STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Allow residents to self-administer drugs if determined clinically appropriate. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48013 Based on observation, interview, and document review, the facility failed to ensure a self-administration of medications (SAM) assessment was completed to allow residents to safely administer their own medications for 1 of 1 resident (R32) observed with medications at bedside. Findings include: R32's significant change Minimum Data Set (MDS) assessment dated [DATE], identified R32 had intact cognition and required assistance with all activities of daily living (ADL)'s. R32's diagnoses included Parkinson's disease with dyskinesia (uncontrollable and involuntary movements of the body), heart failure, hypertension (high blood pressure), renal failure (condition in which the kidneys can no longer adequately filter waste products from the blood), Alzheimer's disease (brain disorder that causes problems with memory, thinking and behavior) and depression. R32's care plan dated 3/20/24, indicated R32 did not want to self-administer or was not currently self-administering medications. During observation and interview on 4/30/24 at 7:17 p.m., R32 was in his room without staff present sitting in his recliner. There was a bottle of nasal spray on the bedside table and a medicine cup with four unidentified pills. During observation and interview on 4/30/24 at 7:17 p.m., licensed practical nurse (LPN)-A confirmed the presence of the nasal spray and oral medications at R32's bedside. LPN-A identified the oral medications as Quetiapine, Senna, Sinemet (Carbidopa-Levodopa). LPN-A stated there was no residents on wing one who could self-administered medications and medications are never supposed to be left in resident's rooms. LPN-A stated R32 asked her to leave the medications on his bedside table as he was in the bathroom. LPN-A stated R32 is alert but she did not know him that well yet and assumed he would not touch them. LPN-A verified R32 did not have a current order for SAM. R32's order dated 5/2/23, indicated saline nasal spray solution 0.65%, 1 spray in both nostrils two times a day for dry and stuffy nose. R32's order dated 4/29/24, indicated quetiapine fumarate 25 mg, 0.25 tablet by mouth one time a day for anxiety/restlessness, give at 6pm. R32's order dated 2/6/24, indicated Senna-S 8.6-50mg, two tablets by mouth at bedtime for constipation. R32's order dated 8/16/23, indicated Carbidopa-Levodopa 25-100 mg, two tables by mouth four times a day related to Parkinson's disease. (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0554 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R32's medical record lacked a self-administration of medications (SAM), a physician's order for SAM or a SAM assessment. During interview on at 5/2/24 at 12:42 p.m., registered nurse (RN)-B stated residents must have an order and assessment for SAM and it should also be care planned. RN-B verified R32 did not have a current order or assessment for SAM. RN-B stated medications should not be left at the bedside without the appropriate order and assessment in place. During interview on 5/2/24 at 3:48 p.m., director of nursing (DON) stated expectation was a resident would have an order and an assessment for SAM and it would be care planned to ensure a resident could safely self-administer medications. DON stated it was not appropriate for medications to be left in R32's room at bedside. The facility Self-Administration of Medications policy, dated 5/2/24, indicated if the resident chooses that the resident should self-administer medications, the clinical manager or designee conducts an initial assessment before the initial care conference, or sooner if the resident requests, or if nursing staff feels it is needed. The team will assess the resident's cognitive, physical, and visual ability to carry out this responsibility. The licensed nursing staff will obtain a physician's order for self-administration, and the name and dose of medications to self-administer. Nursing staff will update the care plan. The resident's ability to self-administer medications should be reviewed at the quarterly care conference.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. 35992 Based on observation, interview, and document review the facility failed to provide opportunities for participation in the activities of choice (walking outside) for 1 of 1 residents (R44), reviewed for choices. Findings include: R44's initial Minimum Data Set (MDS) assessment, completed on 8/3/23, indicated her medical diagnoses included coronary artery disease, hypertension, and anxiety and was cognitively impaired. MDS also identified R44 was able to express herself and be understood, and was able to understand others. R44's responses regarding her preferences for customary and routine activities identified R44 consistently responded it was very important for her to be around animals and to go outside to get fresh air when the weather was good. R44's care plan, last reviewed on 3/20/24, identified the following diagnoses; impaired mobility due to lower back pain; anxiety; frailty; age related physical debility; and cognitive deficit due to dementia. The care plan identified a strength of R44 was her ability to walk independently with a four wheeled walker. Although it was identified walking was a strength, the care plan lacked direction, and identification, that it was very important for R44 to walk outside when the weather was good. The care plan also identified a potential for alteration in mood stated related to admission and directed staff to encourage activity participation for social/mental stimulation. R44's care plan goal was to participate in activities of choice one to three times a week, yet lacked direction as to what her interests were. During interview on 4/30/24, at 12:49 p.m. R44 stated she has always enjoyed being outside, and expressed frustration about not being outside and stated she wished to be outside on more walks. R44 stated she feels she is getting weaker and weaker. On 5/1/24, at 1:32 p.m. activity aide (AA)-B was observed interacting with R44. R44 was observed sitting with her sunglasses on during their visit. Once the visit was completed, AA-B was interviewed and asked if she had been