

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245484	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/02/2024
NAME OF PROVIDER OR SUPPLIER  Villa St Vincent		STREET ADDRESS, CITY, STATE, ZIP CODE  516 Walsh Street Crookston, MN 56716	

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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 35569</p> <p>Based on observation, interview and document review the facility failed to develop and implement interventions to ensure adequate supervision for 1 of 1 residents (R5) reviewed who had multiple incidents of unsafe behavior related to marijuana use.</p> <p>Findings include:</p> <p>R5's face sheet identified diagnosis that included Schizo-affective disorder, dementia without behaviors, mood disturbance and anxiety.</p> <p>R5's quarterly Minimum Data Set (MDS) dated [DATE], identified moderate cognitive impairment. The MDS indicated R5 had hallucinations and did not display any behaviors. The MDS indicated R5 was independent with mobility, transfers and ambulation and had sustained two or more falls since the previous assessment.</p> <p>R5's Fall Risk and Functional Limitation Observation dated 3/15/24, identified intermittent confusion and use of assistive devices. The observation identified the use of marijuana. The observation indicated both physical and cognitive limitations increased R5's risk for falls and indicated she had three falls since the previous observation period. The observation identified the use of recreational marijuana but lacked assessment related to how the marijuana use affected R5's physical functioning and falls.</p> <p>R5's care plan dated 3/18/24, indicated she smoked recreational marijuana. The care plan indicated R5 had a smoking contract in place and would practice safe smoking habits. The care plan directed staff to remind R5 she was not to be unaccompanied when ambulating outside the facility due to her choice of marijuana use but indicated R5 was not always compliant. The care plan further identified a risk for falls.</p> <p>R5's Marijuana Use Contract updated 3/20/24, indicated nursing staff was able to restrict access to the smoking area outside if R5 appeared medically unstable or too intoxicated to safely perform activities of daily living including but not limited to steady walking, keeping eyes open, dressing appropriately, able to communicate and able to pass a safe smoking evaluation. The contract indicated R5 would limit her marijuana use to three times per day, two one-hitters (used to smoke marijuana) between the hours of 6:00 a.m. and 2:00 a.m.</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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R5's facility Progress Notes identified the following:</p> <p>3/6/24, R5 attempted to go out to the smoke shack and writer denied her due to R5's eyes being barely open. Later, around midnight, NA spotted her on the camera in the smoke shack.</p> <p>3/9/24, at approximately 1:00 a.m. R5 wanted to go out to the smoke shack. Writer told her no as her eyes were barely open and she was wearing only her bra with a winter coat unzipped. R5 went back to her room and returned about 30 minutes later with a shirt on but no coat and went out to smoke.</p> <p>3/13/24, R5 was awake all night going to the smoke shack, eyes barely open and sometimes going when staff were with other residents.</p> <p>3/15/24, R5 went to nurses station, gait somewhat unsteady and eyes closed. When R5 opened her eyes they were red and R5 had slurred speech. Writer asked R5 not to go to the smoke shack and R5 stated she had just woken up. R5 had been to the smoke shack at least 4-5 times.</p> <p>3/17/24, At approximately 12:15 a.m. R5 was found on the floor by staff. R5 had just gone out to smoke and smelled like marijuana.</p> <p>3/18/24, R5 was observed on the floor watching a movie and asked for assistance back to bed. Writer asked her how she got on the floor and R5 stated, I was waiting for the floor to come to me and it took so long so I came to the floor and said I had important things to do with the floor. It was noted 20 minutes before, R5 had been in the smoke shack smoking her marijuana. When asked if she was okay R5 stated, yes, I'm just high.</p> <p>3/18/24, IDT discussed falls. R5 had fallen twice and had been smoking marijuana prior to each fall. Interventions to revisit contract and provide education.</p> <p>3/18/24, Another resident reported that R5 was sleepwalking and went into another residents room around 4:00 a.m.</p> <p>3/29/24, R5 was noted to come back inside facility with no jacket and her walker in the smoking area.</p> <p>3/29/24, R5 was noted to be in another residents room attempting to remove the toilet seat riser. Staff assisted R5 back to her room. R5 stated she was going out to smoke and was not able to be redirected.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation on 3/28/24 at 2:53 a.m., R5 ambulated independently from her room to the smoke shack outside wearing a long shirt, jacket and shoes. R5 was not wearing any pants and her shirt only reached to just below her buttocks. No staff were observed in the vicinity. R5 could be seen on the camera at the nurses station in the smoking shack. R5 left the smoking area and returned to the building at 3:02 p.m. At 4:03 p.m. R5 again ambulated out to the smoking area. R5 was wearing pants at this time. R5 was seen on the camera smoking a cigarette and returned to the building at 4:07 p.m. Again no staff was in the area. At 4:32 p.m. R5 was again observed on camera in the smoke shack. R5 had a locked box she placed under the seat of her walker. At 4:36 p.m. R5 entered the building and returned to her room. At 5:04 p.m. R5 left her room and ambulated out to the smoking area. R5 was seen on the camera as she entered to smoking area. R5 removed a locked metal box from under the seat of her walker and lit and smoked a one [NAME]. At 5:09 p.m. R5 returned the box under the seat of her walker, exited the shack and returned to her room. During the observations, no staff were in the vicinity of the nurses station.