

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Emmanuel Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Madison Avenue Detroit Lakes, MN 56501	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 43367</p> <p>Based on observation, interview and record review, the facility failed to ensure call lights were answered in a timely manner that promoted dignity for 3 of 4 (R2, R3, R4) reviewed.</p> <p>Findings include:</p> <p>R2's significant change Minimum Data Set (MDS) dated [DATE], identified severely impaired cognition and no behaviors. He required supervision/touch assist with all transfers and ambulation up to 10 feet, partial/moderate assistance with toileting, personal/toileting hygiene, and sit to stand, substantial/maximum assist with bathing, and used a walker and/or wheelchair for mobility. He was occasionally incontinent of bladder and always continent of bowel. Diagnoses included stroke, arthritis, dementia, anxiety, and depression.</p> <p>R2's care plan dated 1/29/25, identified he was at risk for falls related to mobility deficits and psychotropic drug use and directed staff to anticipate and meet the needs of the resident, call light place within reach, encourage to use call light for assistance as needed and prompt response to all requests for assistance. He had an activities of daily living (ADL) self-care deficit due to stroke and directed staff to offer toilet with cares, limited/extensive assistance for toileting, peri-cares and hygiene related to incontinence. He required extensive assistance of one and a four wheeled walker for transfers, attempted to self-transfer in room, and required hourly checked due to increased fall risk.</p> <p>The call light response time log was requested and reviewed for the date range of 1/1/25 through 1/23/25. Review of the call light response times for R2 revealed his call light was not responded to in a timely manner on the following dates:</p> <p>On 1/1/25, the call light was activated at 8:42 a.m. and was responded to 25 minutes 53 seconds after it was activated.</p> <p>On 1/1/25, the call light was activated at 1:24 p.m. and was responded to 20 minutes 16 seconds after it was activated.</p> <p>On 1/5/25, the call light was activated at 8:40 a.m. and was responded to 27 minutes 48 seconds after it was activated.</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
-----------------------------------------------------------------------	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Emmanuel Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Madison Avenue Detroit Lakes, MN 56501	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/6/25, the call light was activated at 12:34 p.m. and was responded to 58 minutes 25 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 8:22 p.m. and was responded to 20 minutes 05 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 6:44 a.m. and was responded to 25 minutes 29 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 10:22 a.m. and was responded to 25 minutes 16 seconds after it was activated.</p> <p>On 1/12/25, the call light was activated at 11:21 a.m. and was responded to 30 minutes 40 seconds after it was activated.</p> <p>On 1/23/25, the call light was activated at 6:37 a.m. and was responded to 35 minutes 12 seconds after it was activated.</p> <p>During an interview/observation on 1/29/25 at 2:56 p.m. R2 sat in his recliner in his room fully dressed in gripper socks. He used the call light when assistance was needed for toileting. Staff were busy and took up to one hour at times to respond to the call light. He used the urinal or took himself to the bathroom when unable to get staff assistance to avoid an accident. Observation showed a urinal hung from the backside of his four wheeled walker and had approximately 100 milliliters (ml) of yellow urine in it. He was aware he required assistance but became more impatient since his stroke, refused assistance at times, and felt staff avoided him because of that. He stated he was [AGE] years old, wished he could get the assistance he needed, frustrated, felt like he did not matter, and worried about falling again.</p> <p>R3's significant change MDS dated [DATE], identified intact cognition without behaviors. She required set up/clean up with personal hygiene, supervision/touching with sit to stand and all transfers, partial/moderate assist with toileting hygiene and bathing, and used a walker and/or wheelchair for mobility. She was frequently incontinent of bladder and always continent of bowel. Diagnoses included renal failure, DM, Alzheimer's, dementia, and respiratory failure. Medications included diuretics and oxygen.</p> <p>R3' care plan dated 1/24/25, identified she was at risk for falls and had an ADL care deficit due to gait/balance problems, activity intolerance, history of falls and directed staff to encourage call light for assistance and routine safety checks. She had urinary stress incontinence and potential for impairment to skin integrity required up to extensive assistance of one staff member for toilet use and hygiene and directed staff to change her disposable briefs per schedule/as needed and clean peri-area with incontinence episode.