

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245446	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/14/2024
NAME OF PROVIDER OR SUPPLIER Assumption Home		STREET ADDRESS, CITY, STATE, ZIP CODE 715 North First Street Cold Spring, MN 56320	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46941</p> <p>Based on interview and document review, the facility failed to ensure an allegation of staff to resident abuse was reported immediately (within two hours) to the State Agency (SA) for 1 of 2 residents (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's admission [NAME] Data Set (MDS) dated [DATE], indicated moderate cognitive impairment cognition (mild difficulty with memory). Diagnosis included stroke, cerebral vascular attack (CVA), and hemiparesis (limited bodily movement of one side).</p> <p>R1 care plan dated 3/13/24, indicated R1 had an alteration in mobility and required assistance with peri-cares, and assist of two care providers for transfer with a mechanical lift.</p> <p>A facility Nursing Home Incident Report (NHIR) to the SA dated 4/19/24, indicated the report was submitted on 4/19/24 at 6:23 p.m. In the report R1 stated a staff member performing every two-hour change had ripped him around and told R1 to get used to the pain. R1 stated he was afraid of the alleged perpetrator (AP) and R1 had reported this to the licensed social worker (LGSW) immediately. The report indicated the time of incident was 4/16/24 at 2:00 am.</p> <p>During interview on 5/14/24 at 9:24 a.m., family member (FM)-A stated she remembered clearly hearing about the incident from 4/16/24. R1 had been very vocal about how he had been handled roughly by the AP and stated he was scared. FM-A stated she remembered hearing staff present on the phone and a staff member asked questions about the events that happened on 4/16/24. FM-A stated she recalled staff being aware the morning after the event happened.</p> <p>During an interview on 5/14/24 at 9:47 a.m., social services director (SSD)-A stated when a resident says they were treated roughly or handled roughly, it was reported immediately to the SA and done so in a 2-hour timeframe.</p> <p>During an interview on 5/14/24 at 10:07 a.m., registered nurse manager (RN)-A stated when a concern of rough care or a resident made a comment of potential abused, it was reported immediately or within 2 hours. Further, RN-A brought it to the attention of her supervisor.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/14/24 at 10:31 a.m., director of nursing (DON) stated when a resident stated they were handled roughly or described being handled roughly, it was reported immediately or at least within 2 hours. DON stated the incident with R1 on 4/16/24, should have been reported sooner. DON stated it was originally thought the rough cares were nothing more than a customer service issue. DON stated when reviewing the investigation notes and comments, it was determined it should have been reported. Therefore, the incident on 4/19/24 was reported late, and included the comments in the (NHIR).</p> <p>The facility's Abuse Prohibition/Vulnerable Adult Policy revised 7/2022 directed suspected abuse shall be reported to the SA no later than two hours If the event does not involve abuse and does not result in bodily injury, the individual is required to report to the state no later than 24 hours after forming the suspicion.</p>		