STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245516	A. Building B. Wing	05/16/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Laurels Peak Care & Rehabilitation Center	700 James Avenue Mankato, MN 56001

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 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are free from significant medication errors. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to clarify medication orders for 1 of 3 residents (R3) reviewed for medication errors. Findings include: R3's undated Face Sheet indicated diagnoses of malignant neoplasm of prostate (prostate cancer), permanent atrial fibrillation (abnormal heart rhythm characterized by rapid and irregular beating of the heart), and diabetes. R3's Medicare Part A Discharge Minimum Data Set (MDS) dated [DATE], indicated R1 had intact cognition, and had diagnoses of cancer, end stage renal disease (ESRD), and diabetes. R1 received anticoagulants (blood thinners). R3's progress note dated 3/29/25 at 2:11 a.m., indicated R3 was sent to the emergency department (ED) via ambulance for gross hematuria. R3's progress note dated 3/29/25 at 11:36 a.m., indicated R3 returned to facility around 9:40 a.m. R3 was tired and if there was blood in his urine, to give it a few hours and push water to try to flush his bladder. If urine was to remain significantly bloody or if he developed large clots or had difficulty urinating, R3 was to return to the ED. There were no changes in his medication. R3's hospital After Visit Summary (AVS) dated 3/29/25, directed R3 to follow up with his primary care provider (PCP) and urologist. R3 was to stop taking his blood thinner as instructed, and if he developed further blood in his urine, to wait a few hours and drink lots of water to try to flush his bladder on his own. If his urine remained significantly bloody or he develop large clots or difficulty urinating, he was to return to the ED. R3's medication administration records (MAR) dated March and April 2025 indicated from March 29 through April 8, R1 received rivaroxaban (Xarelto, a blood thinner), daily for 11 days after it was instructed to be held. R3's ED Visit Record dated 3/29/25, indicated R3 was seen in the ED for blood in urine. R3 had history of bladder cancer. R3 was in the hospital for gross hematuria from 3/23/35 through 3/28/25, was treated with continuouss bladder irrigation (CBI) and received a blood transfusion. R3 returned to the ED for gross hematuria once again, and was passing clots. R3 was discontinued off of his anticoagulation upon discharge yesterday. (continued on next page)

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

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F 0760 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R3's Physician Visit dated 4/2/25, indicated R3 was seen for post-hospital follow up. R3 occasionally had some blood in his urine, but it was not consistent. Per R3's physician's assessment and plan for atrial fibrillation, R3 was on Xarelto 15 milligrams (mg) daily by mouth. R3 was to follow with urology for his hematuria. Medications reviewed at this visit listed rivaroxaban 15 mg by mouth for atrial fibrillation as active. R3's AVS dated 4/9/25, indicated for R3 to hold/pause his rivaroxaban 15 mg until 4/11/25. R3's Provider Visit dated 4/23/25, indicated medications reviewed at this visit were rivaroxaban 15 mg daily, but not taking reported 4/22/25: however, the order remained active. Per physician's assessment and plan for hematuria, continue to follow urology related to metastatic prostate cancer. R3's treatment administration record (TAR) dated March and April 2025 indicated a treatment was entered to monitor R2's urine each shift for blood and clots. R3's March 2025 TAR reviewed from March 29 evening shift through March 31, 2025, indicated 2 out of 8 shifts with blood in his urine. April 2025 TAR indicated from April 1, 2025 to April 9, 2025, R3 had 11 shift out of 25 shifts with blood in his urine. During an interview on 5/16/25 at 12:26 p.m., registered nurse (RN)-A stated she was the nurse working when R3 returned from the ED on 3/29/25. RN-A received a nurse-to-nurse call stating R3 was returning to facility with no medication changes. R3 returned to the facility with AVS indicating to not take blood thinners as he was instructed. RN-A stated because it was still listed as an active medication and she was told no medication changes, that meant no medication changes. She did not clarify the order because the hospital nurse said he had no medication changes and the blood thinner still listed as an active medication. During an interview on 5/16/25 at 10:19 a.m., the director of nursing (DON) stated as the AVS still contained an active order for rivaroxaban and RN-A received a nurse-to-nurse call indicating no medication changes, RN-A had put in an order to monitor R3's urine for blood and large blood clots, and to return to the ED if continued. During an interview on 5/16/25 at 1:54 p.m., medical doctor (MD)-A verified RN-A should have called back to ED to verify the rivaroxaban order. MD-A also stated the section for instructions had to be written in by the physician, and the medications are not always changed as then they are removed from the list and easily forgotten. Nursing staff are to put them on hold or pause. RN-A should have called for clarification of order, as the continued use of this medication could have led to R3's continued hematuria. The facility policy Medication and Treatment Orders dated 2/2024, directed medication shall be administered only upon the written order of a person duly licensed and authorized to prescribe such medications in this state.