

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  04/02/2025
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)
<p>F 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Allow residents to self-administer drugs if determined clinically appropriate.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48300</b></p> <p>Based on observation, interview, and document review, the facility failed to appropriately complete a thorough self administration assessment on 3 of 4 (R2, R3 and R4) sampled residents (who preferred not to administer their own medication) by ensuring residents who were left while the administration was occurring unattended, were found competent to leave their masks and/on or turn off the nebulizer appropriately when finished.</p> <p>Findings include:</p> <p>R2's quarterly minimum data set (MDS) dated [DATE] indicated intact cognition with diagnoses including multiple sclerosis and asthma.</p> <p>R2's SAM dated 3/21/25 indicated R2 did not want to self-administer medications. No further assessment occurred to ensure R2 could successfully complete treatment if left unattended.</p> <p>On 4/1/2025 at 1:15 p.m., R2 was observed sitting in her wheelchair with a nebulizer mask applied on her face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>On 4/2/2025 11:13 a.m., R2 was interviewed and stated staff put the medication into the nebulizer cup, attach the cup to the mask, apply the mask to her face and turn on the machine. Staff leave the room while the machine is running then return to turn the machine off and remove the mask from her face.</p> <p>R3's 5-day MDS dated [DATE] indicated moderately impaired cognition with diagnoses including surgical aftercare following knee replacement and acute respiratory failure.</p> <p>R3's nursing admission observation dated 3/11/25 indicated R3 did not want to self-administer medications. No further assessment occurred to ensure R3 could successfully complete treatment if left unattended.</p> <p>On 4/1/2025 at 3:19 p.m., R3 was interviewed and stated staff put the medication into the nebulizer cup but did not recall who turned the machine on or off.</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 0554</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>On 4/2/2025 at 9:59 a.m., R3 was observed sitting on her bed with a nebulizer mask applied on her face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>R4's quarterly MDS dated [DATE] indicated moderately impaired cognition with a diagnosis of chronic obstructive pulmonary disease.</p> <p>R4's SAM dated 2/21/25 indicated R4 did not want to self-administer medications. No further assessment occurred to ensure R4 could successfully complete treatment if left unattended.</p> <p>On 4/2/2025 at 10:51 a.m., R4 was observed sitting on his recliner with a nebulizer mask applied on his face with the nebulizer machine turned on. No staff members are observed in the room or in the hallway outside the room.</p> <p>On 4/2/2025 at 11:05 a.m., R4 was interviewed and stated staff put the medication in the nebulizer cup, assist with putting the mask on his face and start the machine. R4 stated he turns the machine off.</p> <p>On 4/2/2025 at 10:19 a.m., registered nurse (RN)-A was interviewed and stated a self-administration of medication observation needed to be completed before a resident can administer their own medications. RN-A also stated staff put medication into the nebulizer cup, put the mask on the resident, turn the machine on, then should return to the room to turn the machine off.</p> <p>On 4/2/2025 at 10:57 a.m., RN-B was interviewed and stated she felt residents wearing a nebulizer mask while the machine is running is not self-administration of medication because a staff member is setting it up for the resident.</p> <p>On 4/2/2025 at 11:55 a.m., nurse practitioner (NP) was interviewed and stated the nurses complete an assessment to determine if a resident is deemed safe to self-administer medications, including nebulized medications. A nurse should observe a resident to be sure the resident does not remove the mask while the medication is administered via the nebulizer machine. If a resident removes the mask too soon, there is a risk their symptoms might not improve due to not receiving the entire medication dose.</p> <p>On 4/2/2025 at 1:47 p.m., RN-C was interviewed and stated staff set a resident up for a nebulizer treatment, turn the machine on, leave the room, then return to turn off the machine. If cognition were an issue, staff would stay in the room with the resident. A resident's cognition would be determined through communication with other staff during report.</p> <p>The Self-administration of Medications policy dated 5/21/24 instructed an observation to be completed if a resident wished to self-administer medications. The policy also instructed when a nebulizer treatment is set up for the resident and the resident is left alone with the treatment running, that is considered self-administration of medications unless otherwise noted by the state health department and the above steps will be followed.</p>		