outside with R44. AA-B stated she had not, and identified they had just been visiting. AA-B stated last week she had gone outside with R44 in the gated courtyard and walked around. AA-B stated she had not walked with R44 outside of the gated courtyard. While speaking with AA-B, R44 was observed to stop by and visit with unidentified staff at the front desk in the day room area. R44 could be heard expressing frustration about not being allowed to go for walks outside. The conversation between R44 and the staff member was observed in it's entirety and lasted approximately ten minutes. R44 progress notes identified, R44 expressing the desire to be outside: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 2/16/24, a call was received from R44's family member (FM)-A to inform the facility that R44 had told her that she planned to leave the facility unattended at times. The note indicated R44 had not expressed this to staff, and had not made any attempts. FM-A requested R44 be directed to stay within the nursing home area and not walk to the reception desk, as that was near the exit door. A discussion was held regarding the potential for R44 to leave the facility unattended, as well as the potential use of a wander guard (an electronic alarm worn by the resident to alert staff of attempts to leave unattended) but family member chose not to use the wander guard at that time. On 3/7/24, the progress notes identified Resident talked about how she loves to go outside and how she was a big walker back in the days. On 3/12/24, the progress notes identified resident had again expressed desire to go outside. Resident told nurse that she feels like she is in a prison because she can't go outside on her own. Comfort and reassurance given. SW notified and activity director brought resident outside with her. On her way outside, she thanked nurse with a smile on her face. Will monitor. On 4/4/24, the record reflected SW stopped in to do a weekly visit with resident. She talked about how she use to walk around town with her dog. On 4/14/24, the progress notes indicated: Very emotional this shift. A lot of crying noted. Resident states she is going to break a window to get out of here, and go for a long walk. States she is going nuts never being able to leave. On 4/17/24, the note read: Resident said that she is sick of being inside all the time. SW let her know that when it is nice out that one of the aides is going to be walking with her otherwise Activities will be walking with her outside. Resident replied, good because I love to walk. Resident talk about the things she use to due back in the days when she was littler. SW asked if she had any issues. She said no just the walking outside would be nice. On 4/18/24, the notes indicated She has not talked about wanting to go outside or how she feels she's in a prison. On 4/19/24, notes indicated: She stated she felt like she was in a prison. She brought up how everyone yelled at her when she was trying to walk up front where it is quiet. She stated she didn't know how much longer she could take this. She also mentioned a resident who recently passed which was her best friend and was 'with the program' unlike others here. On 4/20/24, (R44) expressed concerns about declining mentally and physically d/t being confined in a place like this. Comfort and reassurance given. On 4/24/24, narrative notes reflected: Nurse told her she would see her later and she said, Well I'm not going anywhere! Nurse said she wasn't either, and resident said to nurse, You're lucky you have freedom! and how that's a big word with big meaning. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 5/1/24, at 3:44 p.m. , registered nurse (RN)-B stated R44 was able to walk around the facility, and added staff will walk outside if it is nice. (RN)-B stated R44 also walked in the assisted living area with staff. The assisted living area is beyond the reception area. The (RN)-B was asked about family concerns identified in February regarding R44 going to the reception area. (RN)-B stated this area was not always staffed so request was made for her not to walk there. (RN)-B responded R44 would most probably return if she was taken for a walk outside of the gated areas with staff. (RN)-B stated R44 also went out on day leaves with family with no concerns regarding a return to the facility. On 5/2/24, at 9:42 a.m. the activity director (AD) stated the staff were aware of R44's desire to go outside on walks, as had been informed by staff and family members. AD stated R44 had gone outside with the activity aides and walked in the gated courtyards. AD stated she was aware family had requested R44 not go beyond nursing home doors. A review of care plan was completed at this time and AD identified R44's request to walk outside was not indicated in the care plan. AD stated this was reflected in the MDS. A review of the R44's activity attendance identified R44 had walked outdoors with activity staff four days out of 30 days in April on 4/15/24, 4/18/24, 4/23/24, and 4/25/24. It was noted none of these dates corresponded with the above indicated times R44 expressed extreme frustration and desire to be outside. A review of the Complete Activity Assessment, completed 8/3/23, indicated in a handwritten notation enjoys sitting outdoors. A request was made for the policies for assessment and care plan development. A policy, reviewed 1/5/16, titled Assessment and Care Plan System-Care Plan and Conference-Interdisciplinary was provided. The policy directed staff to complete a written assessment and evaluation of the resident prior to the care conference. The policy directed staff to work with members of the team to initiate, develop, review, and update each individual's plan of care.