STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245485	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Johnson Memorial Hosp & Home	1290 Locust Street Dawson, MN 56232

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals. 47497 Based on interview and record review, the facility failed to ensure 1 of 14 residents (R47) care plan was revised to identify that she had an actual elopement event. Findings include: Review of the report to the State Agency (SA) identified on 5/27/24 at 11:10 a.m., R47 was observed by another resident exiting the building without staff knowledge. Once notified, facility staff acted and found R47 approximately 10 feet from the door. R47 had been wearing a WanderGuard bracelet however, staff identified the door did not engage the lock and the alarm did not sound per normal when a resident wore a WanderGuard. R47's 11/22/24, annual Minimum Data Set (MDS) assessment identified her cognition was severely impaired. R47 had diagnoses of Alzheimer's dementia, delirium, and disorientation. R47 was noted to be independent with transfers and required extensive assistance with dressing and hygiene. R47 wore a wander/elopement alarm. R47's care plan identified she was at risk for elopement and had a history of attempts to leave the facility unattended and had impaired safety awareness. R47 wore a wander-guard and staff were to offer pleasant diversion, take R47 out to the courtyard when weather permitted, and check the WanderGuard function every shift. The care plan lacked update or revision following the 5/27/24 elopement to include potential new interventions such as increased supervision etc that was identified by staff. Interview on 2/20/25 at 10:04 a.m., with registered nurse (RN)-D reports they keep an eye on her when she is wandering. She had no knowledge of R47 having successfully eloping from the building on 5/27/24. Interview on 2/20/25 at 10:07 a.m., with nursing assistant (NA)-A identified if R47 is wandering a lot they keep the doors leading off the unit closed. Staff offer snacks or a warm blanket to try and get her to sit for a while and when the weather is nice, they offer to take her out on the courtyard. NA-A had no knowledge of R47's actual elopement event. (continued on next page)

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
	245485	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Johnson Memorial Hosp & Home	1290 Locust Street Dawson, MN 56232

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 0657 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Interview on 2/20/25 at 11:00 a.m., with director of nursing identified she agreed the facility had ensured they updated the care plan to notify staff of an actual elopement and new interventions to prevent reoccurrence. She agreed that should have been done and was not sure why staff failed to do it. Review of the April 2024, Comprehensive Person-Directed Care Plan and Baseline Care Plan Policy identified revisions to the care plan should be added as the resident's condition changes in order to address current problems.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245485	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Johnson Memorial Hosp & Home	1290 Locust Street Dawson, MN 56232

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Ensure that nurses and nurse aides have the appropriate competencies to care for every resident in a way that maximizes each resident's well being. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49336 Based on observation, interview, and document review, the facility failed to ensure all 9 licensed nurses (registered nurse (RN)-A, RN-C, RN-D, RN-G, RN-I, licensed nurse (LPN)-A, LPN-B, LPN-C, and LPN-D) and all 5 agency licensed nurses (RN-E, RN-J, RN-K, LPN-E, and LPN-F) who administer or had the potential to administer insulin were appropriately trained and deemed competent to facility policy and manufacturer's instructions for insulin administration. This had the potential to affect all residents who recieved insulin. Findings include: Review of the [DATE], report to the facility identified R106 was scheduled to receive 36 units of Basaglar (a long-acting insulin). The staff nurse attempted to document R106's insulin administration on the medical record and realized R106 had actually received 36 units of Fiasp (a short acting insulin), instead. The staff nurse reported the incident to R106's primary provider and was directed to monitor R106 blood sugars. R106's face sheet identified R106 was admitted [DATE] with a diagnosis of diabetes. R106's, February Medication Administration Record identified R106 was to receive 36 units of glargine twice a day for diabetes and Fiasp sliding scale insulin according to blood sugar levels listed as: ,d+[DATE] = 0 units, ,d+[DATE] = 2 units. Staff were to give subcutaneously (fat layer between the skin and muscle) 3 x per day. R106's undated, current care plan identified staff nurses would administer diabetic medication as ordered, monitor/document for side effects and effectiveness of the medication, monitor/document/report as needed signs and symptoms related to low blood sugar levels such as sweating, tremors, confusion, slurred speech. Review of [DATE] Medication Administration Protocol policy identified the facility nursing staff would follow medication rights before, during and after medication administration, as followed: 1) Patient verification 2) Right medication 3) Right dose 4) Right route 5) Right time 6) Right documentation 7) Right reason (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245485	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Johnson Memorial Hosp & Home	1290 Locust Street Dawson, MN 56232