</p> <p>The call light response time log was requested and reviewed for the date range of 1/17/25 through 1/30/25. Review of the call light response times for R3 revealed her call light was not responded to in a timely manner on the following dates:</p> <p>On 1/7/25, the call light was activated at 7:23 a.m. and was responded to 17 minutes 44 seconds after it was activated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Emmanuel Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Madison Avenue Detroit Lakes, MN 56501	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/8/25, the call light was activated at 5:40 p.m. and was responded to 30 minutes 56 seconds after it was activated.</p> <p>On 1/9/25, the call light was activated at 10:27 a.m. and was responded to 33 minutes 05 seconds after it was activated.</p> <p>On 1/19/25, the call light was activated at 12:38 p.m. and was responded to 54 minutes 29 seconds after it was activated.</p> <p>On 1/23/25, the call light was activated at 10:16 a.m. and was responded to 19 minutes after it was activated.</p> <p>On 1/23/25, the call light was activated at 5:49 p.m. and was responded to 2 hours 55 minutes 43 seconds after it was activated.</p> <p>On 1/28/25, the call light was activated at 8:14 p.m. and was responded to 16 minutes 59 seconds after it was activated.</p> <p>R3's diagnoses list included urinary stress incontinence and history of urinary tract infections.</p> <p>R3's urinary continence record from 1/6/25 through 1/28/25 identified:</p> <p>On 1/7/25 at 6:26 a.m. and 12:33 p.m. incontinent</p> <p>On 1/8/25 at 6:02 a.m., 2:29 p.m., and 10:03 p.m. incontinent</p> <p>On 1/9/25 no documentation on day shift.</p> <p>On 1/19/25 at 1:45 p.m. incontinent.</p> <p>On 1/23/25, at no documentation on day shift and at 11:51 p.m. incontinent.</p> <p>On 1/28/25 no documentation this day for all three shifts.</p> <p>During an interview/observation on 1/30/25 at 11:15 a.m. R3 sat in her wheelchair in her room with oxygen on per nasal cannula (NC). She stated there were times staff had taken up to over an hour to answer her call light for assistance to get cleaned up after a stool accident. She could do it herself but was more difficult due to increased weakness. She knew staff were busy, found it hard to have to rely on them for assistance, and felt embarrassed when she defecated in her pants. She suggested surveyor visit with her daughter while she visited her husband down the hallway for further details.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Emmanuel Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Madison Avenue Detroit Lakes, MN 56501	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R4's quarterly MDS dated [DATE], identified intact cognition and no behaviors. R2 required supervision/touching with personal hygiene and ambulation up to 10 feet, partial/moderate assist with all transfers, sit to stand, bathing, dependent with toiling hygiene, and used a walker and/or wheelchair for mobility. She was frequently incontinent of bladder and always continent of bowel. Diagnoses included congestive heart failure (CHF), diabetes mellitus (DM), arthritis, upper impairment of bilateral extremities, anxiety, depression, and respiratory failure. Medications included a diuretic (increased urine production used to reduce fluid buildup in the body) and dependent on continuous oxygen.</p> <p>R4's care plan dated 12/16/24, identified she had bladder urge incontinence and bowel incontinence related to history of diarrhea and impaired mobility and directed staff to clean peri-are with each incontinence episode and ensure an unobstructed path to the bathroom. She was at risk for falls and instructed staff to ensure call light was within reach, used for assistance as needed, and routine safety checks. She had an ADL self-care deficit related to impaired balance and wound care and instructed staff to have provided limited assistance of one for stand, pivot transfers or patient lift transfer (PAL) as needed if she felt lower extremities were weak.</p> <p>The call light response time log was requested and reviewed for the date range of 12/26/24 through 1/21/25. Review of the call light response times for R4 revealed her call light was not responded to in a timely manner on the following dates:</p> <p>On 12/26/24, the call light was activated at 5:28 p.m. and was responded to 1 hour 34 minutes 5 seconds after it was activated.</p> <p>On 12/27/24, the call light was activated at 12:52 p.m. and was responded to 1 hour 8 minutes 2 seconds after it was activated.</p> <p>On 1/6/25, the call light was activated at 4:46 p.m. and was responded to 19 minutes 25 seconds after it was activated.</p> <p>On 1/6/25, the call light was activated at 9:40 p.m. and was responded to 32 minutes 14 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 8:57 a.m. and was responded to 59 minutes 8 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 12:36 p.m. and was responded to 22 minutes 5 seconds after it was activated.</p> <p>On 1/7/25, the call light was activated at 8:26 p.m. and was responded to 41 minutes 8 seconds after it was activated.</p> <p>On 1/9/25, the call light was activated at 8:18 a.m. and was responded to 22 minutes 41 seconds after it was activated.</p> <p>On 1/11/25, the call light was activated at 10:06 a.m. and was responded to 25 minutes 23 seconds after it was activated.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Emmanuel Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Madison Avenue Detroit Lakes, MN 56501	

