Printed: 06/27/2024
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245493	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Augustana Chapel View Care Center	615 Minnetonka Mills Road Hopkins, MN 55343

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to and the facility must promote and facilitate resident self-determination through support of resident choice. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49338 Based on observation, interview, and document review, the facility failed to ensure resident bathing preferences were honored for 1 of 2 residents (R3) who voiced concerns about bathing routines. Findings include: R3's undated facesheet indicated R3 was admitted to the facility in March 2024 with diagnoses including fractures with subsequent surgery of the left ankle and right ankle and foot, dislocated joint in right foot, osteoarthritis, and pain. R3's Minimum Data Set (MDS) dated [DATE], indicated R3 had intact cognition, was able to make himself understood and understand others, did not exhibit rejection of cares, had functional limitation in range of motion in both lower extremities, was dependent on staff for showering/bathing, required substantial assistance with personal hygiene, and R3's transfer status for getting in/out of a tub/shower was not assessed due to medical condition or safety concerns. R3's bathing, dressing, and grooming care plan dated 3/7/24, noted R3 required assistance and included R3 bathed with physical assist of one person and noted pt [patient] prefers bed bath. Resident Roster obtained 4/16/24 noted R3's designated shower day was Thursday mornings. R3's progress note dated Thursday 3/21/24 at 1:44 p.m., noted offered shower but refused. R3's progress note dated Thursday 4/4/24 at 2:40 p.m., noted R3 refused shower. R3's progress notes from admission through 4/16/24 did not include further documentation of R3 refusing baths or showers. R3's point of care charting from admission through 4/16/24 included documentation of a completed bed bath on 3/28/24. Bathing was charted as activity did not occur on 3/19/24, 3/23/27, 3/24/24, 3/26/24, 3/28/24, 3/29/24, 3/31/24, 4/324, 4/4/24, 4/8/24, 4/9/24, 4/11/24, and 4/16/24. Visual Body Inspection assessment with schedule detail visual body observation - AM BATH dated 3/14/24, noted R3 did not have a shower that shift due to unspecified condition. (continued on next page)

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: 245493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Augustana Chapel View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 615 Minnetonka Mills Road Hopkins, MN 55343	

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Visual Body Inspection assessment with schedule detail unscheduled dated 3/21/24, noted R3 did not have a shower that shift due to unspecified condition. A second Visual Body Inspection observation form with schedule detail visual body observation - AM BATH from the same date did not indicate if a shower or bath was completed. Visual Body Inspection assessment with schedule detail visual body observation - AM BATH dated 3/28/24, noted R3 stated he cannot have a shower due to bilateral feet casts. It did not indicate that an alternative bathing modality was offered or completed. Visual Body Inspection assessment with schedule detail visual body observation - AM BATH dated 4/4/24, did not indicate if a shower or bath was completed. Visual Body Inspection assessment with schedule detail visual body observation - AM BATH dated 4/11/24, noted R3 did not have a shower that shift due to unspecified condition, but did have a bed bath. This bath was not documented in the point of care charting. During an observation on 4/17/24 at 10:52 a.m., R3 stated to clinical manager (CM)-A he wanted a bed bath and shampoo cap the next day and his hair hadn't been cleaned in ten weeks and he was flaking like crazy. R3 stated he was fine with a bed bath along with a shampoo cap. R3's face and scalp had visible skin flakes and his hair was oily. During an interview on 4/17/24 at 11:23 a.m., CM-A stated staff do bed baths with R3 and R3 wanted bed baths and did not like to get in the shower chair. During an interview on 4/17/24 at 2:53 p.m., R3 stated he had not been getting bed baths, had only received one bath since admission, and had not had his hair washed at all. R3 stated he had not been refusing baths, he asked staff for baths but did not receive them. R3 noted he wanted bed baths, he did not want to get in the shower because he wanted to keep his feet/lower legs dry because of the surgical site. During an interview on 4/17/24 at 3:11 p.m., licensed practical nurse (LPN)-A stated if a resident refused a bath he would ask a second time. LPN-A noted some residents had specific preferences and he would ask if there was anything they needed to bathe. If the resident still refused, LPN-A stated he would pass the information along for someone else to try again later. During an interview on 4/18/24 at 8:13 a.m., nursing assistant (NA)-A stated R3 had fractured legs so he did not like to get up and with the wraps (dressings) on his legs, he did not want to get in the shower. NA-A stated R3 did not refuse bed baths, he was supposed to get a shower but refused taking showers and instead got bed baths. NA-A stated if a resident refused a bath, the aide should reapproach the resident later and notify the nurse. During an interview on 4/18/24 at 9:03 a.m., LPN-B stated R3 had one bed bath that she remembered. LPN-B stated she previously discussed bathing with R3 and he stated he had not done a shower since admission and been refusing showers but had not been refusing bed baths. LPN-B stated R3 has been refusing both showers and bed baths. LPN-B noted if a resident refuses a bath the aide should offer again and after two attempts she would go speak with the resident. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245493	A. Building B. Wing	04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Augustana Chapel View Care Center	615 Minnetonka Mills Road Hopkins, MN 55343