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 0726 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	8) Right response 9) medication not expired Staff nurses were to ensure medication, such as, insulin would be labeled with an open and discard date, according to manufacturer's instructions. Lastly, staff nurses were to check expiration dates of medications during administration times. Interview on [DATE] at 2:02 p.m., with R106 identified staff nurse informed him he was given the incorrect insulin and was to be monitored throughout the night. R106 stated he did not experience any side effects from the administration of the incorrect insulin. Interview on [DATE] at 5:12 p.m., with the director of nursing (DON) identified there was no formal checklist that would include licensed nurse staff being trained on insulin administration. She had no copies of employee training accessible on file to identify insulin training or competencies had been completed and licensed nurses would be trained on the job alongside other colleagues on the unit by nurse managers. DON stated in services were held at the facility that was directed at insulin administration, however, audits were not completed. Review of [DATE] In-Service Education policy identified continuing education and training for employees would meet regulatory and licensing requirements. New employee was to complete initial training upon hire and annual training was to be completed for all employees based on department needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245485	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Johnson Memorial Hosp & Home	1290 Locust Street Dawson, MN 56232

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49336 The facility failed to administer insulin according to physician orders and manufacturers instruction for 1 of 1 (R106) resident who was administered the wrong insulin. Findings include: Review of report to the State Agency on [DATE] at 9:00 p.m., identified R106 was scheduled to receive 36 units of Basaglar (a long-acting insulin). The staff nurse attempted to document R106's insulin administration on the medical record and identified they made an error and R106 had received 36 units of Fiasp (a short acting insulin) instead. The staff nurse reported the incident to R106's primary provider and was directed to monitor R106 blood sugars. R106 face sheet identified they were admitted [DATE] with a diagnoses of Alzheimer's, dementia with psychotic disturbance, depression and diabetes. R106's, February Medication Administration Record identified R106 was to receive 36 units of glargine twice a day for diabetes and Fiasp sliding scale insulin, give ,d+[DATE]= 0 units, ,d+[DATE]= 2 units, give subcutaneously (the fat layer between the skin and muscle) three times a day. R106's undated, current care plan identified staff nurses would administer diabetic medication as ordered, monitor/document side effects and effectiveness of the medication, monitor/document/report as needed, sign and symptoms related to hypoglycemia, such as sweating, tremors, confusion, slurred speech, and refer to podiatrist/foot care nurse to monitor/document foot care needs. Interview on [DATE] at 1:12 p.m., with RN-C identified it was not appropriate practice for staff nurses to administer insulin to residents without following medication rights and expiration dates of medication before administration. RN-C could not recall having demonstrated competency as part of hire or annually. Interview on [DATE] at 2:02 p.m., with R106 identified staff nurse informed him he was given the incorrect insulin and was to be monitored throughout the night. R106 stated he did not experience any side effects from the insulin. Review of [DATE] Medication Administration Protocol policy identified the facility nursing staff would follow medication rights before, during and after medication administration, as followed: 1) Patient verification 2) Right medication 3) Right dose 4) Right route (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245485	A. Building B. Wing	02/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Johnson Memorial Hosp & Home	1290 Locust Street Dawson, MN 56232

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 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5) Right time 6) Right documentation 7) Right reason 8) Right response 9) Verify the medication had not expired Interview on [DATE] at 5:12 p.m., with the director of nursing (DON) identified there was no formal checklist that would include licensed nurse staff being deemed competent upon hire or annually on insulin administration. She had no copies of employee training accessible on file to identify insulin training or competencies had been completed and licensed nurses would be trained on the job alongside other colleagues on the unit by nurse managers. DON stated in services were held at the facility that was directed at insulin administration, however, audits were not completed. Review of [DATE] In-Service Education policy identified continuing education and training for employees would meet regulatory and licensing requirements. New employee was to complete initial training upon hire and annual training was to be completed for all employees based on department needs.