

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245599	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 03/04/2025
NAME OF PROVIDER OR SUPPLIER Divine Providence Community Home		STREET ADDRESS, CITY, STATE, ZIP CODE 700 Third Avenue Northwest Sleepy Eye, MN 56085	
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 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50764</p> <p>Based on interview, observation and document review, the facility failed to ensure staff provided a walking program to meet the assessed needs for 1 of 1 residents (R35) reviewed for restorative services.</p> <p>Findings include:</p> <p>R35's face sheet printed on 3/4/25, indicated primary diagnosis of chronic obstructive pulmonary disease (lung disease causing breathing difficulty), type two diabetes mellitus, chronic kidney disease, and heart failure.</p> <p>R35's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated intact cognition, no rejection of care, use of a walker, wheelchair, and limb prosthesis, substantial assistance for bathing, partial assistance for upper and lower body dressing, partial assistance for personal hygiene, setup assistance for transfers, supervision for walking 50 feet, and no restorative nursing program.</p> <p>R35's care plan dated 9/27/24, indicated R35 walked independently with one helper providing setup assistance and use of four wheeled walker with gait belt. R35's goal was to continue to be able to walk and transfer safely.</p> <p>R35's document titled [NAME] Therapy Referral to Nursing dated 12/20/23, indicated R35's physical therapy recommended ambulation/walking program instructed to walk with R35 with four wheeled walker, gait belt, contact guard assistance of one staff, wheelchair to follow to and from all meals (three times daily).</p> <p>During interview on 3/3/25 at 3:53 p.m., R35 stated he had not been walking as much he wanted to and stated staff did not always have the time to help him walk. R35 stated he would walk more if staff were available, and he could not walk on his own due to past falls.</p> <p>During observation on 3/3/25 at 5:35 p.m., R35 was observed propelling himself in his wheelchair in the hallway and was not observed walking to or from supper.</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
FORM CMS-2567 (02/99) Previous Versions Obsolete	Event ID:	Facility ID: 245599
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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 3/4/25 at 10:49 a.m., nursing assistant (NA)-B stated she was supposed to walk the residents on her assigned hallway during her shift and usually had time to get all of her assigned walks done. NA-B further stated completed walks would be documented in the electronic health record (EHR).</p> <p>During interview on 3/4/25 at 12:26 p.m., NA-C stated the restorative nursing assistant (RNA) did most of the walking of residents, but the NA would assist with walking when able.</p> <p>During interview on 3/4/25 at 12:39 p.m., NA-D stated both the RNA and NA are responsible for walking the residents on their assigned hallway. NA-D stated when walks were completed they were documented in the EHR and resident refusals would also documented in the EHR.</p> <p>During interview with the director of nursing (DON) on 3/4/25 at 2:42 p.m., she stated she would expect that R35's walks were completed as recommended and if R35 refused to walk she would expect that to be documented in the EHR. DON further stated R35 had not declined from not walking, but walking would be important to maintain his current level of function and prevent any decline in function.</p> <p>Review of an untitled facility provided document from the EHR printed 3/4/25, indicated from 2/16/25 through 3/2/25, R35 did not walk three times daily as recommended. Documented walks included the following:</p> <p>2/16/25- one time</p> <p>2/17/25- no walk</p> <p>2/18/25- one time</p> <p>2/19/25- no walk</p> <p>2/20/25- two times</p> <p>2/21/25- one time</p> <p>2/22/25- two times</p> <p>2/23/25- one time</p> <p>2/24/25- one time</p> <p>2/25/25- no walk</p> <p>2/26/25- no walk</p> <p>2/27/25- no walk</p> <p>2/28/25- no walk</p> <p>3/1/25- one time</p> <p>(continued on next page)</p>		

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<p>F 0688</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>3/2/25- one time</p> <p>Review of a facility policy titled Assisting with Transfers and Walks revised 5/24, did not include anything regarding walking residents based on therapy recommendations.</p>