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48013 Based on interview and document review, the facility failed to provide the resident or their representative a written bed hold policy at the time of hospital transfer for 1 of 3 residents (R21) who was reviewed for hospitalization . Findings include: R21's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R21 had intact cognition and required assistance with all activities of daily living (ADL)'s. R21's diagnoses included schizoaffective disorder (mental disorder characterized by abnormal though processes and an unstable mood), heart failure, hypertension, peripheral vascular disease (vascular disorder that causes abnormal narrowing of arteries other than those that supply the heart or brain), renal failure, schizophrenia (mental disorder characterized by reoccurring episodes of psychosis that are correlated with a general misperception of reality), and chronic obstructive pulmonary disease (progressive lung disease). R21's progress notes indicated R21 was hospitalized on [DATE] and returned to the facility on [DATE]. R21's medical record lacked evidence of a bed hold was provided at the time of transfer for hospitalization . During interview on 5/2/24 at 11:23 a.m., director of nursing (DON) stated she expected when a resident was transferred out of the facility that a bed hold was initiated by the nurse. DON stated she expected the case manager/social worker to follow up to determine if the resident wanted to continue holding the bed. DON confirmed she had not found communication with the resident in regard to a bed hold for R21 hospitalization . DON stated it was important for the bed hold to be obtained as the facility needs to know from the resident/representative if they wished to hold the bed and/or return to the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0625 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility Bed Hold Notice at the Time of Transfer policy, dated 3/21/24, indicated each resident and the responsible party were to be fully informed about our bed-hold policies and associated costs whenever the resident is hospitalized or on a therapeutic leave from Sacred Heart Care Center. Any time a resident was transferred to the hospital, a copy of our Bed-Hold Policy was to be sent to the hospital with the hospital transfer form. The reason for transfer was to be written on the Bed-Hold Policy form. If it was unknown at the time of the transfer whether the resident was to be admitted , a copy of the Bed-Hold Policy was to be sent with the resident or responsible party. A copy of the Bed-Hold Policy was also be provided to a family member or responsible party at the time the resident was transferred to the hospital. If the appropriate person was at the facility at the time of transfer, the Bed-Hold Policy might be handed to them. If they were not at the facility, the Bed-Hold Policy and accompanying letter was to be placed in a stamped envelope, address, and mailed to them. The nurse who arranged the hospital transfer was to document in the progress note that the Bed-Hold Policy was sent with the resident to the hospital and/or was given/mailed to a family member, including the name of the person to whom it was given or sent. A Bed-Hold Policy was also to be provided to the resident and a responsible party whenever the resident goes on a therapeutic leave exceeding 24 hours. In most cases, a family member would have been transporting the resident, and a Bed-Hold Policy was to be given to them at the time. If this was not the situation, a copy was to be mailed to the appropriate person. The nurse who had released the resident's medications was responsible for providing these notices and for documenting on the Nurses Notes that they were given, as well as to whom they were given. During extended hospitalization s, the Director of Nursing or Social Worker was to make personal contact with the resident or responsible part to ascertain their wishes regarding a bed hold.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate treatment and care according to orders, resident's preferences and goals. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49893 Based on observation, interview, and record review, the facility failed to consistently follow orders for application of splints for 1 of 2 residents (R15) reviewed for limited range of motion. Findings include: R15's quarterly minimum data set (MDS) assessment dated [DATE] indicated R15 was moderately cognitively impaired, had no history of rejection of care/behaviors, was dependent on staff for all activities of daily living (ADL's), and had limited range of motion on both upper extremities. R15's Careplan dated 3/14/2024 indicated staff were to put on white hand splints in the morning and remove them at 3 pm. R15's care plan further indicates resident was dependent for showering/bathing, upper and lower body cares. R15's skin integrity care plan indicated R15 had bilateral hand contractures (tightening of muscles and ligaments causing joint deformity). R15's provider orders, active as of 5/1/2024, indicated please place hand rolls (bilateral) from morning AM till 3 pm daily. Watch for redness. R15's occupational therapy note, dated 8/11/2023, indicated please put on new white hand splints in the morning and take off around 3 pm, instead of blue hand rolls During observation and interview on 4/30/2024, at 11:47 a.m., R15 was noted to have both hands clenched tight. R15 was able to straighten thumb and index finger on right hand. R15 made no attempt to straighten remaining fingers on right hand or fingers on left hand. An impression was noted in R15's left hand from left thumbnail. [NAME] powder was noted in thumb/hand crease. R15 denied discomfort. R15's fingernails on both hands were 1/4 to 1/2 inch long. R15's Record review , indicated R15 participated in rehab exercises including shoulder, elbow, forearm, wrist, and finger exercises as resident tolerated. There were no documented refusals. R15's medication/treatment administration record lacked indication of refusal of splints. During observation on 5/01/2024, at 8:00 a.m., R15 was observed seated in broda chair (specialized wheelchair to assist with positioning) and was dressed for the day. R15 did not have hand splints on. During interview on 5/1/2024 at 10:00 a.m., licensed practical nurse (LPN-A) stated R15 wore hand braces to both hands. Braces were put on in the morning and taken off by 3 pm. LPN-A stated staff washed R15's hands and applied powder to prevent skin issues. R15 received pain cream and oral pain relievers for discomfort. LPN-A stated R15 never refused her hand splints. LPN-A indicated the splints were important for comfort prevention of skin issues. LPN-A stated she would look into R15's long nails and hand splints. During observation on 5/1/2024, at 10:30 a.m., R15 was noted to be wearing hand splints to both hands and fingernails were cut. R15 denied discomfort. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 5/1/2024, at 3:35 p.m., registered nurse (RN-C) stated R15 wore hands splints from the morning until 3 p.m. RN-C stated staff checked R15's hands for redness. RN-C stated she had noted R15's nails had dug into her hands at times. RN-C stated she had never had an issue with R15 refusing cares or treatments. During interview on 5/2/2024, at 8:40 a.m., nursing assistant (NA-A) stated splints were put on in the morning and taken off at 3pm. NA-A stated she had not experienced R15 refusing to wear splints. During interview on 5/2/2024 at 9:54 a.m., clinical manager (CM-A) stated R15 had been enrolled in hospice, however family decided to disenroll R15. R15 was started on therapies to assist with ROM upon disenrollment from hospice. CM-A stated R15 wore splints to both hands in the morning, which were removed at 3 pm. CM-A stated R15 never refused to wear them, however, R15's husband (another resident) did remove them at times. CM-A stated when R15's husband removed them, staff offered to put them back on if R15 is agreeable. During an interview on 5/2/2024 at 1:48 p.m., the director of nursing stated she did not know why R15 did not have her hand braces on and confirmed R15 should have been wearing them if agreeable. A policy titled Physical Device and Restraint Policy dated 4/10/2024, made no mention of assisting with application of hand splints. A policy titled Activities of Daily living (Daily Life Functions) reviewed 4/3/2024, made no mention of assisting with applying hand splints.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48013 Based on observation, interview, and document review, the facility failed to ensure respiratory equipment was changed weekly according to professional standards to prevent infection for 1 of 1 resident (R29) reviewed for respiratory care. Findings include: R29's quarterly Minimum Data Set (MDS) dated [DATE], identified R29 had intact cognition and was independent with all activities of daily living (ADL)'s. R29's diagnoses included dyspnea (feeling that you can't get enough air into your lungs), anxiety disorder, depression, Post Traumatic Stress Disorder (PTSD) and slow transit constipation. R29's care plan dated 4/3/24, indicated R29 had potential for altered airway clearance related to sleep apnea and dyspnea. Interventions indicated SPO2 (pulse oximeter reading which indicates what percentage of your blood is saturated) as ordered and prn. The care plan lacked interventions related to oxygen tubing, bubbler, or humidified oxygen. R29's orders dated 2/8/24, indicated R29 received humidified oxygen two liters per minute via nasal cannula continuously during sleep. The orders lacked indication for changing R29's oxygen tubing, bubbler or humified oxygen. During observation and interview on 4/29/24 at 5:04 p.m., R29 was sitting in recliner with two liter per minute (lpm) of oxygen being delivered by nasal cannula. The oxygen tubing lacked a label to indicate when it was last changed. The nasal cannula was connected to a bubbler and the canister lacked a date to indicate when it was last changed. Nasal cannula tubing was a brown-tinged color and was stretched out by the prongs that insert into nares causing tubing to hang on R29's face. R29 stated she wore the oxygen at all times and stated she did not know when the tubing or humidifier was changed last, verified there was no date on tubing or humidifier, and indicated she had to ask staff to have tubing changed when it got too loose. During observation on 4/30/24 at 5:24 p.m., R29 was sitting in a recliner in her room with nasal cannula oxygen tubing. The tubing lacked a date to indicate when it was last changed. During observation on 5/1/24 at 10:00 a.m., R29 was sitting in a recliner in her room with nasal cannula oxygen tubing. The tubing lacked a date to indicate when it was last changed. During interview on 5/2/24 at 8:43 a.m. registered nurse (RN)-A verified R29's electronic medical record (EMR) lacked an order to change R29's oxygen tubing and humidifier bi-weekly and therefore, could not verify when they had last been changed. During interview on 5/2/24 at 12:46 p.m., registered nurse clinical manager (CM)-B stated oxygen tubing should be changed every 2 weeks and as needed. CM-B stated when tubing is changed, staff document it on the treatment administration record (TAR) and write date of change on the tubing and/or humidifier. CM-B verified R29's EMR lacked an order to change R29's oxygen tubing and humidifier bi-weekly and therefore, could not verify when they had last been changed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 5/2/24 at 3;48 p.m., director of nursing (DON) stated there should have been an order for the licensed nursing staff to complete the change of the oxygen tubing and humidifier on a scheduled basis. DON stated it was important to ensure that the tubing and humidifier was changed for infection prevention. A facility Oxygen tubing and humidifier policy was requested but was not received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0727 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	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. 35992 Based on interview and record review the facility failed to ensure a registered nurse (RN) was on duty a minimum of 8 consecutive hours per day on 10/7/23 and 10/21/23. Findings include: A review of the facility schedule was completed for the dates of 10/1/23 through 12/31/23. Upon this review, it was identified there was a lack of RN coverage for eight consecutive hours on 10/7/23 and 10/21/23. During interview on 5/2/23, at 3:20 p.m. the director of nursing (DON) stated she had been unaware of any days where there was not an RN on the schedule for a minimum of eight consecutive hours. DON stated she had reviewed the schedules for those dates identified, and verified there was not RN coverage for eight consecutive hours on the dates listed. During interview on 5/2/23, at 4:00 p.m. the administrator stated she had been unaware of the any days where the facility lacked eight consecutive hours with RN coverage. The administrator stated she had reviewed the schedules as outlined above, and verified both with the schedules and time card entries there