STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245563	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Pine Acres Nursing Home	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41575 Based on observation, interview and document review, the facility failed to ensure the Minimum Data Set (MDS) was accurately coded to reflect range of motion status for 2 of 17 residents (R2, R29) who were in the sample. Findings include: R2: R2's Physical Therapy Evaluation and Plan of Treatment dated 11/19/24, identified R2 impaired ROM in both upper and lower extremities. R2's admission Minimum Data Set (MDS) dated [DATE], R2's functional range of motion (ROM) identified R2 had no limitations of range of motion in either upper or lower extremities. Diagnoses included multiple sclerosis and quadriplegia. R2's Mobility Assessment-V2 dated 2/26/25, identified R2 had contractures present and was unable to extend his left elbow past 90 degrees. Bilateral knees and ankles had poor ROM. R2's quarterly MDS dated [DATE], R2 was dependent with all areas of activities of daily living, required a mechanical lift to transfer and was unable to ambulate. R2's functional RO) identified R2 had no limitations of range of motion in neither upper or lower extremities. Diagnoses included multiple sclerosis and quadriplegia. R2's care plan revised 2/27/25, identified R2 required a restorative nursing program. R2 had contractures to their lift elbow extension, right elbow flexion, and tight overall tone and was at risk for developing additional contractures. Staff were directed to complete passive ROM alternating between upper and lower extremities every other time. During observation on 3/19/25, at 10:43 a.m. R2 was lying on his right side while staff performed a dressing change to his left buttock area. R2 had difficulty moving his upper extremities and was unable to move his lower extremities without assistance. R2's fingers had poor dexterity and limited ROM due to stiffness and contractures. R29: (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245563	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Pine Acres Nursing Home	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R29's care plan revised 12/5/23, identified R29 had a decline in mobility with limited ROM in right ankle. R29 required a restorative nursing program due to a risk for contractures. Staff were directed to complete active ROM exercises to her lower and upper extremities and transfers to maintain strength. R29's Mobility Assessment-V2 dated 12/27/24, identified R29 had limited ROM to her right shoulder. R29's right elbow had moderate ROM and R29 had right ankle inversion with moderate ROM. R29's quarterly MDS dated [DATE], identified R29 required partial to maximum assistance with most ADL's and was dependent with transfers and mobility. R29's functional ROM identified R29 had no limitations of range of motion in either upper or lower extremities. Diagnoses included cerebral infarction, polyosteoarthritis, and epileptic spasm. R29's Occupational Therapy Evaluation and Plan of Treatment dated 4/17/24, identified R29 had impaired ROM in her right upper extremity. During observation on 3/17/25 at 1:23 p.m. R29 was observed seated in a wheelchair in her room. R29 was leaning heavily to right side and her legs and feet were not positioned fully on the wheelchair foot rests. R29 was unable to lift her arms or her legs to correct her position and rang for staff assistance. During interview on 3/19/25, at 2:24 p.m. licensed practical nurse (LPN)-A stated she completed the MDS assessments for all the resident's residing in the facility. LPN-A reviewed the resident's mobility assessment to determine each resident's upper and lower extremity ROM. LPN-A thought she may have been reading the MDS question related to a resident's ROM incorrectly. She coded the resident with impaired ROM only if there was a potential for injury with movement. Now in reviewing the MDS ROM section she could see R2 and R29's MDS were coded incorrectly. When interviewed on 3/19/25, at 3:12 p.m. the director of nursing (DON) stated she did not agree R2 and R29 had full ROM of all their extremities. If both therapy and the mobility assessments identified a resident had impaired ROM in any of their extremities, then the MDS should reflect that. It was important to have the ROM limitations correctly identified on the MDS to account for the resident need for assistance with ADLs. The facility policy MDS 3.0 Policy Procedure dated 5/1/24, identified the facility would complete a comprehensive assessment of the resident needs. The assessment would include a resident's physical functional status, ability to perform activities of daily living, and the resident's need for staff assistance and assistive devices or equipment to maintain or improve functional abilities. The MDS staff would encode accurate information into the MDS. The Centers for Medicare & Medicaid (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2024, identified a purpose to offer clear guidance on how to use (i.e., code) the RAI which was divided in multiple sections. The manual outlined, Section GG: Functional Abilities, which directed an intent to determine whether functional limitation in range of motion (ROM) interfered with the resident's activities of daily living or placed them at risk of injury. The manual outlined the item coded for the presence or absence of functional limitation related to ROM, and thorough assessment ought to be comprehensive and follow standards of practice for (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245563	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Pine Acres Nursing Home	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)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	evaluating ROM impairment. Coding instructions included to code 0 if resident had full functional range of motion on the right and left side of upper/lower extremities, code 1, impairment on one side if resident had an upper- and/or lower-extremity impairment on one side that interfered with daily functioning or placed the resident at risk of injury, and code 2, impairment on both sides, if resident had an upper- and/or lower_extremity impairment on both sides that interfered with daily functioning or placed the resident at risk of injury.