

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245462	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/29/2024
NAME OF PROVIDER OR SUPPLIER  Maranatha Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  5409 69th Avenue North Brooklyn Center, MN 55429	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47083</b></p> <p>Based on interview and document review, the facility failed to ensure injuries of unknown origin were reported to the State Agency (SA) immediately (within two hours) for 1 of 2 residents (R1) reviewed for injuries of unknown source.</p> <p>Findings include:</p> <p>On 3/25/24 at 3:10 p.m., a facility reported incident (FRI) submitted to the SA indicated R1 had bruises of unknown origin. These included bruising on her left upper inner arm measuring 30 centimeters (cm) x 5cm, the left palm of her hand measuring 4 cm x 1 cm, her left shoulder measuring 5 cm x 4 cm, and a skin tear to her left knee measuring 5 cm x 4 cm.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE] indicated R1 had severe cognitive impairment, and had a diagnosis of dementia. The MDS indicated R1 required substantial to maximum assistance of staff for all personal care and transfers. The MDS also indicated R1 was non-ambulatory, required a manual wheelchair for all locomotion, and she had a history of falls.</p> <p>On 3/23/24 at 2:15 a.m. a progress note indicated R1 had an open area and bruise. The documentation lacked location, description and measurements of the open area and the bruise.</p> <p>On 3/23/24 at 10:44 a.m. a progress note indicated R1 had pain in her left leg, and a skin tear below her left knee. The progress note lacked a description or measurements of the skin tear.</p> <p>On 3/24/24 at 2:18 p.m. a progress note indicated R1 had a bruise to her left hip area. The progress note lacked a description or measurements of the bruise.</p> <p>On 3/24/24 at 5:00 p.m., a facility Resident Occurrence Report indicated R1 had a bruise to her left inner arm measuring 4 cm x 2 cm and a bruise to her left shoulder. The report indicated the DON was notified of the injuries on 3/24/24.</p> <p>On 3/24/24 at 5:16 p.m. a progress note indicated R1 had a bruise to her left upper inner arm of unknown origin. The progress note lacked a description and measurement of the bruise.</p> <p>On 3/24/24 at 6:55 p.m. a progress note indicated R1 had a bruise to her left upper inner arm measuring 4 cm x 2 cm.</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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(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>On 3/25/24 at 3:17 p.m. a progress note indicated a adult report was made regarding the bruising.</p> <p>A facility document Resident Occurrence Report dated 3/23/24 at 2:15 a.m., indicated R1 had an open area on left leg below the knee.</p> <p>A facility document Resident Occurrence Report dated 3/24/24 at 8:00 a.m., indicated R1 had a bruise to her left hip measuring 3 cm x 3cm. The report indicated the director of nursing (DON) was notified of the injury on 3/24/24 at 2:13 p.m.</p> <p>On 3/29/24 at 10:10 a.m., licensed practical nurse (LPN)-A stated R1 had a skin tear and pain to her left leg on the morning of 3/23/24. LPN-A stated he notified the DON of the injury right away.</p> <p>On 3/29/24 at 11:39 a.m., registered nurse (RN)-A stated on 3/24/24 nursing assistant (NA)-A notified her of R1 bruise to R1's left upper arm. She stated the bruise measured 4 cm x 2 cm, and R1 was unable to identify how she sustained the bruise. RN-A stated she notified the DON of the bruise at 4:00 p.m. on 3/24/24.</p> <p>On 3/29/24 at 11:57 a.m. NA-A stated she first saw the bruise to R1's left upper arm on 3/24/24 after lunch, when she was assisting R1 to put a sweater on. She stated she informed RN-A immediately of the bruise.</p> <p>On 3/29/24 at 12:57 p.m., the DON stated LPN-A called him on 3/23/24 around 2:00 p.m., to report left hip bruise and pain. LPN-A was not aware of an origin for the bruise and pain. RN-A called him on 3/24/24 at 4:00 p.m., to report R1's left upper inner arm bruise measuring 4 cm x 2 cm. The DON stated RN-A was not aware of an origin for the bruise. On the morning of 3/25/24 he observed the bruises to R1's left hip, inner arm, palm of hand and shoulder. He made the report to the SA on 3/25/24 at 3:00 p.m. He stated he did not report the bruises of unknown injury because R1 likely had an unwitnessed fall.</p> <p>On 3/29/24 at 1:14 p.m., the administrator stated the facility should investigate injuries of unknown origin, and report to the SA right away.</p> <p>The facility policy Vulnerable Adult Abuse Prevention Plan dated 1/23 directed each resident has the right to be free from abuse including but not limited to verbal, sexual, physical, and mental abuse, injuries of unknown origin, corporal punishment, misappropriation of property, mistreatment, neglect or involuntary seclusion. The policy directed allegations of abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property will be reported immediately within the state and federal guidelines.</p>		