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 0561 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During an interview on 4/18/24 at 10:47 a.m., the director of nursing (DON) stated residents should receive baths at least once a week and baths were routinely scheduled to be once a week with options of a shower, bath, or bed bath per resident preference. The DON stated if a resident refused a bath the aide should try to reapproach them and should notify the nurse who should then try their own approach and document the refusal as such. The DON noted baths should be documented by aides in the point of care charting and by nurses in the weekly body audit (Visual Body Inspection assessment). DON reviewed R3's record and stated there was documentation of a completed bed bath on 3/28/24 but was unable to confirm through documentation that any baths had been done since then. Further DON was unable to be confirm from the documentation in R3's electronic health record if bed baths were offered or performed after he refused a shower. The expectation was for a bed bath to be offered if a resident refused a shower. Facility policy titled Bathing: Shower or Tub Bath included: Each resident will be interviewed at the time of admission to identify their bathing preferences regarding: tub bath or shower, time of day and/or day of week, frequency NOTE: the facility can accommodate 2 bathing experiences per week. If more are desired the facility will work with the resident/resident representative to meet the resident's needs and accommodate preferences. Facility policy titled Resident Dignity, Choices, and Preferences included: It is the expectation that all [facility] employees will treat residents with dignity and respect at all times. The facility will put protocols in place to honor resident's choices and preferences as able .Procedure: 4.) Resident choices or preferences that could affect their care negatively or lead to unsafe/poor outcomes will be discussed with the resident and/or representative and a risk to benefits review will be completed and documented if needed.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER Augustana Chapel View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 615 Minnetonka Mills Road Hopkins, MN 55343	

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. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49338 Based on interview, observation, and document review, the facility failed to revise a comprehensive care plan for 1 of 3 residents reviewed (R3) for services provided per plan of care. Findings include: R3's undated facesheet indicated R3 was admitted to the facility on [DATE] with diagnoses including nondisplaced trimalleolar fracture of left lower leg (left ankle fractured in three places) with open reduction and internal fixation (ORIF, a surgery to stabilize and heal broken bones), nondisplaced fracture of medial malleolus of right tibia (right ankle fracture) with ORIF, dislocation of tarsometatarsal joint of right foot Lisfranc injury (dislocation of joint in right foot), fracture of unspecified metatarsal bones on right foot with ORIF, acute and chronic respiratory failure, type 2 diabetes, osteoarthritis, vitamin deficiency, and pain. R3's provider note dated 3/7/24, indicated R3 was admitted from a hospital after bilateral extensive ankle surgery on 2/23/24 and would have follow-up with podiatry. R3's Minimum Data Set (MDS) dated [DATE], indicated R3 had a functional limitation in range of motion in both lower extremities, utilized a wheelchair, and required substantial assistance with lower body dressing. R3's care plan included a problem dated 3/7/24, at risk for decline in medical condition due to left trimalleolar fracture ORIF, multiple right metatarsal and medial malleolus fractures, ORIF, right Lisfranc dislocation, acute respiratory failure, osteoarthritis, diabetes with neuropathy, anemia, cholelithiasis (gallstones), tinnitus, hyperlipidemia (high cholesterol), syncope (fainting), insomnia, exposure to agent orange, mitral valve insufficiency (valve in heart not closing fully), pulmonary hypertension (increased blood pressure in the lungs), and alcohol use disorder. Interventions included administration of medications and treatments per physician order dated 3/7/24. A problem dated 3/7/24, ambulation and wheelchair mobility, noted R3 required assistance with ambulation and wheelchair mobility. Interventions dated 3/7/24, included R3 was non-ambulatory and needed physical assist of one for wheelchair mobility. A problem dated 3/7/24, bed mobility and transfers, noted R3 needed assistance with bed mobility and transferring. Interventions dated 3/7/24, included bilateral grab bars for bed mobility, to assist and encourage R3 to turn and reposition every two to three hours and as needed, physical assist of one with bed mobility, and physical assist of two using slide board for transfers. R3's physician orders included an active order with start date 3/6/24, right leg/foot toe touch weight bearing for transfers only. Left leg/foot NWB [non-weightbearing]. Elevate both legs while resting in bed. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Augustana Chapel View Care Center	615 Minnetonka Mills Road Hopkins, MN 55343

