) had returned a phone call and indicated the facility staff were to be working with R25 on all appointments and verified R25 previously saw a psychiatrist for mental health concerns. POA said the staff were supposed to set up all mental health appointments and include both the facility and POA on emails with the times so they could all join virtual with R25 to encourage a stable routine and positive outcome. The POA said the facility reached out and R25 had missed the last two sessions.</p> <p>During a phone interview on 1/8/25, county worker confirmed R25 was not on current case load although prior to nursing home admission, R25 was seen and followed regularly by R25's psychiatrist .</p> <p>During an email communication on 1/8/205 at 10:10 a.m. local county worker wrote a level II assessment was not completed because the facility had not requested one.</p> <p>During an interview on 1/08/25 at 9:51 a.m., DON was not aware of R25 PASARR status. DON stated appointments were supposed to be set up with the county and an email would be sent to confirm R25 appointment dates. The DON, R25 and POA would attend appointments. The DON verified they had not attended any appointments with R25 due to them being canceled. The DON was unsure why the appointment was canceled and not aware R25 was not being seen by his psychiatrist every other month for R25's behaviors and medication regimen.</p> <p>A facility policy identified as Preadmission Screening and Annual Resident Review (PASARR) dated 1/24, indicated individuals diagnosed with major mental illness and the PASARR process consists of a level 1 screen by the state and federal requirements as well as the review and implementation of the level II recommendations upon admission.</p> <p>A facility policy identified as Behavioral Assessment, Intervention, and Monitoring dated 9/24, indicated that the facility will provide, and residents will receive behavioral health services as needed to attain or maintain the highest practical psychical, mental, and psychosocial well-being in accordance with the comprehensive assessment and plan of care. The policy also reads all residents will receive a level I PASARR prior to admission and if the level one indicates that the individual may meet the requirement for a mental health disorder, intellectual disability, or related condition they will be referred to the state PASARR representative for the Level II screening.</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51578</p> <p>Based on observation, interview, and record review the facility failed to ensure a clean and sanitized environment to prevent the potential of cross contamination or food borne illness. This practice has the potential to effect all residents, staff and visitor who may receive food from the kitchen.</p> <p>Finding includes:</p> <p>During an initial tour and observation of the kitchen on 1/6/25 at 1:32 p.m., the dietary manager (DM) explained the process of storage for the kitchen. There were several large pans, mixing bowls, and containers used in the steam kitchen area found to be unclean and had dry crusted food on them. The DM acknowledged the items were dirty and pulled them from the storage area. There were several dirty utensils found in storage drawers.</p> <p>During a follow up kitchen observation on 1/08/25 at 10:48 a.m. cook (C)-1 confirmed the storage area for kitchen utensils and having identified several large pans having had dried food on them and one large baking pan with a small amount of paper. C-1 confirmed the pan was dirty and needed to be taken back to the dishwasher area. There was also several small dirty pans with either crusted food or some other type of debris found during this visit including ones going to be used for the next meal. C-1 explained if staff found dirty kitchen items they would send them back through the washer. C-1 verified staff were educated on this area and the normal process is to rewash them either by hand or run them through the dishwasher prior to using them for future food preparation or storage. C-1 stated all staff who work in the kitchen are trained on how to properly handle the cleaning of kitchen items, food storage, and use of the dishwasher.</p> <p>During an interview on 1/08/25 at 1:58 p.m. DM explained the sanitary policy and kitchen cleanliness. DM verified there were no problems with the dishwasher, and it is serviced as needed. The DM confirmed the unclean items from the initial tour and were discussed with staff and items were pulled out to be cleaned. DM verified there is about 10 staff, with some newer who work in the kitchen at various times. The DM said their expectation is for staff to send dirty kitchen items through the dishwasher again or clean them in the proper sink before placing them into use or storage. The DM verified they all have been educated and trained. The DM did verify the purpose of the training and ongoing education for proper cleaning and sanitization of kitchen items is to prevent the spread of germs or cross contamination which could potentially lead to foodborne illness.</p> <p>[NAME] Care Center Policy titled Cleaning Dishes/Dish machine (revised 2/22) included, all flatware, serving dishes, and cookware will be cleaned, rinsed, and sanitized after each use. The dish machines will be checked prior to meals to assure proper functioning and appropriate temperatures for cleaning and sanitizing. Staff will follow a list of procedures for washing dishes. Staff are required to inspect for cleanliness and dryness and put dishes away if clean. The staff are expected to follow the steps for proper implementation of the dishwasher prior to all meals and after using kitchen items before proper storage</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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51576</p> <p>Based on observations, interview and document review the facility failed to ensure proper handwashing/hand hygiene was implemented for 6 of 6 (R2, R21, R16, R13, R3, R9) residents observed for handwashing/hand hygiene. In addition, the facility failed to have a system for surveillance to identify possible communicable disease or infections. This deficient practice had the potential to affect all 28 residents who resided in the facility, staff and visitors.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified diagnosis Alzheimer's disease (brain disorder that causes problems with memory, thinking and behavior.) and needed assistance with eating.</p> <p>R21's quarterly MDS dated [DATE], identified diagnosis of Alzheimer's disease and needed assistance with eating.