

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Mission Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 East Medicine Lake Boulevard Plymouth, MN 55441	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49618</p> <p>Based on interview and record review the facility failed to ensure confidentiality of personal records for one of one resident (R1) reviewed. The facility gave R1's medical information to his probation officer and the electric health monitor case manager.</p> <p>Findings Include:</p> <p>R1's Face sheet printed on 4/24/24 indicated R1 was admitted to the facility on [DATE]. Diagnoses included alcoholic gastric without bleeding, alcohol induced acute pancreatitis, and alcohol dependence.</p> <p>R1's progress note dated 2/16/24 indicated R1 was admitted to the facility for alcohol induced gastritis, esophagitis, and metabolic acidosis.</p> <p>R1's brief interview for mental status (BIMS) assessment dated [DATE] indicated R1 had a score of 15 which meant R1 was cognitively intact.</p> <p>R1's progress note dated 3/14/24 indicated facility staff found empty bottles of alcohol in R1's room. The progress note indicated R1 admitted to drinking two pints of alcohol in the last eight days.</p> <p>R1's progress note dated 3/18/24 indicated R1 had anxiety, nausea, and easy agitation.</p> <p>R1's progress note dated 4/16/24 signed by the interim director of nursing (IDON) indicated R1 was upset with the nurse practitioner (NP) while saying she was worthless.</p> <p>R1's progress note dated 4/23/24 signed by IDON indicated the name of R1's probation officer (PO) as well as the phone number for the PO.</p> <p>An email correspondence between the admission director (AD) and the [NAME] (electronic health monitor) case manager on 4/19/24 at 10:32 a.m., AD stated to [NAME] that she needed R1's PO name and phone number because the facility had suspicion of abuse of R1's probation.</p> <p>An email correspondence between R1's PO and AD on 4/20/24 at 9:00 a.m., R1's PO stated she will be visiting with R1 that day and that she would go over the contract he signed regarding the conditions of his program.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245546
		If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245546	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/24/2024
NAME OF PROVIDER OR SUPPLIER Mission Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3401 East Medicine Lake Boulevard Plymouth, MN 55441	
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>An email correspondence between the AD and R1's PO on 4/20/24 at 9:06 a.m., AD stated R1's behavior has been off recently. AD stated the facility's concern is that he may still be using alcohol. AD stated R1 had been previously discharged during another stay for his use of alcohol. AD stated R1 has been caught doing the same thing during the current stay.</p> <p>During an interview with R1 on 4/24/24 at 9:41 a.m., R1 stated he was on house arrest for driving under the influence (DUI). R1 stated his [NAME] case manager and his PO have been in contact with the facility. R1 stated there is a lot of conversations going on about his legal status and his medical status. R1 stated he did not give the facility authorization to speak with his PO or the [NAME].</p> <p>During an interview with registered nurse (RN)-A on 4/24/24 at 1:02 p.m., RN-A stated the facility was in contact with R1's PO because his PO was inquiring about R1's compliance with not drinking alcohol.</p> <p>During an interview with IDON on 4/24/24 at 1:35 p.m., IDON stated R1 is his own legal guardian. IDON stated there is a monitor on R1's room floor and it was saying that R1 was out of compliance. IDON stated the message on the monitor stated he was out of compliance, R1 not having performed his breathalyzer examination, and that R1's phone number was not in service. IDON stated she contacted Hennepin County and spoke with R1's PO stating he had an outburst recently and the facility thought he was using drugs or alcohol. IDON stated she thought his PO needed to intervene. IDON stated she did not have documentation where R1 gave the facility permission to speak with R1's PO.</p> <p>During an interview with AD on 4/24/24 at 1:56 p.m., AD stated the facility had a concern with R1 using alcohol in the facility. AD stated she contacted R1's PO stating the facility had concerns over his behavior and being out of compliance with his monitor base that was in his room. AD stated she did not have a release of information (ROI) on file to speak with R1's [NAME] or his PO.</p> <p>A policy for medical records was requested.</p>		