STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245460	A. Building B. Wing	11/14/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Jones Harrison Residence	3700 Cedar Lake Avenue Minneapolis, MN 55416

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 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide care or services that was trauma informed and/or culturally competent. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49654 Based on observation, interview and document review the facility failed to comprehensively assess past trauma and develop a comprehensive person-centered care plan with goals and interventions utilizing a trauma-informed approach including monitoring of post traumatic stress disorder (PTSD) for 1 of 1 residents (R79) reviewed for trauma-informed care. Findings include: R79's quarterly Minimum Data Set (MDS) dated [DATE], indicated R79 was [AGE] years old, was cognitively intact and the MDS further indicated R79 was widowed, suffered from feelings of depression or hopelessness several days a week, and always socially isolated. R79's diagnoses sheet, dated [DATE], indicated the following diagnoses: post-polio syndrome (a condition that causes gradual muscle weakness and atrophy), hypertension (high blood pressure), hemiplegia (paralysis or weakness on one side of the body), and schizophrenia (a disorder that affects a person's ability to think, feel and behave clearly) and altered mental status. An Associated Clinic of Psychology (ACP) progress note dated [DATE], indicated R79's social history included an alcoholic father, had lost two siblings, had suffered the loss two sons who died as infants, and was the victim of an abusive partner. It further indicated R79 suffered from flashbacks of her traumatic experiences. ACP progress note dated [DATE], indicated R79 exhibited behavioral and emotional symptoms that affect functioning, was paranoid and lacked trust in others. R79's facility Psychosocial/History assessment dated [DATE], indicated resident had experienced life threatening or traumatic events that included: polio as a child, her first husband died at age 35, her second husband committed suicide, loss of two children in infancy, and had history of a stroke. The assessment further indicated R79 had been intimidated, hurt, manipulated, or controlled by her second husband who was verbally and physically abusive towards her. R79's care plan printed [DATE], at 12:05 p.m. lacked any information on trauma informed care or trauma triggers. A care plan printed on [DATE], at 2:15 p.m. indicated R79's care plan had been updated to include trauma informed care with an initiation date of [DATE], three days after survey entrance. (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
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0699 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on [DATE], at 1:09 p.m. certified nursing assistant (CNA)-A stated he was familar with R79 and worked with her frequently. CNA-A stated he did not now if R79 was a trauma survivor but did have behavioral issues. CNA-A stated he did some online education for trauma-based care but nothing specific to R79. During interview on [DATE], at 1:21 p.m. registered nurse (RN)-F stated she was familiar with R79 and worked with her frequently. RN-F stated she would occasionally take R79 outside if she was exhibiting behavioral issues but could not identify any specific trauma informed care-based interventions for R79. During interview on [DATE] at 1:35 p.m. transitional care unit charge nurse (TCU-CN) stated when a resident is assessed by social workers the information is shared with staff, used to create the plan of care, and discussed in interdisciplinary meetings. TCU-CN went on to say the facility meets with ACP providers weekly to discuss resident care and will reach out to them for instruction, assistance, or guidance on how to treat residents with history of trauma. During interview on [DATE] at 2:40 p.m. director of nursing (DON), stated she was familiar with R79, and she required total care and assistance. DON stated R79 had trauma history including emotional and physical abuse, death of children and dealing with law enforcement. She went on to say R79 would frequently isolate herself, exhibited fear of the government and it was difficult to identify what was trauma and what was delusion. DON stated she would expect any resident who had experienced trauma would have trauma informed care addressed on their care plan and it should identify what the trauma was and how to minimize risk of retraumatizing. DON confirmed R79's care plan did not previously include trauma informed care, did not include trauma triggers or interventions but had been updated on [DATE], three days after survey entrance, to include trauma informed care, triggers and interventions. DON stated it was important to know and understand a residents trauma history to avoid re-traumatization.