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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 1/12/25, the call light was activated at 7:43 a.m. and was responded to 1 hour 3 minutes 55 seconds after it was activated.</p> <p>On 1/13/25, the call light was activated at 8:43 a.m. and was responded to 23 minutes 46 seconds after it was activated.</p> <p>On 1/18/25, the call light was activated at 9:41 p.m. and was responded to 53 minutes 6 seconds after it was activated.</p> <p>On 1/19/25, the call light was activated at 9:47 a.m. and was responded to 21 minutes 34 seconds after it was activated.</p> <p>On 1/21/25, the call light was activated at 10:46 a.m. and was responded to 33 minutes 23 seconds after it was activated.</p> <p>On 1/24/25, the call light was activated at 6:49 a.m. and was responded to 23 minutes 33 seconds after it was activated.</p> <p>On 1/24/25, the call light was activated at 10:40 a.m. and was responded to 29 minutes 30 seconds after it was activated.</p> <p>On 1/26/25, the call light was activated at 10:46 a.m. and was responded to 33 minutes 23 seconds after it was activated.</p> <p>On 1/27/25, the call light was activated at 11:06 a.m. and was responded to 18 minutes 47 seconds after it was activated.</p> <p>R4's diagnoses list included candidiasis (fungal infection) of the skin.</p> <p>R4's urinary continence record from 1/6/25 through 1/27/25 identified:</p> <ul style="list-style-type: none"> -On 1/6/25 at 2:29 p.m. incontinent. -On 1/7/25 at 1:57 p.m. incontinent. -On 1/9/25 at 11:31 p.m. incontinent. -On 1/10/25 at 12:35 p.m. and 10:29 p.m. incontinent. -On 1/11/25 at 2:04 p.m. and 10:29 p.m. incontinent. -On 1/12/25 at 5:28 a.m. and 2:12 p.m. incontinent. -On 1/13/25 at 4:58 a.m. incontinent. -On 1/18/25 at 1:17 p.m. incontinent. -On 1/19/25 at 2:29 p.m. and 9:51 p.m. incontinent. <p>(continued on next page)</p>

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Emmanuel Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Madison Avenue Detroit Lakes, MN 56501	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-On 1/21/25 at 1:39 p.m., 9:42 p.m., and 11:23 p.m. incontinent.</p> <p>-On 1/24/25 at 2:29 p.m. and 9:14 p.m. incontinent.</p> <p>-On 1/27/25 at 2: 29 p.m. incontinent.</p> <p>R4's progress notes dated 1/10/2025 at 10:43 a.m. identified was seen by nurse practitioner (NP) for routine visit. She is continent of bowel, incontinent of urine, does have continent voids with toileting. Currently receiving Nystatin to buttocks/groin for fungal infection and is improving with current treatment. She requires up to extensive assist of one for ADL tasks, is independent with mobility once in power scooter.</p> <p>During an interview on 1/30/25 at 10:32 a.m. nursing assistant (NA)-A stated there were days they lacked staff and residents' needs were not being met such as toileting and repositioning. There were residents, R4 was one of them, that were continent but became incontinent due to lack of assistance of staff to the toilet them. Call lights we are expected to be answered within five minutes. She stated the staff were responsible to meet resident needs to help promote dignity and keep them safe.</p> <p>During an interview/observation on 1/30/25 at 11:15 a.m. R4 sat in a wheelchair fully dressed, gripper socks, oxygen on per NC, and a call light pendent around her neck. She stated she used the call light when she requested assistance of staff but had waited over one hour on the toilet, was uncomfortable, and on a hard surface to have sat on there that long. She had frequent stool and urine accidents, at least five times a week, when staff were unable to answer her call light timely, and she was unable to hold it. She could have stayed dry if staff would have provided her help, she did not like going to the bathroom in her pants and was embarrassed. She had skin problems especially on her bottom due to moisture, was itchy, scratched a lot, and was uncomfortable. She had contacted the ombudsman and received assistance; things had improved for a while but last two to three months had gotten bad again and took a long time for staff to respond to call lights. She had not filed a grievance but had talked to the floor manager and was unable to remember what she had told her.