

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245604	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/31/2024
NAME OF PROVIDER OR SUPPLIER  Auburn Manor		STREET ADDRESS, CITY, STATE, ZIP CODE  501 Oak Street Chaska, MN 55318	

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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48299</b></p> <p>Based on interview and document review, the facility failed to develop and implement a facility wide system to monitor the use of antibiotics and reduce unnecessary or inappropriate antibiotic use, which reduces risk of adverse effects, for 1 of 1 resident (R198) reviewed for antibiotic use. This had the potential to affect all 50 residents residing in the facility.</p> <p>Findings include:</p> <p>R198's face sheet undated, indicated R198 had diagnoses which included diarrhea, a stage 3 pressure ulcer (a wound that breaks down skin and underlying tissue) of the sacral (tailbone) region, unspecified stage pressure ulcer to the left buttock, muscle weakness, depression, and anxiety. The face sheet also indicated the resident admitted to the facility on [DATE].</p> <p>R198's order summary included the following orders:</p> <ul style="list-style-type: none"> <li>- Monitor resident for loose watery stools and update provider as needed every shift, dated 5/28/24.</li> <li>- stool culture for Clostridium difficile (bacteria that can cause inflammation of the colon and severe diarrhea, often due to antibiotic use) special instructions: discontinue when collected, every shift, dated 6/1/24.</li> <li>- Wound clinic referral (sacral ulcer/left gluteal fold), dated 5/20/24.</li> </ul> <p>R198's medication administration record (MAR) indicated the following:</p> <ul style="list-style-type: none"> <li>- amoxicillin-pot clavulanate (Augmentin) 875-125 mg twice a day 5/15/24 to 5/22/24.</li> <li>- cephalexin 500 mg twice a day 5/28/24 to 5/30/24 when discontinued.</li> <li>- vital signs were monitored 5/15/24, 5/16/24, 5/19/24, and 5/26/24 and temperature 5/15/24 to 5/29/24.</li> <li>- monitor resident for potential allergic reaction while resident on cephalexin due to penicillin allergy with start day of 5/28/2024 until discontinued on 5/30/24.</li> </ul> <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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>R198's MAR included the following regarding the order to monitor loose stools:</p> <ul style="list-style-type: none"> <li>- soft stools on evening shift of 5/28/24 and day shift of 5/31/24.</li> <li>- loose stools on day and evening shift of 5/29/24.</li> </ul> <p>R198's progress notes included the following:</p> <ul style="list-style-type: none"> <li>- 5/15/24 to 5/22/24 notes described the wounds and foul odor a couple times. Antibiotic use and loose stools were not mentioned.</li> <li>- 5/23/24 notes identified a wound had foul odor, another wound slough, and another wound no signs and/or symptoms of infection. The note indicated antibiotic course would finish.</li> <li>- 5/28/24 at 11:25 a.m., R198's wound on bottom had redness, foul smelling drainage, normal temperature. Primary nurse practitioner was called per family member (FM)-E and clinical coordinator for antibiotic orders.</li> <li>- 5/28/24 at 2:40 p.m., new orders for Keflex were given and FM-E spoke with primary nurse practitioner about the order.</li> <li>- 5/28/24 at 10:46 p.m., R198 had multiple soft/mushy stools causing dressing to become soiled. Stool consistency was reported to nurse practitioner and order for Imodium given and to monitor resident for loose/watery stools and update nurse practitioner as needed. The Imodium was given once in the evening and results were somewhat effective.</li> <li>- 5/30/24 at 10:45 p.m., indicated R198 was seen by wound clinic and provided with orders to discontinue Keflex and send stool specimen for culture for Clostridium difficile. Clinic stated R198 had continuous loose stools the entire afternoon visit at the clinic.</li> </ul> <p>R198's bowel movement documentation indicated R198 had loose bowel movements 5/20, 5/21, 5/22, 5/28, 5/29 and soft/formed bowel movements 5/18, 5/20, 5/29 and other dates did not indicate bowel movement consistency or no bowel movements documented.</p> <p>R198's wound/ostomy progress note dated 5/30/24, indicated R198 had watery stool with a sweet odor and no signs or symptoms of infection. The note indicated to discontinue Keflex as the wound was not infected and information was discussed with FM-E.</p> <p>Antibiotic stewardship log for March 2024 was reviewed and April and May 2024 were blank. The facility was asked for the last three months of antibiotic stewardship logs, but the logs were not provided.</p> <p>The facility was asked for the last three months of antibiotic time outs and did not provide.</p> <p>The facility was asked for their policy and procedure about antibiotic time outs and did not provide.