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	During an observation on 4/17/24 at 11:23 a.m., R3's podiatry clinic physician after visit summary note dated 4/1/24 was seen in R3's paper chart at the nurse station. The note included instructions you were fitted for a cam boot [immobilizing orthopedic boot prescribed for the treatment of fractures and sprains] on the left foot and a night splint [immobilizing orthopedic boot for nighttime use] on the right. You are to wear these at all times and should not be weightbearing. You should wear both of these to bed. In review of R3's electronic health record (EHR), a copy of the 4/1/24 podiatry clinic note was not located and the physician instructions for the cam boot and night splint and bilateral lower extremity non-weightbearing status were not noted in R3's care plan or provider orders. In an interview on 4/18/24 at 10:47 a.m., the director of nursing (DON) stated the podiatry clinic note from 4/1/24 had not been transcribed into R3's chart and her expectation was that it would have been transcribed by now. The DON stated facility staff determined there was clearly a breech in their practice and protocol, there was nothing in R3's chart about those instructions and there was nothing in his chart pertaining to the boots. The DON noted there was certainly potential harm from not following the provider's instructions and services were not provided in accordance with the provider's instructions. In an interview on 4/18/24 at 2:48 p.m., the DON confirmed R3's care plan did not include the directions from the provider about wearing the boots and identified they were missing. The DON noted she would have expected them to be on the care plan and expected the care plan to have been revised. Facility policy titled Care Plan and Baseline Care Plan dated 3/28/24, included: Policy: 4.) The resident care plan is constantly changing. It is to be updated routinely in the electronic record to reflect resident's current condition. The resident care plan is reviewed for accuracy, updated with quarterly MDS review, and all other scheduled MDS assessments; Procedure: 2.) By day 21, or within 7 days of completion of the initial MDS a comprehensive care plan is developed by the IDT. This comprehensive care plan includes the care plan and physicians orders. 3.) Care plans are updated with MDS/Care conference schedule and as needed to assure that they are an accurate reflection of the resident and their care needs.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Augustana Chapel View Care Center	615 Minnetonka Mills Road Hopkins, MN 55343