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide safe and appropriate respiratory care for a resident when needed.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 42073</p> <p>Based on observation and interview, the facility failed to ensure oxygen administration was consistently monitored according to physician orders for 2 of 4 residents (R18, R19) observed during dining.</p> <p>Findings include:</p> <p>R18's facesheet printed on 3/5/25, included diagnoses of multiple fractured ribs and congestive heart failure (when the heart doesn't pump blood as well as it should).</p> <p>R18's admission MDS assessment dated [DATE], indicated R18 had moderately impaired cognition, clear speech, could usually understand and be understood. R18 required substantial assistance with ADL's and did not walk. R18 used continuous oxygen therapy.</p> <p>R18's physician orders dated 2/28/25, indicated chronic oxygen at 2 LPM (liters per minute) at HS (bedtime) PRN (as needed) and 1 LPM during the day to keep [oxygen saturation] above 90%.</p> <p>R18's care plan dated 2/12/25, did not include oxygen therapy.</p> <p>During an observation on 3/4/25 at 8:10 a.m., R18 was seated at the table in the dining room in her wheelchair. R18 had an oxygen cannula in her nares. Her oxygen tank on the back of her wheelchair indicated R18 was receiving 1 liter of oxygen, however, the arrow on the oxygen gauge was in the red REFILL section. LPN-A who was sitting next to R18 while R18 was taking her pills, looked at the gauge and stated, oh, it's empty. LPN-A obtained a new oxygen tank and changed it out. R18 denied feeling short of breath.</p> <p>During an interview on 3/4/25 at 10:14 a.m., NA-A stated she had helped R18 get up that morning. NA-A stated she turned the portable oxygen tank on and saw there was hardly any oxygen left. NA-A stated she knew there would be enough oxygen to quick weigh R18 and bring her back to her room for breakfast. However, after being weighed, R18 decided she would eat in the dining room. NA-A stated at that point, she had totally forgot about the oxygen tank being almost empty. (NA)-A stated whoever put a resident in a wheelchair with their portable oxygen tank was responsible to ensure there was oxygen in the tank. NA-A stated nurses and nursing assistants had training on how to use and change an oxygen tank.</p> <p>R19's facesheet printed on 3/4/25, included diagnosis of chronic obstructive pulmonary disease (COPD), (a disease that blocks airflow making it difficult to breathe).</p> <p>R19's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R19 was cognitively intact, had clear speech, could understand and be understood. R19 required partial assistance with activities of daily living (ADLs) and could walk short distances with supervision. R19 received oxygen therapy.</p> <p>(continued on next page)</p>		

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<p>F 0695</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R19's physician orders undated, indicated administer oxygen per cannula 1-4 liters as needed for shortness of breath (per standing order). Order dated 11/18/24, indicated to monitor O2 (oxygen) saturation and chart how often using oxygen.</p> <p>R19's care plan dated 9/3/24, indicated R19 had respiratory problems; got short of breath with exertion, but currently did not use oxygen.</p> <p>During an observation on 3/3/25 at 5:59 p.m., R19 was seated at the table in the dining room in her wheelchair. R19 had an oxygen nasal cannula in her nares. The oxygen tank on the back of her wheelchair indicated R19 was receiving 1.5 liters of oxygen, however the arrow on the oxygen gauge was in the red REFILL section.</p> <p>During an interview and observation on 3/3/25 at 6:04 p.m., licensed practical nurse (LPN)-B verified the arrow was in the red REFILL section and stated the tank was empty. LPN-B turned the handle on the tank to the open position to make sure it was open, and the arrow remained in the REFILL section.</p> <p>During an observation on 3/3/25 at 6:07 p.m., LPN-B changed out the oxygen tank.</p> <p>During an interview on 3/3/25 at 6:14 p.m., R19 stated she had not felt short of breath while eating her meal, adding, she was only eating, not walking.</p> <p>During an interview on 3/4/25 at 2:31 p.m., the director of nursing (DON) stated in the morning, staff usually changed out the portable oxygen tanks if needed, and whoever was taking the resident with the portable tank should look at the level of oxygen remaining in the tank.</p> <p>Facility Oxygen Concentrator and Cylinders policy with revised date of 4/24, indicated oxygen would be provided to residents for whom oxygen had been ordered by a physician; oxygen concentrators would be used whenever possible and tanks only as needed. The policy described the steps for setting up an oxygen cylinder (tank). The policy did not include periodic checking of the amount of oxygen in the tank when in use.</p>		