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	12/04/2025

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 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Make sure that the nursing home area is safe, easy to use, clean and comfortable for residents, staff and the public. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview and document review, the facility failed to maintain resident equipment in a clean and sanitary manner for 1 of 1 resident (R4) whose wheelchair was soiled. In addition, the facility failed to maintain resident equipment cleanliness of intravenous (IV) poles for 2 of 4 residents (R40 and R98) reviewed for tube feeding. Findings include:Wheelchair:R4's annual Minimum Data Set (MDS) dated [DATE], indicated R4 was cognitively intact, and required extensive assistance with cares. The MDS identified R4 had diagnoses of hemiplegia (paralysis of one side of body), diabetes, spondylosis (age-related degeneration of the spine), and osteoarthritis. The MDS indicated R4 used a wheelchair for locomotion. R4's current care plan revised 9/10/25, identified R4 required assistance with wheelchair mobility for partial distance and off the unit due to impaired mobility and left sided hemiplegia, uses left side foot rest only with left arm rest. During observation on 12/01/2025, at 11:51am. R4 was seat in his room. R4's foot and calf were observed with dycem (non-slip material provides gripping surface, prevents sliding) taped to the surface of the footrest and calf rest. The tape was peeling with unidentified white and brown crusty substance. The right-side arm rest was observed to have a small piece of paper taped to the top of the arm rest; the tape was observed to have an unidentified brown, dried substance where the edges of the tape were peeling off. The wheelchair remained in same condition with follow up observations on 12/2/25 at 3:09 p.m. and 6:55 p.m. On 12/3/25 at 8:47 a.m., 11:50 a.m., and 2:20 p.m. When interviewed on 12/3/25 at 3:57 p.m., nursing assistant (NA)-A stated maintenance took the wheelchairs downstairs to clean. When interviewed on 12/3/25 at 4:12 p.m., registered nurse (RN)-A stated wheelchairs were cleaned only on the day shift. When observed on 12/4/25 at 7:29 a.m., R4's wheelchair continued to have the dycem taped in place with the dycem and tape peeling with unidentified brown and white, dried, crusty substance, the left-side lap tray/arm rest continued to have paper taped in place. Lap tray/arm rest surface had unidentified white and brown, dried, crusty substance, right-side arm rest continued with small piece of paper taped in place with tape edges peeled with unidentified brown substance observed. When interviewed on 12/4/25 at 8:32 a.m., RN-B stated housekeeping were the ones who cleaned wheelchairs.When interviewed on 12/4/25 at 9:43 a.m., housekeeper (HSK)-A stated wheelchairs were cleaned when residents discharged from the facility, if needed cleaning prior to discharge the nursing assistants were responsible to wipe them down. When interviewed on 12/04/2025 at 10:00 a.m., assistant director of nursing (ADON) stated when wheelchairs were observed to be visually dirty, housekeeping was asked to clean them, they tried to replace anything taped into place when observed to be dirty. ADON stated housekeeping followed a schedule but was not sure who had the schedule. ADON stated equipment should be cleaned when visibly soiled, do not want bacteria and germs hanging around. When interviewed on 12/04/2025 at 10:53 a.m., housekeeping supervisor (HSK Sup) stated they tried to clean the wheelchairs on first floor monthly, R4's wheelchair should probably be cleaned more often. HSP Sup stated when wheelchairs were cleaned the tracking sheet was dated and initialed by the person who cleaned it. HSK Sup was unable to provide documentation for when R4's wheelchair was last cleaned. A facility Clean-disinfect (continued on next page)