</p> <p>During interview on 3/29/24 at 9:36 a.m., NA-A stated she did not usually work on the unit but said she was aware R5 had falls. NA-A said fall interventions were listed on the care sheets. NA-A said she was aware R5 smoked marijuana and said she was allotted a certain amount each day but was not sure how much or how often. NA-A said she was not in charge of monitoring when R5 went outside.</p> <p>During interview on 3/29/24 at 9:45 a.m., NA-B stated she was a little bit familiar with R5. NA-B said she was aware R5 was allowed to smoke marijuana and thought R5 had to sign out. NA-B said she did not know about any of R5's falls.</p> <p>During interview on 3/29/24 at 9:55 a.m., NA-C stated he was aware R5 was a fall risk and said fall interventions were on the care sheet. NA-C said R5 had a plan for her marijuana use and said one time he saw the paper (contract). NA-C said if R5 wanted to smoke she had to ask whoever was at the desk and had to sign out on a sign out sheet.</p> <p>During interview on 3/29/24 at 10:06 a.m., registered nurse (RN)-B stated R5 had not fallen on the day shift but had a recent fall on the p.m. to overnight shift. RN-B said fall interventions included proper footwear and said that was the only intervention she was aware of. RN-B stated R5 smoked marijuana and said she did that on her own. RN-B said R5 had her own stuff, managed it on her own and did not tell staff when she was using it. RN-B said if she saw R5 going outside she would assess if she saw signs of her being high, like if she was able to talk to her, still standing and dressed appropriately. RN-B said there were times when she had to remind R5 to dress appropriately. RN-B further stated she had not received any direction to monitor when or what R5 was smoking.</p> <p>During interview on 3/29/24 at 10:15 a.m., trained medication aide (TMA)-A stated she was not sure what R5's fall interventions were but said she was aware R5 had fallen. TMA-A stated she was aware R5 smoked marijuana and said she believed there was a contract in place that placed restrictions on the times R5 could smoke. TMA-A stated R5 started using marijuana at the facility when it became legal and said she was not aware of any falls when R5 was outside or when she was high.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 3/29/24 at 10:21 a.m., R5 stated she had been trying to do what the facility asked, staying away from other people while smoking marijuana. R5 said they check to make sure she was not stoned enough that she fell and said I've done that before. R5 said she doesn't have to check out. R5 said they told her she could smoke marijuana three times per day but said nobody monitors it. R5 said she had been smoking marijuana at the facility for a little over a year but had told the facility when it became legal. When asked how many of her falls occurred when she was under the influence of marijuana, R5 stated 50%.</p> <p>During interview on 3/29/24 at 10:27 a.m., NA-D stated she only worked on the unit about once a month but was familiar with R5. In regard to R5's marijuana use, NA-D said I feel like she is kind of overdoing it a little bit. NA-D said R5 couldn't keep her eyes open and said she acts kind of zombie-ish. NA-D said she was not aware of any restrictions on R5's marijuana use.</p> <p>On 3/29/24 at 10:56 a.m., registered nurse (RN)-A and licensed social worker (LSW)-A were interviewed. RN-A stated a lot of R5's falls were due to non-compliance with footwear. RN-A said maintenance had replaced the wheels on R5's walker because they were not locking and said a lot of education was given to R5. RN-A reviewed R5's medical record and said she had not fallen since January of 2024. When questioned about the most recent falls RN-A confirmed R5 had fallen in March 2024, and said following that fall she and LSW-A had talked to her about her marijuana use safety contract. RN-A stated R5 had denied the marijuana was causing her falls. In regard to the smoking assessment that was completed due to R5's increase in falls, RN-A stated it was completed to determine if R5 was still safe to smoke. RN-A acknowledged the assessment did not address R5's ability to safely get to the smoking area. RN-A stated if a resident who smoked cigarettes was falling they would assess if they were safe to get to the smoking area and return. LSW-A stated usually at night staff would tell R5 she was not safe to go outside. LSW-A said from what she had read, R5 was able to sign herself out even if she was impaired. LSW-A said the charge nurse would advise R5 not to go outside if staff felt like she was not safe. LSW-A stated the charge nurses knew they were responsible to monitor R5. When asked how it was communicated to the charge nurses, RN-A stated they know. LSW-A said R5 agreed as part of her marijuana use contract to only smoke it 2-3 times per day but said all staff could do was kind of watch to see how many times R5 was going outside. LSW-A said the facility has been aware of R5's marijuana use since August of 2024.</p> <p>During interview on 4/2/24 at 11:58 a.m., the director of nursing (DON) stated when R5 began smoking marijuana at the facility she would go outside and sit in an area that was not the designated smoking area. The DON stated the facility did not have a marijuana use policy and said LSW-A and RN-A had many conversations with R5 to come up with a compromise. The DON said R5 had proposed the idea about using the one [NAME] three times a day but after she agreed she decided it wasn't enough. The DON stated due to the falls, the facility encouraged her to alert staff or to sign out so someone could monitor the amount of time she was out. The DON said if staff were aware and R5 appeared to be under the influence they tried to watch the cameras but said they did not have anyone designated to supervise R5.</p> <p>Facility Integrated Fall Management policy dated 8/24/17, indicated fall risk assessment, identification and implementation of appropriate interventions were necessary to maintain resident safety. The policy indicated care planned interventions were based on the finding of the fall risk assessment. The policy directed staff to evaluate the environment for possible contributing factors and address them and directed the IDT to review the falls and the care plan changes and if needed implement additional interventions.</p>		