was not eight consecutive hours of RN coverage on those dates. A policy was requested for staff scheduling but was not received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0732 Level of Harm - Potential for minimal harm Residents Affected - Many	Post nurse staffing information every day. 35992 Based on observation, interview and document review, the facility failed to ensure the required and complete nurse staffing information was posted and readily available for viewing by the residents and visitors. Additionally, the facility failed to maintain the staffing logs for 18 months, as required, in the event this information was needed for review. This had the potential to affect all 49 residents and visitors who wanted to review the information. Findings include: On 4/29/24, the nurse staff posting was observed to be in place in main entrance area. On 4/30/24, at 12:04 p.m. the nurse staff posting was noted to remain in place for staffing of 4/29/24, and had not been updated to reflect staffing for 4/30/24. Upon follow up observation on 4/30/24, at 2:00 p.m. it was noted to have been updated and reflected information for 4/30/24. At this time, the nurse staff posting information was present for 4/29/24, 4/30/24, and 5/1/24. On 5/1/24, at 8:34 a.m. the nurse staffing information posted was dated as 4/29/24. Additional nurse staffing information was present for 5/1/24, however the nurse staff posting for 4/30/24 was no longer posted. An attempt was made to interview the staff scheduler in follow up, however, she was not in the facility at this time. On 5/1/24, at 10:41 a.m. registered nurse (RN)-B was interviewed in follow up, as RN-B stated she was responsible to oversee scheduling. RN-B stated the current nurse staffing information posted was reflective of 4/29/24, and not the current date. Upon review of the information, RN-B identified there also had not been any changes in the nurse staff posting information from 4/29/24 to reflect changes related to staff call ins or staff updates of 4/29/24. A request was made at this time for additional staff posting information to complete the Payroll-Based Journal (PBJ) staffing review. On 5/1/24, at 11:18 a.m. RN-B stated she was unable to provided the staff postings from prior to 12/8/23 as they were unavailable. RN-B stated the staff posting information prior to 12/8/24 had not been retained as the facility was unaware of the need to retain this information for an extended period. On 5/2/24, at 3:20 p.m. the director of nursing (DON) stated she was unaware the nurse staff posting information was to be maintained for a period of 18 months. A policy was requested for retention of staff schedules and nurse staff posting information but was not provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0851 Level of Harm - Potential for minimal harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 35992 Based on interview and document review, the facility failed to submit complete and accurate direct care staffing information during 1 of 1 quarters (Quarter 1) reviewed for payroll based journal (PBJ). Findings include: A review of the PBJ Staffing Data Report from fiscal year (FY) Quarter 1 2024 (October 1-December 31, 2023) identified there were no registered nurse (RN) hours for the time period from 10/1/23 through 12/31/23. In addition, the facility was also triggered for a lack of licensed nursing coverage 24 hours/day for the time period from 10/1/23 through 12/31/23. On 4/29/24, at 1:44 p.m., a request was made for the staff schedules for the time frame of 10/1/23 through 12/31/23. A review of the licensed staffing schedules for these dates was completed. A comparison of the staff schedules in correlation to the nursing staff postings from 12/8/23-12/31/23 was also completed. A comparison was unable to be completed prior to 12/8/23 as the postings had not been retained by the facility. The following discrepancies were noted. RN coverage was noted to be in place for all of the above dates with the following exceptions initially identified: 10/7/23, 10/21/23, 11/4/23,11/5/23, 11/18/23, 11/19/23, 11/23/23, 12/24/23, 12/26/23, and 12/27/23. On 5/1/24, at approximately 4:00 p.m., copies of the licensed staff time card logs for the above listed dates were provided for review in correlation to the staff schedules/nursing staff posting. The records were reviewed in correlation with the dates reported on the PBJ report, staff schedules, and time card logs. Upon completion of review, it was noted the facility lacked RN coverage for eight consecutive hours on 10/7/23 and 10/21/23. Upon review of the hours identified on the PBJ report as having a deficit for licensed nursing coverage 24 hours/day during the period of 10/1/23 through 12/31/23, it was noted this was found to be an error in submission. The review of the nursing staff schedules for this period lacked identification of insufficient licensed nursing staff for the 24 hour per day. During interview on 5/2/23, at 3:20 p.m. the director of nursing (DON) stated the PBJ submission is currently completed by the administrator. The DON stated they were aware the PBJ reports were not submitted in a timely process, and the person who had been completing this task was no longer on staff. The DON stated she was unaware of any days where there was not an RN on the schedule for a minimum of eight consecutive hours. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0851 Level of Harm - Potential for minimal harm Residents Affected - Many	During interview on 5/2/23, at 4:00 p.m. the administrator stated she was currently responsible for submission of the information for the PBJ reports. The administrator was unaware of the any days where the facility lacked eight consecutive hours with RN coverage. Additionally, the administrator stated she was unaware of any time where there was not licensed nursing coverage for the entire 24 hour period per day. The administrator stated she was unaware of any areas triggered in the PBJ report, with the exception of timely submission. The administrator stated she was now responsible for submission of all PBJ reports. The administrator stated there was not an officially a facility policy for completion of the PBJ submission, however, the process is completed as outlined on the CMS (Centers for Medicaid and Medicare Services) website.