</p> <p>During an interview on 1/30/25 at 11:31 a.m. with a family member (FM) stated both of her parents live at this facility. She was frustrated with lack of staff assistance and response time to call lights. Both parents had expressed to her they felt like they cannot get the assistance when needed, the reason they do not use their call lights as often anymore, felt like they had to do more for themselves, and a was burden to the staff. She stated as a daughter she wanted to make sure their needs were being met, was exhausted and felt like she was expected to help her parents but also felt it was her fault and she did more than she should have due to inability to get call lights answered. She stated her mother had dementia and, in her mind, believed staff were too busy and she was expected to do things herself. FM stated it was hard to see how her mother sat in a wet and soiled incontinent brief. Her mother used her call light, waited up to 40 minutes on the toilet to get staff to respond, has had explosive diarrhea, when she had to go, she had to go. Her mother had taken herself to the bathroom in her wheelchair, locked the brakes, gets on and off the toilet herself, and usually changed her own brief, the NA's do not toilet her. Her Mother was on continuous oxygen and her levels dropped upon exertion, she was limited as to how much she could do, and her condition had declined; therefore, required more help now. Her father required assistance of one staff, but they avoided his room due to his stroke and how stubborn he was. He has taken himself to the bathroom alone at times but also used the urinal and had a hard time getting staff to empty it for him. She was worried without assistance he would have tried to empty it himself an end up falling again.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245489	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 01/30/2025
NAME OF PROVIDER OR SUPPLIER Emmanuel Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 1415 Madison Avenue Detroit Lakes, MN 56501	
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 0550</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 1/30/25 at 12:51 p.m. licensed practical nurse (LPN)-A nursing supervisor stated staff were expected to answer call lights in order they come on within at least five minutes to prevent self-transferring.</p> <p>During an interview on 1/30/25 at 2:13 p.m. registered nurse (RN)-B Transitional Care Unit (TCU) manager stated staff were expected to answer resident call lights within 15 minutes and depended on what is going on and if there were other situations when another resident needed assistance. This would be considered good nursing and was nice for residents to know someone was here for whatever reason.</p> <p>During an interview on 1/30/25 at 2:31 p.m. RN-A clinical manager stated R4 required assistance of one for cares, toileting in the bathroom, and was able to have continent voids when placed on the toilet. R4 had a history of moisture associated chronic dermatitis and skin breakdown which urine could have made worse. She expected staff to answer call lights within in 15 minutes in order of when they go on and work towards the next one to verify resident safety, improve continence and quality of life, and over all well-being. She stated did not recall R4 had talked to her about long call light times or lack of assistance to bathroom.</p> <p>During an interview on 1/30/25 at 2:39 p.m. NA-B stated staff were expected to answer call lights within 15 minutes for safety and provide assistance to meet their needs.</p> <p>During an interview on 1/30/25 at 2:45 p.m. administrator stated staff were expected to respond to call lights within 15 minutes and if unable to assist them right away should have shared that with the resident and another team mate to get additional assistance if possible. Staff were expected to assist the residents and provided support to meet their needs.</p> <p>Facility policy Activities of Daily Living (ADLs) Supporting dated 2018, identified residents who are unable to carry out ADLs independently will receive care, treatment, and services as appropriate to receive the services necessary to maintain good nutrition, grooming, and personal and oral hygiene. Those services would include hygiene, mobility, elimination (toileting), dining, and communication and identified on the resident care plan. The resident's ability to perform ADLs will be measured using clinical tools including the MDS.</p> <p>Facility policy Dignity dated 2021, identified each resident shall be cared for in a manner that promotes and enhances their sense of well-being, level of satisfaction with life, and feelings of self-worth and self-esteem. Individual needs and preferences of the resident are identified through the assessment process. Demeaning practices and standards of care that compromise dignity are prohibited. Staff were expected to promote dignity and assist residents promptly to resident's request for toileting assistance. Staff were expected to treat cognitively impaired residents with dignity and sensitivity such as addressing the underlying motives or root causes for behaviors.</p> <p>Facility policy Answering the Call light dated 2022, identified staff were to ensure timely responses to the resident's requests and needs. Answer the call system as soon as possible and if the resident requested something that can be fulfilled, the task should be completed within 15 minutes if possible.</p>		