

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245590	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 05/29/2024
NAME OF PROVIDER OR SUPPLIER The Lutheran Home: Belle Plaine		STREET ADDRESS, CITY, STATE, ZIP CODE 611 West Main Street Belle Plaine, MN 56011	

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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48740</p> <p>Based on interview and document review, the facility failed to ensure allegations of potential abuse were immediately reported to the State Agency (SA) no later than 2 hours after knowledge of the allegation of abuse for 1 of 3 residents (R1) reviewed for abuse.</p> <p>Findings include:</p> <p>R1 quarterly Minimum Data Set (MDS) dated [DATE], identified R1 had moderate cognitive impairment and diagnoses which included: dementia, psychotic disorder, seizure disorder, depression, and hypertension. Indicated R1 required maximum assistance for hygiene and bed mobility.</p> <p>A review of the facility SA report revealed resident indicated to LPN-A she was sexually assaulted on 5/22/24 at 1:35 p.m. SA report identified staff became aware of the incident on 5/22/24 at 4:11 p.m., and was reported to the administrator on 5/22/24 at 4:20 p.m. SA report was submitted on 5/22/24 at 5:46 p.m. The SA report was made four hours and 11 minutes after resident reported the sexual assault to staff. The report was submitted to the SA two hours and 11 minutes past the two hour required time frame.</p> <p>A review of the progress note dated 5/22/24 at 1:35 p.m., revealed R1 informed LPN-A on 5/22/24, about being sexually assaulted the previous night.</p> <p>A review of the progress note dated 5/22/24 at 4:00 p.m., revealed that the registered nurse (RN)-A reported to the director of nursing (DON), administrator and social services that R1 reported being sexually assaulted.</p> <p>During an interview on 5/29/24 at 9:57 a.m., LPN-A stated she was not aware allegations of abuse were to be reported immediately. LPN-A indicated R1 had a history of talking about her past sexual trauma and had been more delusional since recent medication changes had taken place. R1 was talking about snow and Christmas at the same time she alleged she had been sexually abused the previous night. LPN-A stated she received education about the requirement to report accusations of abuse immediately after the 5/22/24, allegation of abuse was reported to her.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/29/24 at 9:40 a.m., RN-A stated she became aware of the allegation of abuse on 5/22/24, when she reviewed progress notes LPN-A had entered on 5/22/24 at 1:35 p.m. RN-A indicated she was under the impression R1 was reporting past sexual history when LPN-A informed her about the allegation earlier in the shift. RN-A stated R1 often discussed her past sexual abuse experience. RN-A indicated she contacted the director of nursing (DON) immediately when she realized it was a current allegation of abuse.</p> <p>During an interview on 5/29/24 at 12:14 p.m., DON verified the SA report was submitted late due to the lack of communication. DON stated the expectation was staff would report the incident immediately to ensure resident safety.</p> <p>During an interview on 5/29/24 at 1:00 p.m., the administrator verified the SA report was submitted late. The administrator expected staff to notify the administrator immediately. The administrator stated staff had been educated since 5/22/24, to report to the administrator immediately all allegations of abuse.</p> <p>Review of the facility policy titled Abuse Prohibition Plan and Vulnerable Adult Incident Reporting dated 9/23/21, identified sexual abuse was non-consensual sexual contact of any type with a resident. Generally, sexual contact was nonconsensual if the resident either: appeared to want the contact to occur, but lacked the cognitive ability to consent; or did not want the contact to occur. Other examples of non-consensual sexual contact may include but were not limited to, situations where a resident was sedated, temporarily unconscious, or in a coma.</p> <p>Review of the facility policy titled Abuse Policy, undated, identified the facility would ensure that all alleged violations involving abuse, neglect, exploitation, or mistreatment, including injuries of unknown source and misappropriation of resident property, that may constitute reasonable suspicion of a crime were reported immediately, but not later than two hours after the allegation was made, if the events that caused the allegation involved abuse or result in serious bodily injury.</p>		