STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245587	A. Building B. Wing	03/06/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Ebenezer Integrated Care & Rehab	45 West 10th Street Saint Paul, MN 55102

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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Arrange for the provision of hospice services or assist the resident in transferring to a facility that will arrange for the provision of hospice services. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654 Based on interview and document review, the facility failed to ensure the necessary coordination of services between the facility and the hospice agency for 1 of 1 residents (R2) reviewed for hospice services. Findings include: R2's quarterly Minimum Data Set (MDS) dated [DATE], indicated severe cognitive impairment. R2's Diagnoses List printed 3/6/24 included diagnoses of schizoaffective disorder (disorder with a combination of symptoms of schizophrenia and a mood disorder), bipolar type. On 3/5/24 at 4:00 p.m., R2's medical record lacked current contact information for hospice staff (the case manager was not updated), and lacked a current medication list with a list of resident-specific hospice-covered medications, a care plan, goals for care, hospice certification and recertifications of the terminal illness, the hospice election form, and hospice orders. Additionally, the medical record lacked a schedule for hospice visits for March 2024. The most recent visit note in the hospice chart by a nurse was dated 2/2/24. On 3/6/24 at 11:39 a.m., social worker (SW)-A stated the facility had some coordination issues with the hospice agency including unanswered emails, forms not completed correctly, and inaccurate contact information for hospice team members. SW-A stated the phone number on the business card for the designated contact for hospice provided by the hospice agency was incorrect. Further, SW-A stated she expected the hospice staff to communicate with facility staff weekly. SW-A also stated she would expect a hospice plan of care for R2 as R2 had been with hospice since July 2023. On 3/6/24 at 11:50 a.m., the director of nursing (DON) stated R2's chart should contain a hospice plan of care, team member names and contact numbers, the frequency of visits, a visit schedule, a current medication list with hospice-covered meds listed, and visit notes by hospice team members. (continued on next page)

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
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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 0849 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	On 3/6/24 at 12:03 p.m., the hospice director (HD)-A stated she expected hospice staff to respond to facility staff emails, and the documents in the resident's medical record were current and complete with the required information. HD-A acknowledged the new updated paperwork provided to the facility on [DATE] lacked a care plan, a current provider's name (the provider identified no longer worked for the hospice agency), and the paperwork had blank pages that should have been completed. HD-A further acknowledged the last nurse visit documented visit was 2/2/24. Additionally, HD-A stated a nursing assistant (NA) should see R2 once or twice weekly, but the hospice record did not indicate NA visits in February. HD-A stated, It's sad how we missed so many things. The facility Hospice contract dated 7/26/24, indicated coordination of care between the facility and Hospice included a plan of care for each hospice patient, where Hospice retained primary responsibility for determining each hospice patient's appropriate plan of care, the facility would provide the description of services furnished by the facility. The contract indicted the facility communicates with Hospice physician and other practitioners participating in care to the Hospice patient as needed to coordinate hospice care with the medical care team. Additionally, the contract indicated Hospice would provide the most recent plan of care, medication information, and physician orders specific to each patient, the Hospice Election Form, physician certification and recertifications of the terminal illness specific to each Hospice patient, and contact information for Hospice personnel involved in care of each Hospice patient. The facility Hospice Care and Referrals in SNF [Skilled Nurse Facility] policy updated 2/24 directed social service (or delegate) obtained information from hospice including the hospice plan of care, hospice election form, physician certification and recertification of the terminal illness, names and contact information for hospice personnel involved in the hospice care, hospice medication information specific to each patient, and the hospice physician and attending physician orders. The policy further directed the hospice provider assured notes were provided to the facility in a timely manner and communicated the schedule of upcoming visits with the resident to the facility for care coordination purposes.