

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245445	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/05/2024
NAME OF PROVIDER OR SUPPLIER Shakopee Friendship Manor		STREET ADDRESS, CITY, STATE, ZIP CODE 1340 Third Avenue West Shakopee, MN 55379	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49339</p> <p>Based on interview and document review, the facility failed to ensure a comprehensive care plan was developed, and maintained to ensure appropriate care was provided for 1 of 1 residents (R29) reviewed for dignity.</p> <p>Findings include:</p> <p>R29's significant change in status Minimum Data Set (MDS), dated [DATE], indicated R29 was admitted in 2/26/24, had intact cognition and required maximum assistance for toileting, dressing lower part of body, footwear. R7 required moderate assistance from staff for personal hygiene, dressing upper part of body, shower/bathing. MDS further identified, R7 was dependent on staff for sitting to standing and transfers. Noted for toilet transfer, resident refused. R29's MDS indicated no behaviors were present, and no rejection of care exhibited. Section V: Care Area Assessment (CAA) summary, the following care areas were triggered and marked as addressed in care plan: communication; ADL function/rehabilitation potential; urinary incontinence and indwelling catheter; psychosocial well-being; activities; nutritional status; dental care; pressure ulcer; and pain. Section 0: Special Treatments and Programs identified R29 had occupational therapy from 2/27/24 to 3/27/24 and physical therapy from 2/27/24 to 3/27/24.</p> <p>R29's diagnosis report, printed 6/5/24, included the following diagnoses: atrial fibrillation (irregular heart beat), mild cognitive impairment (condition in which people have more memory or thinking problems than other people their age), muscle weakness, repeated falls, weakness, cardiomyopathy (disease of heart muscle), chronic kidney disease (kidneys not filtering waste properly), hypertension (high blood pressure), pain in left leg, congestive heart failure.</p> <p>R29's care plan, printed on 6/5/24, had the following focus areas:</p> <ul style="list-style-type: none"> - [R29] past meaningful activities to help identify her likes and experiences to better identify her likes and experiences to better care for her with a date initiated of 2/28/24 - The resident is independent for meeting emotional, intellectual, physical, and social needs with a date initiated of 3/1/24 - the resident has potential nutritional problem r/t CHF [congestive heart failure], HTN [hypertension], CKD [chronic kidney disease], elevated BMI [body mass index] with a date initiated of 3/2/24. <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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The care plan lacked evidence of assistance needed for activities of daily (ADLs), cognitive concerns, behavioral symptoms, falls, pressure ulcers, communication, bowel and bladder, dental care, skin integrity, medication needs/monitoring, and pain, which were identified in the CAA. The care plan lacked evidence of preference and potential for future discharge. The care plan lacked evidence of rehab potential as care plan identified working with PT [physical therapy] and lacked identification of discharging from PT and occupational therapy (OT) services.</p> <p>During interview on 6/03/24 at 1:51 p.m., R29 stated I am here because I can't care for myself anymore. I can't change my own depends, I can't walk anymore, and I must have staff help me with all that. R29 stated, they even have to help me sit up in bed. R29 indicated throughout the interview that she prefers only female staff.</p> <p>On 6/04/24 at 9:52 a.m., nursing assistant (NA)-H stated if they are working with a resident that they don't currently with, they would look at the care plan and Kardex for information needed to help care for the resident. NA-H stated they would also get information from the previous nursing assistant working, nurse working and the nursing assignment sheets.</p> <p>On 6/05/24 at 8:27 a.m., NA-C verified that they are familiar with R29. NA-C stated that R29 is an assist of one with transfers, uses a wheelchair for mobility, is able to pivot transfer and doesn't ambulate for more than a couple of steps. NA-C stated R29 has has made some accusations, so there need to be two in the room at all times. NA-C verified nursing assistants have access to the Kardex which is a shorter version of the full care plan. NA-C verified R29's Kardex did not indicate how R29 transfers, care needs, the preference for female only caregivers and the need for two staff being present. NA-C stated they would refer to the nurse and nursing assistant assignment sheet for any questions.</p> <p>On 6/05/24 at 8:32 a.m., NA-B verified they have worked with R29 previously but did work with her often. NA-B stated that if they are assigned to work with a resident they are not familiar with, they will refer to the Kardex, care sheet and ask the nurse any questions.</p> <p>On 6/05/24 at 8:39 a.m., registered nurse (RN)-A verified they are familiar with and currently work with R29. RN-A stated R29 is particular about needs and knowing her routine is the best intervention to reduce behaviors. RN-A verified R29 does have behaviors at times. RN-A verified R29 prefers only female staff and requests a check and change at night. RN-A stated the staff on the floor do not add to the care plan as the MDS coordinator does this. RN-A stated when an intervention is put in place, the MDS coordinator is notified, and it is then added to the care plan.</p> <p>On 6/05/24 at 8:47 a.m., MDS coordinator (MDS)-C verified they complete the MDS assessment and initiate/update the care plan for the facility. After reviewing R29's care plan, MDS-C stated, it's incomplete. MDS-C verified the only sections in the care plan are nutrition and activities. MDS-C verified a comprehensive care plan should be completed and include ADLs (activities of daily living), bowel and bladder, behaviors, medication, diagnosis, everything. MDS-C verified a care plan identified how she is taken care of, assistance she needs, care to be provided in a consistent manner, and can reduce behaviors.</p> <p>On 6/05/24 at 10:35 a.m., assistant director of nursing (ADON) stated a comprehensive care plan is important so that we can provide the best quality care for each individual resident. ADON verified R29's care plan was incomplete.</p> <p>(continued on next page)</p>		