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE

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F 0921 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	equipment policy dated 7/2/25, indicated non-critical items like wheelchairs required low level disinfection by cleaning periodically when visibly soiled. IV Poles:R40's significant change MDS dated [DATE], indicated R40 had moderate cognitive impairment and was dependent on staff for cares. R40's diagnoses included dysphagia (difficulty swallowing food or liquids), gastrostomy (tube into stomach for feeding), diabetes, hypertension, and stroke. On 12/1/25 at 12:29 p.m., observed IV pole in R40's room with tube feeding pump attached. The pole legs were observed to have an unidentified white, dried substance that covered all five legs. Follow up observations on 12/2/25 at 12:40 p.m. and 6:50 p.m., 12/3/25 at 8:42 a.m. and 11:47 a.m., and 12/4/25 at 7:31 a.m. the IV pole continued to have an unidentified dried, white substance on the legs. R98's quarterly MDS dated [DATE], indicated R98 had severe cognitive impairment and was totally dependent on staff for cares. R98 had diagnosis which included Parkinson's, traumatic brain injury, quadriplegia, gastrostomy, and dysphagia. On 12/1/25, at 11:02 a.m. observed IV pole in R98's room with tube feeding pump attached. The pole and legs were observed to have an unidentified white, dried substance that covered all five legs. During follow up observations on 12/2/25, at 6:49 p.m., 12/3/25, at 9:01 a.m., 10:22 a.m. and 2:17p.m., 12/4/25 at 7:35 a.m. the IV pole continued to have an unidentified dried, white substance on the pole and legs.When interviewed on 12/3/25 at 2:16 p.m., NA-B stated the nurses took care of cleaning the IV poles and feeding pumps. When interviewed on 12/3/25 at 3:57 p.m., NA-A stated the nurses cleaned the feeding pumps and poles.When interviewed on 12/3/25 at 4:07 p.m., RN-A stated feeding pumps and IV poles were cleaned on day shift. When interviewed on 12/4/25 at 8:32 a.m., RN-B stated housekeeping cleaned the IV poles. When interviewed on 12/4/25 at 9:43 a.m., HSK-A stated cleaning IV poles was not on housekeeping's list to do. When interviewed on 12/4/25 at 10:00 a.m., ADON stated the nurses should wipe down the IV poles when observed to be dirty. ADON observed both IV poles, stated they should have been cleaned they are gross, ADON stated we don't want bacteria and germs hanging around. Facility Cleaning IV equipment policy stated 7/2/25, indicated disinfect IV equipment such as IV pole weekly or more often if visibly soiled, however, there was no schedule available for IV pole cleaning.

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F 0577 Level of Harm - Potential for minimal harm Residents Affected - Many	Allow residents to easily view the nursing home's survey results and communicate with advocate agencies. Based on observation, interview and document review, the facility failed to ensure results of complaint investigations were available for review. This had the potential to affect all 83 residents residing in the facility, as well as family, visitors, and staff.Findings include:During observation on 12/2/25 at 11:30 a.m., a review was completed of the facility survey results, located in the in a three ring binder labeled Survey Results, located in the file holder, next to the reception desk, at the entrance of the building. The survey results posted included the recertification survey results from the past three recertification surveys however, lacked all 2567's (reports completed by surveyors which include the findings of survey investigations and the plan of correction developed by the facility) regarding complaint investigations.A review of the surveys completed within iQIES (internet Quality Improvement and Evaluation System-an online computerized federal document site which contains the surveys completed for facilities which includes both recertification surveys and complaint investigation) indicated complaint investigations, revisits, state licensure visits, and Life Safety Code surveys (investigations completed by the Fire Marshall) were completed on the following date following the recertification survey of 11/24/25, however, the survey binder lacked the completed 2567 documents from that date. The dates where the completed 2567 were absent included: 1/2/25, 1/8/25, 1/15/25, 1/16/25, 3/7/25, 4/2/25, 6/22/25, and 7/9/25.During interview on 12/4/25, at 10:46 a.m. the administrator stated he was responsible to place the 2567 information into the survey binder. The administrator stated it was important to have survey binder up to date and accurate so the information was available to all residents, visitors, and staff who wished to review the survey results. The facility policy, Posting of Survey Results, reviewed 11/20/25, identified the facility was to make results of the most recent survey and any plans of correction available to all residents. The policy defined results of the most recent survey was defined as the statements of deficiencies from (2567) and and any subsequent extended surveys, and any deficiencies resulting from any subsequent complaint investigation(s).