

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245534	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER Capitol View Transitional Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE 640 Jackson Street Saint Paul, MN 55101	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure allegations of abuse were reported to the State Agency (SA) immediately (within two hours) for 1 of 3 residents (R1) reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>R1's 5-day Minimum Data Set (MDS) dated [DATE] indicated R1 had moderately impaired cognition with diagnoses which included diverticulitis with recent surgery on the gastrointestinal tract.</p> <p>A Facility Reported Event (FRI) submitted to the SA on 6/11/25 at 4:25 p.m. indicated on the evening shift of 6/6/25 R1 told a social worker a nurse had put their hands on R1's neck, and pushed her back into bed. R1 was not sure if the nurse was going to choke her. R1 was in shock over what happened, but was not physically harmed.</p> <p>On 6/16/25 at 3:31 p.m., R1 stated she told nursing assistant (NA)-A, registered nurse (RN)-A had tried to choke her on the evening of 6/6/25. NA-A told her he would report it to someone higher. RN-A came back into R1's room and was questioning her. R1 stated she was afraid of RN-A that evening.</p> <p>On 6/16/25 at 3:57 p.m., RN-A stated she was the nurse caring for R1 on 6/6/25. She heard an alarm sounding in R1's room, and went to investigate. She found R1 with the upper part of her body face down on her bed with her feet on the floor. She assisted R1 into a sitting position on the bed by stabilizing R1's shoulders. She settled R1 into a comfortable position with the call light in reach, and left the room. Later that evening, NA-A told her that R1 had reported to him RN-A had tried to choke her. She went back to the patient room to talk to R1 about the situation. She did not report the allegation to the administrator or director of nursing (DON).</p> <p>On 6/16/25 at 4:21 p.m., NA-A was unavailable for interview.</p> <p>On 6/17/25 at 1:03 p.m., the DON stated R1 told the social worker about the event on 6/11/25. The social worker immediately told the DON who started the investigation. She confirmed this allegation should have been reported to the DON or the administrator on 6/6/25 when R1 told NA-A about the incident. The DON confirmed RN-A worked with R1 following the incident. No formal re-education was provided to staff about the importance of reporting all details immediately to the administrator or DON.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The undated facility policy Abuse, Neglect, Mistreatment, and Misappropriation of Patient Property directed any nursing home employee who becomes aware of abuse, mistreatment, neglect or misappropriation shall immediately report to the nursing home administrator.</p>