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** 49338 Based on interview and document review, the facility failed to ensure adequate supply and administration of ordered medications for 1 of 1 resident (R1) reviewed for pharmacy services. Findings include: R1's facesheet dated 4/16/24, indicated R1 admitted to the facility on [DATE] with diagnoses including malignant neoplasm of hepatic flexure (colon cancer), enterocutaneous fistula of intestine (abnormal opening connecting intestines through to the skin), colostomy, bilious (bile) vomiting, nausea, gastro-esophageal reflux disease, presbyesophagus (abnormally shaped esophagus), pharyngoesophageal phase dysphagia (difficulty swallowing), anemia, and vitamin deficiency. R1's Minimum Data Set (MDS) dated [DATE], indicated R1 received parenteral/IV (intravenous) feeding (nutrition provided through a vein instead of orally) of 51% or more of R1's total calories and 501 cubic centimeters (cc) or more daily fluid intake while a resident. R1's physician orders included an order with start date 2/7/24 and end date 2/23/24, for total parenteral nutrition (TPN) 250 milliliters (mL) combined in TPN bag for total volume of 2250 mL over 12 hours infused at 187.5 mL per hour of TPN with 10 mL of adult multivitamin added to the TPN, start at 9:00 p.m. and stop at 9:00 a.m. every shift on Sundays, Tuesdays, Thursdays, and Saturdays. R1's physician orders included an order with start date 2/7/24 and 2/23/24, for TPN 250 mL combined in TPN bag for total volume of 2250 mL over 12 hours infused at 187.5 mL per hour of lipids with 10 mL of adult multivitamin added to the lipids, start at 9:00 p.m. and end at 9:00 a.m. every shift on Mondays, Wednesdays, and Fridays. R1's care plan for IV TPN dated 2/7/24, noted R1 required IV TPN due to cancer of hepatic fissure, colon cancer, bilious vomiting with nausea, enterocutaneous fistula, feculent peritonitis requiring colostomy, presbyesophagus, and esophageal dysphagia. Interventions dated 2/7/24, included administration of TPN per physician orders and to assess per protocol for complications. R1's care plan for nutrition/hydration dated 2/12/24, noted R1 required a therapeutic diet and TPN related to history of colectomy and cancer with history of nausea and vomiting. Interventions dated 2/12/24, included weights and medications per physician order, diet per physician order, nutritional supplement per physician order, and to coordinate TPN regiment with pharmacist. R1's medication administration record (MAR) for infusion of 2250 mL TPN was marked not administered: drug/item unavailable on the 2/13/24 evening shift and 2/13/24 night shift. R1's MAR for infusion of 2250 mL of lipids was marked not administered: drug/item unavailable on the 2/14/24 day shift. R1's medication was not administered in accordance with physician orders and the care plan. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245493	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/18/2024
NAME OF PROVIDER OR SUPPLIER: Augustana Chapel View Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE: 615 Minnetonka Mills Road Hopkins, MN 55343	

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	A progress note dated 2/13/24 at 10:41 p.m., noted [specialty pharmacy] unable to deliver TPN this shift, and no TPN running [at] this time. As per Pharmacy, no one present there to mix the contents, but will be delivered tomorrow. Patient informed, and NP [nurse practitioner] update via call board. Will continue to monitor. A progress note dated 2/14/24 at 11:16 p.m., noted TPN was started at 9 pm and is running well. During an interview on 4/17/24 at 2:15 p.m., pharmacy technician (PT)-A stated she worked for the specialty pharmacy that provided R1's TPN. PT-A stated R1's TPN was delivered to the facility as a seven-day supply per delivery and the first delivery was on 2/6/24 with a supply of TPN for 2/6/24 through 2/12/24. PT-A noted the next delivery of R1's TPN would have been needed on 2/13/24 and records indicated the second delivery was made on 2/14/24. PT-A stated there was a dose of TPN missed because R1 should have needed the refill on 2/13/24 and the facility reported on 2/14/24 that the TPN had not been infused overnight. PT-A stated she typically called the facility weekly to ask about the supply on-hand and then sent refills. PT-A noted if a nurse identified the facility did not have enough TPN the nurse should call the pharmacy and if it was during business hours the pharmacy would make a delivery. PT-A stated that outside of business hours there was a pharmacist on-call and she had seen instances where the on-call pharmacist came in and mixed TPN after hours and times when the pharmacist had pharmacy staff follow-up the next morning. PT-A stated there should not ever be any concern that the facility was out of TPN. During an interview on 4/18/24 at 10:47 a.m., the director of nursing (DON) confirmed R1's TPN and lipids were marked as not administered due to unavailability on the 2/13/24 evening shift, 2/13/24 night shift, and 2/14/24 day shift. The DON stated there should always be at least enough TPN on-hand to get through the next day. The DON noted she did not know what happened with the supply and did not know where the breakdown was. The DON stated nurses should know they need to have TPN on-hand. The DON stated each nurse was responsible for tracking the need for medication refills for their residents and would be responsible for TPN running out. The DON noted that even if the pharmacy called and checked on the supply of R1's TPN to coordinate refills, nurses were also still responsible and should not take the last bag of TPN without knowing when the next supply would come. Facility policy titled Ordering Medication dated 3/4/24, included: Reorders for non-primary pharmacy: a.) Call and reorder medications one week in advance. b.) If medication does not arrive before the supply is out, contact the resident's family and request to order a three-day supply from facility's primary pharmacy. c.) If unable to obtain medications, contact the resident's physician.