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<p>F 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/05/24 at 1:33 p.m., administrator stated a comprehensive care plan is important so we know how to best care for our residents, know their limitations and what they need.</p> <p>A facility policy titled Care Planning Policy, revision date 2/16/24, was provided. The policy indicated the facility will develop an individualized plan of care that is designed to address the resident's specific problems, risk factors, and complications. Care plans are developed upon admission to the facility, and then reviewed quarterly, annually, and upon significant change in status.</p>		

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<p>F 0727</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>49339</p> <p>Based on interview and document review, the facility failed to ensure a registered nurse (RN) was scheduled for a minimum of eight consecutive hours a day. This had the potential to affect all 48 residents who resided at the facility.</p> <p>Findings include:</p> <p>Review of the Payroll Based Journal (PBJ) Staffing Data Report, submitted for the first quarter of 2024 (October 1-December 31), identified no RN hours for the following dates: 10/21/23, 10/22/23, 12/3/23, 12/26/23 and 12/31/23.</p> <p>Review of the facility staffing schedules with the dates identified above, 2/24, 3/24, 4/24, 5/24 weekends and holiday staffing schedules. These schedules identified the following dates with no RN hours on 3/24/24 and 5/27/24.</p> <p>During interview on 6/05/24 at 9:46 a.m., staffing coordinator (SC)-E verified she does the nursing schedules for the facility. SC-E verified there the expectation was to have a RN in the facility every day for at least 8 consecutive hours. SC-E verified there was no RN working the following days:</p> <p>10/21/23</p> <p>10/22/23</p> <p>12/3/23</p> <p>12/16/23</p> <p>3/24/24</p> <p>5/27/24</p> <p>SC-E stated the RN coverage has gotten better as another RN was hired in March. SC-E stated, it is a work in progress. SC-E stated when there is an open shift for RN coverage, it is posted to the medical staffing agency site to obtain coverage, if current staff do not pick up the shift. SC-E stated that nursing leadership has worked the floor to help ensure there is 8 hours of RN coverage daily when needed. SC-E stated since hiring another RN in March, there is now RN coverage every weekend but it gets difficult if there is a call in.</p> <p>During interview on 6/05/24 at 10:52 a.m., nursing assistant (NA)-F stated, a nurse is always in the facility, but I don't look to see if it is a RN or LPN [licensed practical nurse]. They further indicated there was always a nurse for support for them to go to.</p> <p>(continued on next page)</p>

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<p>F 0727</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>During interview on 6/05/24 at 10:55 a.m., NA-G stated there is typically a RN here, sometimes the ADON will work on the weekends to help. They always try to get a RN to work on the weekends. NA-G stated there is always a RN during the week because the office people are here, and they are RN's.</p> <p>During interview on 6/05/24 at 10:38 a.m., assistant director of nursing (ADON) verified the expectation is to have an RN on for eight consecutive hours each day. ADON verified she has worked on the floor to help ensure that has been met, with one of them being 12/31/23. ADON verified the dates listed above did not have RN coverage for at least 8 hours.</p> <p>During interview on 6/05/24 at 1:23 p.m., administrator stated the facility tried to have an RN on for eight hours each day as that is the expectation. The administrator reviewed dates above and verified no RN worked those days. The administrator verified she submitted the PBJ information and will follow up on the data for 12/31/23 as the administrator stated there was RN coverage that day.</p> <p>A facility policy on staffing was requested and not provided.</p>		

