

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  03/05/2025
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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45844</b></p> <p>Based on observation, interview and document review, the facility failed to ensure timely assistance with repositioning occurred for 1 of 5 residents (R2) with a current pressure ulcer and at risk for further development of pressure ulcers.</p> <p>Findings include:</p> <p>R2's quarterly Minimum Data Set (MDS) dated [DATE], identified R2 had severe cognitive impairment and diagnoses which included diabetes mellitus (DM), hypertension (elevated blood pressure) and dementia. Identified R2 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers, and toileting. Identified R2 had two pressure ulcers and was on a repositioning program.</p> <p>R2's annual Care Area Assessment (CAA) dated 10/22/24, identified R2 was at risk for skin breakdown and had a pressure ulcer to her left heel. Identified R2 required extensive assistance to reposition in bed and in the wheelchair.</p> <p>R2's care plan dated 4/25/24, identified R2 had a pressure ulcer on her left heel. Care plan directed staff to reposition or assist to stand R2 every two hours while awake.</p> <p>R2's weekly wound assessment dated [DATE], identified R2 had a pressure ulcer to her left heel which measured 8 centimeters (cm) in length 5.7 cm in width and had a depth of 0.2 c.m. Identified pressure ulcer was a stage 4 ( a pressure ulcer where the wound extends through all layers of skin, damaging underlying muscle, tendon, and potentially bone, often with visible exposed tissue) and R2 required frequent repositioning.</p> <p>R 2's current physician orders signed 2/22/25, identified left heel: stage 4 pressure ulcer - cleanse area, apply crushed Flagyl 250 mg tablet and place on wound bed to help with odor control with each dressing change, apply skin prep, Hydrofera Blue, ABD, and kerlix 3 x/week and prn. one time a day every Tues, Thur, Sun for wound care and as needed.</p> <p>R2's nursing assistant task sheet undated, directed staff to reposition or assist R2 to stand every two hours while awake.</p> <p>During a continuous observation on 3/4/25 from 9:20 a.m. to 12:30 p.m., the following was revealed:</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 0686</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-9:20 a.m., R2 was seated in her wheelchair at the nurses station.</p> <p>-9:28 a.m., activity aide (AA)-A wheeled R2 to the activity room.</p> <p>-10:19 a.m., R2 remained seated in her wheelchair in the activity room.</p> <p>-10:44 a.m., R2 remained seated in her wheelchair in the activity room.</p> <p>-11:06 a.m. AA-A wheeled R2 to her room.</p> <p>-11:24 a.m., R2 wheeled self into the hallway and AA-A wheeled R2 to the front desk.</p> <p>-11:32 a.m., AA-A wheeled R2 into the dining room.</p> <p>-11:36 a.m. R2 remained seated in her wheelchair in the dining room waiting for lunch to be served.</p> <p>-12:04 a.m., R2 remained seated in her wheelchair in the dining room eating lunch.</p> <p>-12:25 p.m., R2 remained seated in her wheelchair in the dining room finishing eating her lunch.</p> <p>-at 12:30 p.m., R2 had remained seated in her wheelchair in the dining room and surveyor requested nursing assistant (NA)-A to reposition R2 after R2 remained seated in her wheelchair and not repositioned for over three hours.</p> <p>During an observation on 3/4/25 at 1238 p.m., NA-A wheeled R2 back to her room. NA-A and RN clinical manager (CM)-A sanitized hands, put a gown and gloves on and hooked R2 up to the mechanical lift and placed R2 onto the bed, changed R2's incontinent product and repositioned R2.</p> <p>During an interview on 3/4/25 at 12:47 p.m., NA-A stated R2 required staff assistance to reposition and the last time R2 had been repositioned was some time around 9:30 a.m. when NA-A assisted R2 to transfer into her wheelchair after her bath. NA-A stated R2 had a pressure ulcer on her left heel and was at risk for further pressure ulcer development and should have been repositioned every two hrs while in her chair.