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0865 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Have a plan that describes the process for conducting QAPI and QAA activities. 35992 Based on interview and document review the facility failed to provide policies and procedures for their quality assurance and quality improvement committee (QAPI). This had the potential to effect all 49 residents currently residing in the facility. Findings include: During entrance conference on 4/29/24, at 1:44 p.m. a copy of the facilities QAPI plan was requested from the director of nursing (DON). The facility provided a Quality Assurance and Performance Improvement (QAPI) Plan Sacred Heart Care Center, Inc. document, reviewed and updated on 9/10/21. This document included the following: Vision Statement, Mission Statement, QAPI statement, QAPI Guiding Principles, and the Scope of QAPI. The document identified the QAPI program; assessed quality in all areas, aimed for safety and high quality with all clinical interventions, used the best available evidence to determine appropriate care, and defined measures and goals. The document indicated the QAPI program provided guidelines for supervisors and the nursing home board. The document also listed the resources available for QAPI, the outline of the QAPI leadership process, reporting of QAPI activities to the Board of Directors, also the resources for feedback, data systems, and monitoring. The document lacked policies and procedure on; the QAPI committee's responsibilities and the process' on how the committee would conduct activities necessary to identify and correct quality deficiencies; including how they would track and measure performance, establish goals and thresholds, identify and prioritize quality deficiencies, systemically analyze underlying causes, develop and implement corrective action or performance improvement activities, and monitor and evaluate the effectiveness and revise as needed. During interview on 5/2/24, at 3:55 p.m. the administrator stated that QAPI meetings were held monthly, and QA (Quality Assurance) meetings were held quarterly. Those in attendance at the quarterly meetings included the medical director, environmental services, social workers, infection control preventionist (ICP), the clinical dietary manager, activities director, clinical managers, staff development coordinator, director of nursing, and the administrator. Upon request for the meeting minutes of those meetings held, a hand written copy of a meeting titled Orientation Meeting Agenda, dated 5/2/24 was provided. Upon review of recurrent citations, the administrator stated they did track and trend the information for infection control, and this information was provided by the Infection Control Preventionist (ICP). The administrator stated this process was not included in the meeting minutes, but was managed by ICP. The administrator stated previous performance improvement plans (PIP) included the admission process, which was now complete. The administrator stated their newest identified PIP was for the staff orientation process. A request was made for additional documentation to reflect meeting minutes, information regarding performance improvement processes, attendance rosters, and notification process of the information for those not in attendance, including the information provided. This information was not provided.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0867 Level of Harm - Potential for minimal harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 35992 Based on interview and document review the facility failed to ensure infection control data and performance improvement plans were incorporated into the facility-wide Quality Assurance and Performance Improvement (QAPI) Plan. In addition, the facility failed to provide documentation to reflect systems management, tracking and trending of infection control program, and performance improvement plan process and progress. This had the potential to effect all 49 residents currently residing in the facility. Findings include: During entrance conference on 4/29/24, at 1:44 p.m. a copy of the facilities QAPI plan was requested from the director of nursing (DON). The facility provided a Quality Assurance and Performance Improvement (QAPI) Plan Sacred Heart Care Center, Inc. document, reviewed and updated on 9/10/21. This document included the following: Vision Statement, Mission Statement, QAPI statement, QAPI Guiding Principles, and the Scope of QAPI. The document identified the QAPI program; assessed quality in all areas, aimed for safety and high quality with all clinical interventions, used the best available evidence to determine appropriate care, and defined measures and goals. The document identified the QAPI program provided guidelines for supervisors and the nursing home board. The document also indicated the resources available for QAPI, the outline of the QAPI leadership process, reporting of QAPI activities to the Board of Directors, and feedback, data systems, and monitoring. The Facility Assessment provided for review was last reviewed and updated on 9/19/22. A review of the information in the Facility Assessment related to infection prevention and control was completed. The overview identified the process of preadmission screening for infections and communicable diseases, as well as review of immunization status. The assessment indicated in the event of more than one case of an infection or communicable disease, a line listing was created to ensure accurate tracking and mapping of the spread of infections and/or disease. The assessment indicated protocols were executed to ensure the outbreak was contained to a section or unit within the building to the extent possible. During interview on 5/2/24, at 3:55 p.m. the administrator stated that QAPI meetings were held monthly, and QA (Quality Assurance) meetings were held quarterly. Upon request for the meeting minutes, a hand written copy of a meeting titled Orientation Meeting Agenda, dated 5/2/24 was provided. Upon review of recurrent citations for infection control, the administrator stated they did track and trend information for infection control within the QA/QAPI documentation, and this information was provided by the Infection Control Preventionist (ICP) during the meetings. The The administrator stated she was unaware the tracking, trending, and contact tracing for infections/illness was not tracked in consistent formatting. A request was made for additional documentation to reflect meeting minutes, information regarding performance improvement processes, attendance rosters, and notification process of the information for those not in attendance, including the information provided. This information was not provided for review.