STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245497	A. Building B. Wing	07/24/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Haven Homes of Maple Plain	4848 Gateway Blvd Maple Plain, MN 55359

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** Based on interview and document review, the facility failed to complete quarterly care conferences for 1 of 1 residents (R17) reviewed for care conferences. R17's annual minimum data set (MDS) dated [DATE], included R17 was cognitively intact and had diagnoses of cerebral palsy (a disorder that affects movement, muscle tone and posture) and anxiety disorder. R17's last completed care conference summary assessment was dated 11/25/24 and included R17 and family were in attendance. During interview on 7/21/25 at 6:17 p.m., R17 stated she did not remember having a care conference in March or June and that she could not remember the last time she had one. During interview on 7/22/25 at 3:33 p.m., social work designee (SSD)-A stated care conferences were held quarterly, annually and with any significant change. The care conferences were documented on an assessment form and in a progress note. SSD-A confirmed R17 had not had a for the last two quarters. During interview on 7/23/25 at 7:14 a.m., MDS coordinator stated she completed MDS assessments annually, quarterly and with significant changes. MDS coordinator stated she would meet with SSD-A to discuss when assessments are due so the social work department could schedule a care conference. During interview on 7/23/25 at 12:38 p.m., director of nursing (DON) stated care conferences should happen every 90 days, with significant changes or as needed. Notifications are typically mailed to families and residents would have a reminder posted in their rooms. DON confirmed that last documented care conference for R17 was on 11/25/24 and therefore was not completed every 90 days as required. DON stated it was important to complete care conferences as required to give residents a space to voice any concerns they had to update on any changes. Facility provided policy for care plans dated 3/10/25, included a resident's care plan would be updated and approved at a care conference with the family and resident representative in attendance.

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 0880 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide and implement an infection prevention and control program. Based on observation, interview and document review, the facility failed to complete proper hand hygiene for 1 of 5 residents (R66) reviewed for wound care of a pressure ulcer.R66's current wound care order dated 5/22/24, included to remove old dressing and packing, cleanse wound bed by irrigating with saline wound wash, cut alginate AG (an absorbate dressing with silver) into 1/4 inch ribbon and loosely pack wound including any undermining (the edge of the wound separates from the surrounding tissue creating a pocket), and cover with a bordered dressing. The dressing was ordered to be changed daily on the evening shift. During wound care observation on 7/22/25 at 3:45 p.m., registered nurse (RN)-B washed hands with soap and water prior to starting wound care and gathered supplies. RN-B removed the old soiled dressing, removed gloves, failed to complete hand hygiene, placed new gloves on hands and completed wound measurements and wound cleansing. RN-B again changed gloves without completing hand hygiene, placed alginate AG in wound bed and covered with a bordered dressing as ordered. RN-B removed gloves, dated wound dressing, then washed hands with soap and water. During interview on 7/22/25 at 4:00 p.m., RN-B stated she washes her hands before and after wound care. She would change her gloves after touching a dirty area. She would only wash her hands if they got dirty during wound care. During interview on 7/23/25 at 7:34 a.m., nurse manager RN-A stated hand hygiene should have been completed any time gloves were changed during wound care. RN-A stated gloves should have been changed any time they are soiled during wound care or any time a nurse goes from a dirty to clean task. This was important to prevent infection and to keep the area clean. During interview on 7/23/25 at 12:35 p.m., director of nursing (DON) stated hand hygiene should have been completed any time gloves are changed. Soap and water or alcohol-based hand sanitizer would have been appropriate to use for hand hygiene. DON stated this was important to prevent infection. Facility provided wound care policy dated 3/10/25, included to complete hand hygiene prior to starting wound care. Hand hygiene should have been performed when gloves were changed after removing the old dressing and again after cleansing the wound as ordered.