</p> <p>During an interview on 3/4/25 at 12:52 p.m., CM-A verified R2 had a pressure ulcer on her left heel and recently had one on her buttocks that had healed. CM stated R2 required staff assistance to reposition. CM-A stated R2 was at continued risk of developing further skin breakdown and should have been repositioned every two hours during the day. CM-A stated her expectation was that R2's care plan would have been followed to help prevent any further skin breakdown.</p> <p>During an interview on 3/4/25 at 2:49 p.m., director of nursing (DON) verified R2 required staff assistance to reposition. DON stated R2 had a pressure ulcer on her left heel and was at risk for further skin breakdown. DON stated her expectation was that R2's care plan for repositioning would have been followed.</p> <p>Review of a facility policy titled Repositioning revised 1/25 identified, staff were to check the care plan or the assignment sheet to determine resident specific positioning needs and number of staff required to complete the procedure.</p>		

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<p>F 0812</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards.</p> <p>45844</p> <p>Based on observation, interview, and document review, the facility failed to ensure food and beverages stored in the refrigerators, were labeled, dated and discarded properly. Further, the facility failed to maintain proper holding food temperatures during the noon meal on the Pines unit. This deficient practice had the potential to affect 59 residents who received food and beverages from the refrigerators.</p> <p>Findings include:</p> <p>On 3/3/25 at 11:05 p.m., during the kitchen tour with the dietary manager(DM), the following concerns were identified:</p> <p>Kitchen refrigerator:</p> <ul style="list-style-type: none"> <li>-half of a large container of orange sauce with a black crusty substance around the lid with an open date of 1/6/25.</li> <li>-half of a large container of barbeque sauce with a crusty black substance around the lid without a notation of an open date and an expiration date of 1/6/25.</li> <li>- one chicken salad sandwich without notation of a date.</li> <li>- three bowls of pureed bread without notation of a date.</li> <li>-bottle of staff pop without notation of a date.</li> </ul> <p>Freezer:</p> <ul style="list-style-type: none"> <li>-six pork sausages in a bag without notation of an opening date.</li> </ul> <p>Food temps:</p> <p>During an observation on 3/3/25 at 11:25 a.m., DM removed one of approximately 30 bowls of potato salad from the refrigerator and temped the one bowl of potato salad in the main dining room prior to meal service. Temperature of the potato salad was 39 degrees F (Fahrenheit). The remaining bowls of potato salad were placed on a cart without any ice and delivered to the Pines unit to be served at the noon meal.</p> <p>During an observation on 3/3/25 at 12:25 p.m., there were approximately 20 small bowls of potato salad present on the counter without any ice in the Pines dining room</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 - Many</p>	<p>During an observation on 3/3/25 at 12:30 p.m., after meal service had began and approximately eight residents had been served the potato salad in the Pines dining room, dietary aide (DA)-A temped one of the remaining small bowls of potato salad. The temperature of the potato salad was 51 degrees F. DA-A continued serving the potato salad.</p> <p>During an interview on 3/3/25 at 12:45 p.m., DA-A stated all cold food should have been served at 41 degrees F. or lower. DA-A stated she should have put the potato salad on ice while serving to ensure the temperature remained in a safe zone to prevent food borne illness.</p> <p>During an interview on 3/3/25 at 1:00 p.m., DM verified the above findings during the kitchen tour. DM stated his expectation was that all opened food should have been dated and thrown away after the shelf life or the expiration date. DM further stated his expectation was all cold food should have been held at 41 degrees F or lower to prevent food borne illness.</p> <p>Review of a facility policy titled Food Labeling revised 1/25, identified all foods should have been labeled with contents, preparation date and any specific instructions.</p> <p>Review of a facility policy titled Food Temperature Policy revised 1/25, identified all cold food items must be served to the resident at a temperature of at least 40 degrees Fahrenheit or below at the time the resident receives the food.</p>