STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245487	A. Building B. Wing	04/04/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Gundersen St Elizabeth's Care Center	1200 Fifth Grant Boulevard West Wabasha, MN 55981

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657 Based on record review, and interview the facility failed to ensure a written notification of transfer and/or discharge was sent to the office of the Ombudsman for 1 of 1 (R45) residents reviewed for hospitalization . Findings include: R45's quarterly minimum data set (MDS) assessment dated [DATE], indicated R45's diagnoses included congestive heart failure (CHF), peripheral vascular disease (PVD-poor circulation), diabetes mellitus (DM), hyperlipidemia (HLD-high levels of lipids in blood), and asthma. Progress notes indicated R45 was hospitalized from 11/6/23 until 11/10/23. R45's medical record lacked evidence a written notification of transfer was sent to the Ombudsman for long term care. On 4/3/24 at 12:16 p.m., an email was received from the administrator stating they had not notified the ombudsman of the transfer for R45. During an interview on 4/3/24 at 5:37 p.m., registered nurse (RN)-A stated the facility would only notify for emergency transfers and hospitalization , however stated they were unsure of exact process, and it was normally completed by the administrator. On 4/4/24 at 2:15 p.m., the administrator confirmed the office of the ombudsman had not been notified of the hospital transfer. The facility policy Transfer or Discharge Notice last reviewed 12/21/23, indicated a copy of the notice was to be sent to the office of the state long-term care Ombudsman.

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 0625 Level of Harm - Potential for minimal harm Residents Affected - Many	Notify the resident or the resident's representative in writing how long the nursing home will hold the resident's bed in cases of transfer to a hospital or therapeutic leave. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657 Based on record review, and interview the facility failed to provide a written notification/copy of a bed hold for 1 of 1 (R45) residents reviewed for hospitalization . Findings include: R45's quarterly minimum data set (MDS) assessment dated [DATE], indicated R45's diagnoses included congestive heart failure (CHF), peripheral vascular disease (PVD-poor circulation), diabetes mellitus (DM), hyperlipidemia (HLD-high levels of lipids in blood), and asthma. Progress notes indicated R45 was hospitalized from 11/6/23 until 11/10/23. R45's medical record lacked evidence a written notification of the bed hold policy was provided to the R45 or their representative prior to or during the hospitalization . On 4/4/24 at 12:19 p.m., an email was received from the administrator confirming that the bed hold had not been provided to the resident or their representatives. During an interview on 4/4/24 at 12:42 p.m., licensed practical nurse (LPN)-A, stated the facility had not been completing bed holds since prior to the covid-19 pandemic. On 4/4/24 at 1:13 p.m., the registered nurse manager (RN)-A stated the facility goes through bed hold information upon admission, and inform the family of transfers, however confirmed the bed hold had not been completed. On 4/4/24 at 2:15 p.m., the administrator confirmed the bed holds had not been completed. The facility policy Bed Hold Days last reviewed 12/29/23, indicated in the case of emergency transfer, the resident/responsible party was to be provided with written notice within 24 hours of transfer, and once completed to be placed in the residents chart.