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0868 Level of Harm - Potential for minimal harm Residents Affected - Many	Have the Quality Assessment and Assurance group have the required members and meet at least quarterly 35992 Based on document review and interview, the facility failed to demonstrate routine attendance and participation in the QA/QAPI process for 1 of 1 medical director (MD) required to be in attendance quarterly at Quality Assurance Performance Improvement (QAPI) meetings. Findings include: Review of the 9/10/21, Quality Assurance and Performance Improvement (QAPI) Plan Sacred Heart Care Center, Inc. identified the QAPI committee members required to be present consisted of the administrator, the Director of Nursing (DON), the Consultant Pharmacist, the Medical Director, the Infection Preventionist (IP), Director of Social Services, Environmental Services Director, Dietary Manager, Activity Director, Financial Managers, Clinical managers, Quality Assurance Coordinator, and other staff when expertise is needed. Review of the quarterly QAPI meeting attendance roster was completed for the following dates: 6/28/23, 10/25/23, and 1/31/24. Upon review of the attendance roster, it was identified the MD was present only at the meeting on 10/25/23. The attendance lacked evidence of the presence of the MD on both 6/28/23 and 1/31/24 On 5/2/24, at 3:50 p.m. the administrator stated the QAPI meetings were held monthly, and Quality Assurance meetings were held quarterly. A review of the attendance was completed as noted above. The administrator stated the meetings were held on the dates the MD was present in the facility. The administrator stated the MD was in house weekly. In addition to this, the facility also corresponded via emails and Zoom meetings. A request was made for any communication with MD regarding quarterly meetings not attended, with updates of the information reviewed. This information was not provided in follow up.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide and implement an infection prevention and control program. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48013 Based on observation, interview and document review, the facility failed to ensure appropriate hand hygiene and donning/doffing of personal protective equipment (PPE) were put into place for 4 of 4 residents (R10, R16, R22, and R45) In addition, the facility failed to complete contact source tracing during two outbreaks (norovirus and COVID-19). This deficient practice had the potential to affect all 49 residents who resided in the facility. Further, the facility failed to perform hand hygiene and PPE audits to ensure proper technique. Findings include: ENHANCED BARRIER PRECAUTIONS, (an infection control intervention designed to reduce transmission of multidrug-resistant organisms that employs targeted gown and glove use during high contact resident care activities), PPE USE AND HAND HYGIENE Review of CDC guidance, dated 4/1/24, Implementation of Personal Protective Equipment (PPE) Use in Nursing Homes to Prevent Spread of Multidrug-Resistant Organisms (MDROs) indicated examples of high-contact resident care activities requiring gown and glove use for Enhanced Barrier Precautions include: dressing, bathing/showering, transferring, providing hygiene, changing linens, changing briefs or assisting with toileting, device care or use: central line, urinary catheter, feeding tube, tracheostomy/ventilator and wound care: any skin opening requiring a dressing. R10's significant change Minimum Data Set (MDS) assessment dated [DATE], identified R10 had severe cognitive impairment and was dependent with all activities of daily living (ADL's) and had an indwelling catheter. R10's diagnoses included: heart failure, peripheral vascular disease (condition that affects the blood vessels outside of the brain and heart), renal failure (condition in which the kidneys can no longer adequately filter waste products from the blood), and Alzheimer's disease (brain disorder that causes problems with memory, thinking and behavior). R10's care plan dated 3/13/24, indicated R10 required staff assistance with all ADL's and had an indwelling catheter. During observation on 4/30/24 at 1:27 p.m., R10 did not have cart with PPE or hand hygiene in or outside of room, nor did they have signage posted indicating that R10 was on enhanced barrier precautions. R16's significant change MDS assessment dated [DATE], identified R16 had moderate cognitive impairment, required assistance with all activities of daily living (ADL)'s and had an indwelling catheter. R16's diagnoses included hereditary ataxia (group of rare, complex diseases that affect the cerebellum, spinal cord, and peripheral nerves), atrial fibrillation, hypertension, renal failure, neurogenic bladder (urinary tract condition that causes a person to lack bladder control due to nerve, spinal cord, or brain damage), thyroid disorder and depression. R16's care plan dated 3/19/24, indicated R16 required staff assistance with all ADL's and had an indwelling catheter. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During observation on 4/30/24 at 11:39 a.m., R16 did not have cart with PPE or hand hygiene in or outside of room, nor did they have signage posted indicating that R16 was on enhanced barrier precautions. R22's admission MDS assessment dated [DATE], identified R22 had intact cognition, required assistance with all activities of daily living (ADL)'s and had an indwelling catheter. R22's diagnoses included heart failure, hypertension, renal failure, benign prostatic hyperplasia, pneumonia, chronic obstructive pulmonary disorder and respiratory failure. R22's care plan dated 4/11/24, indicated R22 required staff assistance with all ADL's and had an indwelling catheter. During observation on 4/29/24 at 3:24 p.m , R22 did not have cart with PPE or hand hygiene in or outside of room, nor did they have signage posted indicating that R22 was on enhanced barrier precautions. R45's quarterly MDS dated [DATE], identified R45 had moderately impaired cognition, required assistance with all activities of daily living (ADL)'s and had an indwelling catheter. R45's diagnoses included hypertension, peripheral vascular disorder, renal failure, Alzheimer's disease, stroke and depression. R45's care plan dated 5/1/24, indicated R45 required staff assistance with all ADL's and had an indwelling catheter. During observation on 4/30/24 at 1:16 p.m , R45 did not have cart with PPE or hand hygiene in or outside of room, nor did they have signage posted indicating that R45 was on enhanced barrier precautions. During review of infection control, it was identified the facility had an outbreak of COVID in January and February 2024 and an outbreak of Norovirus in March of 2024. Documentation lacked evidence that infection control audits (hand hygiene and PPE) had been completed. Documentation lacked evidence that source contact tracing had been completed with both outbreaks. During interview on 5/2/24 at 1:33 p.m., infection preventionist (IP) stated enhanced barrier precautions (EBP) had not been implemented and confirmed R10, R16, R22 and R45 should be on EBP due to each of them having a catheter. IP stated hand hygiene and PPE audits had not been completed and confirmed that they should have been done during the norovirus outbreak and COVID outbreak to ensure staff were using proper technique to prevent the spread of infection. IP stated she did not go in depth with contact tracing and could not provide documentation of conversations with staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During interview on 5/2/24 at 3:48 p.m., director of nursing (DON) confirmed that EBP precautions had not been implemented. DON stated she was aware that the facility could have done a better job with this. DON stated EBP precautions were important for both resident and staff safety. DON stated source tracing should have been started with the resident identified with the infection and continued with every staff that assisted positive resident. The tracing should have been done with other residents those staff had cared for. DON stated she had expected IP to document all conversations that occurred regarding the infection control process, including plans for and implementation of tracking and tracing. DON stated it was important to document tracing so that facility had all the information in the event another resident or staff tested positive. DON stated if conversations were not documented, it wasn't completed. DON stated it was her expectation infection control audits had been completed, and potentially increased during the outbreaks to ensure proper infection control practices. Facility Enhanced Barrier Precautions policy and procedures, infection control audits and source contact tracing policies were requested but were not received.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245447	A. Building B. Wing	05/02/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Sacred Heart Care Center	1200 12th Street Southwest Austin, MN 55912

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)
F 0881 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement a program that monitors antibiotic use. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48013 Based on interview and document review, the facility failed to develop an antibiotic stewardship program which included the development of protocols and a system to monitor antibiotic use for 1 of 1 resident (R27) who was prescribed antibiotics prophylactically. Findings include: R27's quarterly Minimum Data Set (MDS) assessment dated [DATE], identified R27 had intact cognition and required supervision/assistance with all activities of daily living (ADL)'s. R27's diagnoses included type 1 diabetes mellitus, cancer, hypertension, renal failure, anxiety disorder, Waldenstrom macroglobulinemia (rare, slow-growing type of cancer that affects white blood cells called plasma cells and lymphoplasmacytoid cells), encephalitis (inflammation of the active tissues of the brain caused by an infection or an autoimmune response), auditory and visual hallucinations. The MDS also indicated that R29 received an antibiotic. R27's physician orders, printed 5/2/24, indicated R27 received Bactrim 400-80 mg tablet once daily at bedtime for infection prevention related to kidney transplant status. This order was implemented on 6/21/2021, and lacked an end date for antibiotic use. During interview on 5/2/24 at 1:33 p.m., infection preventionist (IP) stated R27 was admitted to facility with orders for prophylactic antibiotics for chronic conditions. IP confirmed the physician orders did not have an end date. IP stated residents on prophylactic antibiotics were not monitored with infection monitoring charting or tracking, and confirmed she had not followed up on R27's prophylactic antibiotic use with the provider. IP stated that prophylactic use of antibiotics was not reviewed or discussed at the facility's quality assurance and performance improvement (QAPI) team meetings. The facility Antibiotic Stewardship Program policy, revised 3/20/24, indicated the facility aimed to monitor antibiotic (ATB) use amongst residents and ensure ATB were prescribed and used appropriately throughout the facility to decrease the changes of MDRO development amongst residents. It also identified the facility aimed to ensure proper education was provided to employees and physicians regarding meeting criteria for antibiotic use ATB were requested and prescribed. The policy also indicated the facility aimed to monitor residents throughout their treatment and assess for any development of MDROs and/or adverse effects from ATB use. The Centers for Disease Control and Prevention's (CDC) undated, The Core Elements of Antibiotic Stewardship for Nursing Homes state antibiotic prescribing and use policies must, Specify dosing (including route), duration (i.e., start date, end date, and planned days of therapy), and indication, which includes both rationale (i.e., prophylaxis vs. therapeutic) and treatment site (i.e., urinary tract, respiratory tract), for every course of antibiotics.