</p> <p>R26 quarterly MDS dated [DATE], identified diagnosis of Alzheimer's and needed clean up assistance with eating.</p> <p>During an observation and interview on 1/6/25 at 5:43 p.m., nursing assistant (NA)-B at the dining table between R2 and R21 during the meal. NA-B was feeding R2 her meal and then assisted R21 with her meal. NA-B did not perform hand hygiene prior to assisting R21. NA-B then placed gloves on without performing hand hygiene and wiped R21's face. NA-B then removed R26's clothing protector, hand hygiene was not performed prior to removing the R26's clothing protector. NA-B then returned to table to feed R2 her meal, NA-B did not perform hand hygiene prior to assisting R21 with meal. NA-B stated handwashing should be done in between each resident and before and after cares.</p> <p>R16's quarterly MDS dated [DATE], identified diagnosis of Parkinson's disease (is a movement disorder of the nervous system that worsens over time) and was independent with ambulation.</p> <p>R13's quarterly MDS dated [DATE], identified diagnosis of dementia (decline in mental ability) and needed assistance for transfers.</p> <p>During an observation and interview on 1/7/25 at 11:44 a.m., R16 was in the recliner in his room, and NA-C placed a gait belt on and ambulated R16 to the dining room, NA-C did not perform hand hygiene after transfer. At 11:48 a.m., NA-C then entered R13's room and applied gait belt to R13 and transferred R13 to the toilet. NA-C did not perform hand hygiene prior to entering room or prior to transferring R13. NA-C stated handwashing/hand hygiene should be done before and after touching a resident, when removing gloves, after touching bodily fluid, and before touching anything in the room.</p> <p>R3's quarterly MDS dated [DATE], identified a stage 3 pressure ulcer.</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 1/7/25 at 3:27 p.m., licensed practical nurse (LPN)-C was sitting at the nursing station with gloved hands, LPN-C was observed touching her face with the gloved hands and at 3:24 p.m., proceeded to R3's room and removed gloves and applied gown and gloves. LPN-C did not perform hand hygiene prior to donning gown and gloves and then entered R3's room. LPN-C stated handwashing/hand hygiene should be done in between residents, and between glove changes.</p> <p>R9's quarterly MDS dated [DATE], identified diagnosis of Alzheimer's Disease was independent with propelling her wheelchair.</p> <p>During an observation and interview on 1/8/25 at 10:59 a.m., NA-D ambulated R16 from the activity room to R16's room holding on to the gait belt and assisted to the recliner. NA-D did not perform hand hygiene after leaving R16's room and returned to activity room and began pushing R9's wheelchair. NA-D did not perform hand hygiene prior to propelling R9's wheelchair. NA-D stated handwashing/hand hygiene should be done before and after touching a resident and before touching wheelchairs.</p> <p>During an interview on 1/9/25 at 9:21 a.m., director of nursing (DON) stated handwashing/hand hygiene should be done before and after touching a resident, after removing gloves and before and after care. DON stated her expectation would be for all staff to do handwashing/hand hygiene after these tasks.</p> <p>Review of facility infection control surveillance logs noted no surveillance of infections of residents or staff had been completed since July of 2024.</p> <p>During an interview on 1/8/25 at 1:20 p.m., DON stated no infection surveillance program is being done and stated, This is something that has fallen by the wayside and is not being done. DON stated she is not tracking staff infection or resident infections or looking for any correlations.</p> <p>During an interview on 1/9/24 at 12:49 p.m., medical director (MD) stated the facility not performing surveillance of infections since July 2024 is major concern and oversight by the facility. MD stated infection surveillance is an important factor in resident care. MD stated her expectations would be for the facility to regularly report, track and make sure appropriate infection prevention measures are in place and ensure staff are taking infection control measures.</p> <p>The facility's Infection Prevention and Control Plan Overview dated 11/2024, identified the facility will have an infection control surveillance system to include use of standardized definitions of infection, use of surveillance tools that can uncover an outbreak, and feedback results to the primary caregivers so they can assess the residents for signs of infection.</p>		

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<p>F 0887</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Educate residents and staff on COVID-19 vaccination, offer the COVID-19 vaccine to eligible residents and staff after education, and properly document each resident and staff member's vaccination status.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 51576</p> <p>Based on interview and document review, the facility failed to maintain documentation staff were offered, and or provided education regarding the benefits and potential risks associated with COVID-19 vaccination for 3 of 3 staff (LPN-A, LPN-B, HSK-A) reviewed for COVID-19 vaccinations.</p> <p>Findings include:</p> <p>Review of Centers for Disease Control and Prevention (CDC) Clinical Guidance for COVID-19 Vaccination, updated 10/31/24, directed the following guidance: People 5-[AGE] years: should receive 1 dose of an age-appropriate 2024-2025 COVID-19 vaccine; People [AGE] years and older: should receive 2 doses of any 2024-2025 COVID-19 vaccine, spaced 6 months apart.</p> <p>During an interview on 1/9/24 at 11:38 a.m., human resources director (HR)-F stated the facility did not have any documentation of COVID-19 vaccine being offered or education provided for licensed practical nurse (LPN)-A; LPN-B or housekeeper (HSK)-A.</p> <p>During an interview on 1/9/25 at 1:20 p.m., director of nursing (DON) stated she is unaware if employees were offered the COVID-19 vaccine.</p> <p>During an interview on 1/9/25 at 12:49 p.m., medical director (MD) stated her expectation would be for the facility to ensure staff are provided education on risk versus benefits and be offered the COVID-19 vaccine when available.</p> <p>The facility policy on COVID-19 vaccine dated 11/2024, identified when COVID-19 vaccine is available each staff member will be offered and provided education regarding the benefits, risks, and potential side effects of the COVID-19 vaccine. The policy also identified the facility maintains documentation that staff were offered and provided education regarding benefits and potential risks of COVID-19 vaccination.</p>		