

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245465	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/20/2025
NAME OF PROVIDER OR SUPPLIER Galeon		STREET ADDRESS, CITY, STATE, ZIP CODE 410 West Main Street Osakis, MN 56360	

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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47083</p> <p>Based on interview and document review, the facility failed to provide timely notification for change in condition to the physician for 1 of 3 residents (R1) reviewed for change in condition, when R1 had a weight gain of 13 pounds in her first nine days at the facility, resulting in postpoing her scheduled surgery.</p> <p>Findings include:</p> <p>R1's admission Minimum Data Set (MDS), dated [DATE], indicated R1 had diagnoses of right humerus (arm bone from shoulder to elbow) fracture and coronary artery disease.</p> <p>A progress note, on 1/21/25 at 8:24 p.m., indicated R1 was admitted to the facility from the hospital following a fall on 1/18/25, at home causing a proximal humerus fracture.</p> <p>A progress note, on 1/22/25 at 11:21 a.m., indicated R1's weight was 200 pounds.</p> <p>A progress note, on 1/31/25 at 1:01 p.m., indicated R1 weighed of 213 pounds, and weighed 200 pounds on 1/22/25.</p> <p>A progress note, on 2/2/25 at 3:24 p.m., indicated R1 was short of breath and had a cough.</p> <p>A progress note, on 2/3/25 at 4:26 p.m., indicated R1 was short of breath with oxygen saturation of 90%, on room air.</p> <p>A progress note, on 2/4/25 at 5:52 p.m., indicated R1 was short of breath with activity and conversation and had a cough. R1 had +3 (moderate to severe level of fluid accummulation) edema from her mid-calf to her feet. R1's face and abdomen appeared puffier and her pants were tight. Weight gain since admission. Notified physician. Physician ordered STAT (immediate) dose of Lasix 40mg and labwork to be completed.</p> <p>A progress note, on 2/4/25 at 6:01 p.m., indicated R1's physician felt R1 was not medically stable for scheduled surgery on 2/5/25.</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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A physician visit note, dated 2/5/25, indicated R1 was planned for surgery on 2/5/25 but due to fluid overload, the surgery was postponed. R1 had edema and wheezing in her lungs. R1 had an increase of 13 pounds since admission. Staff contacted the physician on 2/4/25 and started R1 on Lasix (a medication used to treat fluid retention) immediately.</p> <p>On 2/20/25 at 11:58 a.m., the director of nursing (DON) stated she wrote the progress note, on 1/31/25. The DON stated she wasn't paying attention when she entered the note. She did not address the weight gain with the physician or the interdisciplinary team. The DON stated she should have done an assessment, checked for edema, listened to R1's lung sounds, and notified the physician.</p> <p>On 2/20/25 at 2:55 p.m., the physician stated he expected to be notified when the facility noted R1 had gained 13 pounds from 1/22/25 to 1/31/25, but was not made aware until 2/4/25, when R1 was experiencing fluid overload. The physician stated R1 was not medically stable to proceed with surgery for her arm fracture on 2/5/25. The physician stated R1's arm would heal without surgery.</p> <p>A facility document, Change in a Resident's Condition or Status, dated 2/21, directed our facility promptly notifies the resident, his or her attending physician, and the resident representative of changes in the resident's medical/mental condition and/or status.</p>		