

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245563	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/17/2024
NAME OF PROVIDER OR SUPPLIER  Green Pine Acres Nursing Home		STREET ADDRESS, CITY, STATE, ZIP CODE  427 Main Street Northeast Menahga, MN 56464	

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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Assess the resident when there is a significant change in condition</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41575</b></p> <p>Based on interview and document review, the facility failed to ensure a significant change in status assessment was completed for 1 of 2 residents (R56) reviewed for nutrition</p> <p>Findings include:</p> <p>R56's admission MDS, dated [DATE], identified R56 had moderate cognitive impairment, required substantial to maximum assistance with toilet hygiene and shower, partial to moderate assistance to dress lower body, turn and reposition in bed and transfer. R56 was frequently incontinent of bladder, however was continent of bowel.</p> <p>R56's quarterly MDS, dated [DATE], identified R56 had severe cognitive impairment, was dependent with toilet hygiene and to dress his lower body. R56 also required substantial to maximum assistance with dressing upper body, bathing, turning and repositioning in bed and transfer. R56 was frequently incontinent of both bowel and bladder. All of which identified a decline with R56's incontinence pattern as well as decline in physical functioning for ADL's from the MDS completed on 11/24/23.</p> <p>R56's weight and vitals summary identified R56's weight on admission was 174 pounds. On 2/21/24, R56's recorded weight was 158 pounds. This was an unidentified significant weight loss of 9.2%.</p> <p>The medical record lacked evidence a significant change in status MDS or a progress note identifying why a significant change in status was not required at the time.</p> <p>When interviewed on 4/17/24, at 9:31 a.m. registered nurse (RN)-B stated she completed the MDS after reviewing with the medical record and discussing resident's condition and care with the unit managers. Hospice care was discussed with R56's family, however, the family was not ready to initiate hospice services yet. RN-B knew the unit manager made a lot of changes with care to R56's care plan when the quarterly MDS period was being completed; and that should have prompted a significant change MDS assessment. RN-B stated R56 was requiring increase assistance with all of his ADL's but had not connected the newly coded dependencies with R56's decline in ADL functioning was a significant change, as she was not used to new MDS format and found it hard to compare to R56's previous MDS's. It would be important to complete significant change MDS assessments to ensure accurate care planning and family discussion regarding the resident changes. A significant change MDS should have been completed when R56 had multiple changes regarding cognition, ADL's and nutrition.</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 0637</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 4/17/24, at 3:26 p.m. the director of nursing (DON) stated she was aware R56 had weight loss but had not been aware R56 had a decline in ADL function as well. It would be important to complete a significant change MDS to update the care plan as well as for financial reasons.</p> <p>The undated facility policy MDS 3.0 Policy Procedure identified the facility would conduct initial and periodic comprehensive, accurate, standardized reproducible assessments of each resident's functional capacity as warranted in the most updated version of the MDS 3.0 RAI Minnesota Manual. The facility would obtain ongoing assessment information necessary to develop a care plan, to provide appropriate care and services for each resident, and to modify the care plan and care/services based on the resident's status.</p> <p>The Centers for Medicare and Medicaid Services (CMS) Resident Assessment Instrument (RAI) 3.0 User's Manual, dated October 2023, indicated a significant change in status assessment (SCSA) was required when various criteria were met. The manual identified a significant change was a decline in a resident's status that would not normally resolve itself without intervention by staff, impacted more than one area of the resident's health status and required interdisciplinary review and/or revision of the care plan. A SCSA would be appropriate if there were two or more areas or decline such as emergence of unplanned weight loss, change in resident's incontinence pattern or any decline in activities of daily living (ADL) physical functioning area where a resident is newly coded as partial/moderate assistance, substantial/maximal assistance, or dependent.</p>		