STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245551	A. Building B. Wing	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Clarkfield Care Center	805 Fifth Street, Box 458 Clarkfield, MN 56223

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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action. 49336 Based on interview and document review, the facility failed to ensure data submitted to 1 of 1 QAPI committee was analyzed and documented to ensure areas identified had oversight for their perspective outcomes brought forth. This had the potential to affect all 24 residents. Findings include: Review of undated, current Quality Improvement Incentive Payment (QIIP) tool identified a plan to monitor moderate to severe pain in the first 100 days. The goals were to assess resident pain levels for verbal and nonverbal residents, offer non-pharmacological interventions, such as topical medications with massage, and therapy exercises. The documentation lacked a thorough analysis of data collected to identify what specific measures needed to be taken. Interview on 5/13/24 at 5:33 p.m., with registered nurse (RN)-B, who is the facility assistant director of nursing, stated all employees were assigned QAPI program training on EduCare online. She stated she would attend QAPI meetings and was aware the facility was working on pain management monitoring under the guidance of the QIIP. She stated the QIIP tool was used to identify areas of improvement in the facility and evaluate if the goals were met through the data input. Interview on 5/15/24 at 7:37 a.m., with director of nursing (DON) and current facility administrator, stated the facility was working on pain management for short term residents. She stated the QIIP tool had been implemented to improve the facility's quality measures and had no additional documentation to support the QIIP program. She stated she was the new administrator of the facility, and her goal would be for compliance of quality care, interventions to improve staff education and meet financial goals. The DON agreed the current QIIP tool would need improvements and would implement better processes to reflect accurate data collection and analysis. Interview on 5/15/24 at 8:06 a.m., with the executive administrator (Admin)-B stated the facility did not have evidence showing the analysis for it's current identified QAPI concerns and did not have a process in place for execution of the QIIP tool. (continued on next page)

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

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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 0867 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of 2/15/24 Quality Assurance Performance Improvement Policy (QAPI) identified the facility would coordinate quality assessment and assurance activities under the QAPI program. The facility would develop and implement appropriate plans of action to correct the deficiencies. They were to regularly review and analyze data collected under the QAPI program and act upon that data to make improvements.

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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 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Conduct mandatory training, for all staff, on the facility's Quality Assurance and Performance Improvement Program. 49336 Based on interview and document review, the facility failed to provide mandatory training on 1 of 1 facility specific Quality Assurance Performance Improvement (QAPI) Program to include goals and various elements of the program, how the facility intends to implement the program, staff's role in the facility's QAPI program, or how to communicate concerns, problems, or opportunities for improvement to the facility's QAPI program. This had the ability to affect all 24 residents. Findings include: Interview on 5/13/24 at 5:18 p.m., with activity director stated she would attend the QAPI meetings regularly along with the facility administration, board members and the city administrator. She stated she was not aware if employees could attend QAPI and had not seen employees attend QAPI. Interview on 5/13/24 at 5:22 p.m., with nursing assistant (NA)-A and (NA)-B stated they knew nothing about the QAPI goals and was not aware of the QAPI meetings. Interview on 5/13/24 at 5:22 p.m., with registered nurse (RN)-A stated she had not attended QAPI nor aware she could attend. She stated she had completed EduCare (online general training) on QAPI programs in the facility during her initial training. RN-A was aware the QAPI committee met quarterly to discuss finances. She was unaware of specific goals or what the facility was monitoring overall. Interview on 5/13/24 at 5:53 p.m., with licensed practical nurse (LPN)-A stated she knew that QAPI evaluated the quality of care but had no knowledge of when QAPI was held nor what the QAPI goals were. She was unaware of anything specific the committee was working on. Interview on 5/14/24 at 2:11 p.m., with the maintenance supervisor stated he would attend QAPI meetings quarterly and each department would discuss issues and collaborate to find solutions. He stated the facility had monitored psychotropic medications in the resident care areas, but unaware of anything specific the committee was working on. Interview on 5/14/24 at 2:15 p.m., with director of nursing (DON) and current administrator stated she was not aware if employees could attend the QAPI meetings and would make sure to inform all staff going forward of QAPI activities and their respective roles. Interview on 5/14/24 at 02:25 p.m., with NA-C stated she had training on the computer for generalized QAPI training and was not aware of what the facility would discuss at the meetings. Interview on 5/15/25 at 8:07 a.m., with executive administrator (Admin-B) stated staff were not aware they could attend the QAPI meetings and that QAPI was open to all to attend. (continued on next page)

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F 0944 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Review of 2/15/24 Quality Assurance/Assessment and Performance Improvement Plan identified the facility would train employees on using the QAPI process and employees would participate on the performance improvement plan (PIP) team. The facility QAPI program would be sustained during transitions in leadership and staffing and would provide staff education and involvement in the QAPI process. Lastly, the (PIP) team would identify staff participation or other facility needs to the QAPI quality manger. The QAPI quality manger would be appointed by the administrator and executive leadership team to ensure compliance of QAPI activities.