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<p>F 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44656</p> <p>Based on observation, interview, and document review, the facility failed to implement and maintain enhanced barrier precautions (EBP) for 1 of 1 residents (R22) reviewed for transmission based precautions.</p> <p>Findings include:</p> <p>R22's quarterly Minimum Data Set (MDS) dated [DATE], indicated R22 was admitted to the facility on [DATE], had intact cognition and diagnoses of hemiplegia (paralysis) affecting right dominant side and rhabdomyolysis (condition where damaged muscle fibers leak into the blood, causing kidney and heart problems).</p> <p>R22's progress note (PN) dated 5/22/24, indicated R22 was sent to emergency room for urinary retention and returned to facility with a foley catheter in place.</p> <p>R22's physician note dated 5/30/24, documented R22 was transferred to theER on [DATE], with symptoms of urinary retention and a catheter was placed and, Will be discharged home with a leg bag.</p> <p>R22's care plan (CP), physician orders (PO) and Kardex (nursing assistant care sheet) downloaded on 6/4/24, lacked mention of a foley catheter in place and EBP precautions.</p> <p>During observation and interview on 6/3/24 at 2:50 p.m., R22's room was observed with EBP signage posted outside door in the hallway. Nursing assistant (NA)-A was observed to be in R22 bathroom with water running rinsing out a graduated cylinder used for foley catheter drainage. NA-A not wearing personal protective equipment (PPE) gown. NA-A left the room and R22 stated, [I] have catheter or whatever its called. R22 stated, [NA-A] did not wear a gown.</p> <p>During interview with NA-A at 3:01 p.m., NA-A stated there was EBP signage posted outside R22's doorway, and that R22, has catheter, and staff, supposed to wear gloves and should have had a gown on. R22 stated she, Spaced it right off just now helping him and verified she did not wear a PPE gown when emptying R22's catheter contents (urine) into graduated cylinder from bedside to the bathroom. NA-A stated, [I] totally spaced the gown and should have had one on.</p> <p>During interview with NA-B on 6/4/24 at 10:45 a.m., NA-B stated, anyone with an open wound, catheter and bags, we wear PPE gown and gloves.</p> <p>During interview with NA-C on 6/5/24 at 12:49 p.m., NA-C stated for residents with EBP signage posted on the outside of the room, we put on gown and gloves in case of spills or liquid gets on us. I put it on every time for hands on care.</p> <p>During interview with NA-D on 6/5/24 at 12:58 p.m., NA-D stated the expectation of EBP care is, we have gowns and gloves. We wear them when entering room and doing hands on care only like catheter cares, wounds. It is posted outside the door. Everyone with a catheter we should always wear gown and gloves when caring for them hands on.</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 - Few</p>	<p>During interview with licensed practical nurse (LPN)-A on 6/4/24 at 10:30 a.m., LPN-A stated resident rooms with EBP signage posted on the outside of the room, if we go in for emptying catheter, we wear gloves and gown.</p> <p>During interview registered nurse (RN)-A on 6/5/24 at 12:56 p.m., RN-A stated the nursing assistants are to ask if they have questions about any type of care they are to provide, including EBP.</p> <p>During interview with infection control preventionist (IP) on 6/4/24 at 1:32 p.m., IP stated she had placed R22 in EBP when he returned from the ER on [DATE], with a foley catheter. IP stated the expectation for EBP care is for staff who are providing hands on care, including catheter care, should be hand sanitizing [before entering resident room], put on gown and gloves.</p> <p>During interview with both IP and the assistant director of nursing (ADON) on 6/4/24 at 2:06 p.m., IP and ADON looked at R22's EMR and stated the EMR lacked mention of EBP on the orders, care plan, and Kardex, which is where it should be.</p> <p>Facility policy titled Friendship Manor Health Care Center Enhanced Barrier Precautions dated 3/10/2023 direct, it is with the recommendation of the CDC (Centers for Disease Control) that any resident who meets the following requirements will have EBPs initiated:</p> <p>-Any resident with an indwelling medical device such as a urinary catheter, port, ostomy, G tube, PICC or central line.</p> <p>Furthermore policy stated, At the minimum, the nurse or nursing assistant performing cares will be wearing a contact gown and gloves.</p>		