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245563	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Pine Acres Nursing Home	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 41575 Based on observation, interview and document review, the facility failed to ensure the use of motion sensor pager devices were assessed for range upon implementation and when identified the sensor did not alert staff to movement as intended for 1 of 2 residents (R60) reviewed for falls. Findings include: The undated 433 CMU Manufacturer Instructions identified the range of the monitors were 150 to 300 feet; however, environmental factors such as concrete or brick walls and heavy electrical equipment could affect the range. The systems relied on technology which was subject to physical and environmental considerations transmitter would not be 100% accurate if it was out of range. It was the end users responsibility to make sure the product was used correctly and within range. The device was intended as an adjunct to good care giving practices and not a substitute for proper staffing and management practices. It was commended all staff received proper training and the device tested daily. The device was not meant to replace direct patient supervision, adequate staff training and testing of the system before each use. R60's quarterly Minimum Data Set (MDS) dated [DATE], identified R60 had moderately impaired cognition. R60 required moderate assistance with dressing, grooming and transfers and maximum assistance with toileting hygiene. R60 was frequently incontinent of bowel and bladder. Diagnoses included dementia, heart disease, and anxiety. R60's Fall Risk assessment dated [DATE], identified R60 had a history of multiple falls within the last six months. R60 required assistance of one to transfer but would still self-transfer which often resulted in her falls. R60 had a sensor pad on her bed and a sensor boxy in the bathroom doorway to alert staff. The assessment lacked any evidence the alarm box ranges were individually assessed for distance to ensure the alarm functioned as intended, to alert staff to R60's movement. R60's medical record lacked any assessment for alarm box ranges in relation to the sensor to ensure the alarm functioned as intended, to alert staff to R60's movement. R60's care plan revised 12/24/24, identified R60's need for assistance with activities of daily living (ADLs) and R60's mobility fluctuated due to cognition and/or fatigue. A goal was identified to avoid complications with mobility such as falls, injuries or decline. An intervention included a sensor box on R60's bathroom door and directed staff to carry the alarm box (that would alert if R60 attempted to enter the bathroom). The care plan did not identify any how far staff could be with the alarm box to ensure the proper functioning of the alarm. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245563	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Pine Acres Nursing Home	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R60's Fall Investigation Worksheet dated 8/26/24, identified R60 had an unwitnessed fall and was found on the floor in the bathroom. The bathroom alarm was in place and trained medication assistant (TMA)-A had the alarm box in her pocket. Nursing assistant (NA)-A had taken R60 to her room following supper in the dining room and secured the call light with in R60's reach. R60 had removed the call light and attempted to self transfer to the bathroom and fell . TMA-A reported the alarm box for the bathroom motion sensor had not sounded an alert. The root cause of the fall was determined to be the need to toilet and the intervention to assist R60 to the bathroom after supper was implemented. Batteries were changed to sensor box and alarm. The investigation worksheet lacked evidence an investigation was conducted to determine why the bathroom sensor alarm had failed to alert when R60 entered the bathroom. R60's CNA Fall Worksheet dated 12/22/24, identified R60 had an unwitnessed fall and was found on the floor in the bathroom. R60 stated she had been trying to go to the bathroom. Fuzzy socks and slippers were determined to have contributed to the fall. The worksheet lacked any further investigation into whether the alarms sounded as intended, and if not, any investigation into why the alarm did not sound as intended. During interview on 3/17/24, at 7:24 p.m. NA-B stated R60 would try to take herself to the bathroom a lot. R60 had a motion sensor in her bathroom door and they could usually catch her before she fully got out of her wheel chair. It had not alarmed when she fell in the bathroom on 12/22/24. When interviewed on 3/18/25, at 8:31 a.m. NA-C stated R60 had a sensor on her bed and bathroom door to alert staff when she moved. An aide would be assigned to keep the box in their pocket and it would alarm by playing music or a noise loudly if R60 entered the bathroom. If the aide went on break, they would hand it off to someone else. R60 would try to go to bed or to the bathroom herself and she fell a lot because of that. The alarm was not working when she fell on [DATE]. During interview on 3/18/25, at 9:05 a.m. registered nurse (RN)-A stated R60 did have falls due when trying to self transfer. R60 had a motion sensor on her bathroom door and a nursing assistant carried the receiver box in their pocket. The box would chime or made a musical sound when R60 entered her bathroom. The aide that had the alarm box on 12/22/24, was in the dining room and the alarm did not sound. RN-A stated the aide was not in range for the alarm to sound. During interview on 3/18/25, at 10:06 a.m. NA-D stated she was not aware if there was any range for the alarm and was not aware of it not working. During interview on 3/18/25, at 10:09 a.m. TMA-C stated she was wearing the motion sensor box for a resident this morning. She did not think there was a range where the alarm would not work. If they were to go on break they handed the alarm box to someone else and was not aware of it not working. During interview on 3/18/24, at 10:23 a.m. NA-E stated the motion sensor alarm had always worked for her when she had it and was not aware of any ranges. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245563	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Pine Acres Nursing Home	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 3/18/25, at 11:07 a.m. TMA-D stated she had the alarm on 12/22/24, when R60 fell . TMA-D stated she had been wheeling another resident into the dining room and setting her breakfast up when she received a call over the walkie asking who had R60's alarm. TMA-D ran to R60's room but she had already fallen. The alarm had not sounded at all. TMA-D had been told she was out of range of the alarm for it to sound. That was the first time she had ever heard there was a range to the alarm box. When she had started down to R60's room in response to the call on the walkie that she had fallen, the alarm started blaring loudly, so she did not feel the batteries were low. A joint interview was conducted on 3/18/25, at 11:31 a.m. with the director of nursing (DON) and the administrator. The DON stated she had gotten a call at home regarding the fall and was told the alarm was working and the aide had it on their person. The aide was in the kitchen and the DON thought there was a distance limit on the alarms but was not sure what the footage was. The alarm did sound when the aide entered the hallway, so may have been a delay of a couple of seconds. The DON did not know the range of the motion sensors to the alarm box and looked it up on the website, which indicated the range was 300 feet. Both the DON and the administrator stated they had never tested the range of the motion sensor alarm and thought it would be difficult as the nursing assistants moved through out the halls. The alarm was not investigated or tested following R60's fall. On 3/18/25, at 12:20 p.m. the DON placed the motion sensor alarm in R60's former room and called to the nursing assistant on the walkie who had the alarm box. The NA stated she was in the dining room assisting a resident. The DON activated the alarm in R60's room and the NA reported the alarm box did not sound. The DON stated there must be to many walls between the alarm box and motion sensor. The administrator stated the alarm did work and the care plan was followed but it was out of range. During telephone interview on 3/18/25, at 1:09 p.m. the manufacturer of the Wireless Motion Sensor Smart Caregiver Fall Prevention and Anti-wandering Alarm help desk, (MHD)-C stated the alarms were used in quite a few nursing homes. MHD-C stated the determining factor of the range of the sensor was what was between the sensor and the alarm box. The sensor used radio waves and concrete, brick, metal, electrical would all effect the range. The typical range was 150 to 300 feet, but it would depend on what was directly in between the sensor and the alarm box. The absolute maximum distance was 300 feet and that would be if the alarm box and the sensor were in direct line of site. The only way to know the range of how far an alarm will reach from where you placed the sensor was to test it. It was not difficult to test the range. The motion sensor would be placed to where you wanted it and then someone with the alarm box would go a distance away and keep moving away a distance until the alarm box no longer picked up the sensor. A follow up joint interview was conducted on 3/19/25, at 3:54 p.m. with the DON and administrator. The DON stated she did not work at the facility at the time of R60's first fall and could not say what type of investigation was done to determine the cause of the fall or if the motion sensor was investigated. The DON did not know what assessment was completed to determine the motion sensor alarm was appropriate. It would be hard to determine the range of the sensor, it would be different for each resident. The administrator stated the staff were aware the motion sensors were not a fool proof thing and knew there were limitations to the alarms. The sensors were effective and they could not possibly identify where/if there were dead spots for each resident, as the ranges could change. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245563	A. Building B. Wing	03/19/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Green Pine Acres Nursing Home	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)
F 0689 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	The facility policy Resident Alarms dated 2/6/25, identified the facility would establish and utilize a systematic approach for the safe and appropriate use of resident alarms, including efforts to identify risk, evaluate and analyze risk, implement interventions to reduce risk and monitor for effectiveness of the interventions and modifying interventions when necessary. When alarms were utilized, additional monitoring would be provided, including but not limited to verifying the alarms were used in accordance to the care plan, working properly and monitoring for adverse consequences. Each resident would be assessed for fall and elopement risk on admission and periodically thereafter. Medical symptoms would be identified and documented in the medical record. Information would come from the medical history, physical exam or individual observation. When alarms were in use or under consideration, risks of adverse consequences related to alarms would be identified.