

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245435	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/22/2024
NAME OF PROVIDER OR SUPPLIER Knute Nelson Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 420 12th Avenue East Alexandria, MN 56308	

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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate pressure ulcer care and prevent new ulcers from developing.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45844</p> <p>Based on observation, interview and document review, the facility failed to ensure timely assistance with repositioning occurred for 1 of 5 residents (R6) with a history of pressure ulcers and at risk for further development of pressure ulcers.</p> <p>Findings include:</p> <p>Review of R6's annual Minimum Data Set (MDS) dated [DATE], identified R6 had severe cognitive impairment and diagnoses which included Parkinson's, Diabetes Mellitus, and anxiety disorder. Indicated R6 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers, and toileting. Identified R6 had a turning and repositioning program, was at risk for pressure ulcers and had a scar over a bony prominence from a previous pressure ulcer.</p> <p>R6's annual Care Area Assessment (CAA) dated 3/6/24, identified R6 was at risk for skin breakdown related to diagnosis of Parkinson's, anxiety, and diabetes mellitus (DM). Identified R6 required extensive assistance with ADL's.</p> <p>R6's care plan dated 8/6/2019, identified R6 was at risk for skin breakdown related to medical diagnosis and history of pressure ulcers. Care plan directed staff to reposition R6 every two hours.</p> <p>R6's nursing assistant task sheet undated, directed staff to reposition R6 every two hours.</p> <p>During a continuous observation on 5/21/24 from 9:50 a.m., to 12:50 p.m., the following was revealed:</p> <ul style="list-style-type: none"> - at 9:50 a.m., R6 was seated in her wheelchair in the activity room - at 10:30 a.m., R6 continued to be seated in her wheelchair in the activity room. - at 10:49 a.m., activity aide (AA)-A wheeled R6 back to the unit and placed R6 in the day room. -at 11:30 a.m., R6 continued to be seated in her wheelchair in the dayroom. -at 12:00 p.m. registered nurse (RN)-A wheeled R6 to the dining room for lunch. -at 12:25 p.m., R6 remained in the dining room eating lunch. <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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-at 12:35 p.m., licensed practical nurse (LPN)-A wheeled res back to the day room and R6 remained seated in her wheelchair as several staff walked by R6.</p> <p>-at 12:50 p.m., R6 remained seated in her wheelchair in the day room and surveyor requested LPN -A to reposition R6 after R6 had remained seated in her wheelchair and had not been repositioned for at least three hours.</p> <p>During an observation on 5/21/24 at 12:52 p.m. LPN-A wheeled R6 back to her room and R6 stated she needed to poo. LPN hooked R6 up to the pal and placed R6 on the toilet. Once R6 was done using the bathroom, LPN-A applied gloves and assisted R6 to wipe. LPN-then sanitized hands and assisted R6 off the toilet using the pal lift.</p> <p>During an interview on 5/21/24 at 1:00 p.m., nursing assistant (NA)-A stated R6 was at risk for skin breakdown and required extensive assist to reposition. NA-A indicated he was unsure the last time R6 had been repositioned however, according to the care plan, R6 should have been repositioned at least every two hours.</p> <p>During an interview on 5/21/24 at 1:05 p.m., LPN-A confirmed the last time R6 had been repositioned was at 7:30 a.m. LPN-A confirmed R6 required extensive assistance to reposition. LPN-A stated R6 was at risk for skin breakdown and should have been repositioned every two hours.</p> <p>During an interview on 5/21/24 at 1:14 p.m., RN-A confirmed R6 required extensive assistance to reposition. RN-A stated R6 had a history of pressure ulcers on her buttocks which would have placed her at risk for acquiring a pressure ulcer. R6 stated her expectation was R6 would have been repositioned every two hours.</p> <p>During an interview on 5/21/24 at 3:29 p.m., director of nursing (DON) stated R6 was able to slightly offload on her own however required staff assistance to fully reposition. DON stated R6 was at risk for pressure ulcers and her expectation was that R6's care plan for repositioning would have been followed.</p> <p>Review of a facility policy titled Repositioning in Bed and Chair; Applying Lift Sheets Policy revised 2/24, directed staff to check the resident's care plan or Kardex to identify the resident's specific repositioning needs and encourage the resident to change position or shift weight as often as possible.</p>		