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview on 5/29/24 at 2:51 p.m., FM-E stated R198's wounds were getting worse and asked the facility about the antibiotic which was stopped a week prior, and the facility restarted the antibiotic. FM-E stated R198 had an appointment with a wound team at a clinic 5/30/24 which the facility recommended.</p> <p>During interview on 5/30/24 at 12:53 p.m., infection prevention manager (IPPM) stated R198's wound looked better compared to when first seen. IPPM stated FM-E was adamant about R198 being on an antibiotic and demanded the facility restart an antibiotic prior to the wound clinic. IPPM stated R198's wound had a slight odor and explained to FM-E the odor was part of the wound process and would be best if R198 was not on an antibiotic. IPPM stated they discussed risk versus benefits with FM-E but did not have documentation.</p> <p>During interview on 5/31/24 at 10:34 a.m., registered nurse (RN)-A stated residents who did not present as themselves were assessed, kept in room if seemed contagious such as with temperature, and staff reached out to provider. Providers may then order x-rays, labs, urine specimens. If provider ordered an antibiotic, staff completed additional follow-up assessments such as vitals and lung sounds depending on the infection. RN-A documented in progress notes and had a book with a shift report which contained when antibiotics started. RN-A stated infections such as a urinary tract infection required more than a fever to start an antibiotic, but IPM completed the behind the scenes documentation to ensure proper protocols were followed. RN-A alerted IPM when antibiotics were started.</p> <p>During interview on 5/31/24 at 3:55 p.m., licensed practical nurse (LPN)-A stated IPPM completed antibiotic 72-hour time outs and followed up on antibiotic stewardship.</p> <p>During interview on 5/31/24 at 1:21 p.m., IPPM stated they weekly or every few days pulled a report from their electronic medical record system, Matrix, which listed residents who had antibiotic orders with start and end dates and other order information. The report of antibiotics did not include resident signs or symptoms of infection. Staff called IPPM when antibiotics started. IPPM used information from the report to track antibiotic use and then placed in a tracking form on the computer which included information such as resident name, infection type, if resident had device, whether surveillance criteria met or not, diagnostic tests performed and results, antibiotic medication information, who started the antibiotic, if a time out was completed, if transmission-based precautions were needed. January through March 2024 was filled out in the tracking log, but April and May 2024 were blank. Most of the 72-hour antibiotic time outs were marked as no on the log. IPPM stated they had been away from the facility some of May 2024 so was reviewing the past weeks of antibiotics via the report from Matrix. IPPM stated no one looked over antibiotics or time outs when they were gone and was catching up and had not come across any concerns with prescribed antibiotics or infections from their time away. IPPM worked with providers to ensure antibiotics met minimum criteria for use, but some providers and family members were harder to educate. The nurses also had access to the minimum criteria information for starting antibiotics. IPPM had a form for 72-hour antibiotic time outs but stated they were often not completed, because they were on the floor working and not in the office. IPPM stated other nurses did not have the 72-hour time out form and one time out was completed in April and one completed in May. Antibiotic time outs may also be in progress notes. IPPM checked on residents at the end of their antibiotic regimen to assess residents; otherwise, nursing notes regarding resident symptoms throughout treatment were a hit or miss. IPPM was not sure why the facility did not have a process for daily documentation regarding antibiotic treatment and resident symptoms.</p> <p>(continued on next page)</p>		

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<p>F 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>During interview on 5/31/24 at 5:16 p.m., DON stated IPPM oversaw the antibiotic time out process and communicated to providers regarding antibiotics continuing or stopping. DON stated time outs were important to prevent superbugs and unnecessary medication. DON expected staff to monitor resident symptoms and temperatures and chart in progress notes. DON stated they were talking about putting in an order set list for residents on antibiotics or with viral infections to alert nurses to assess and chart once a day or once a shift. DON stated nurse monitoring was important to know if resident's illness was improving and how illness progressed. DON expected staff to monitor resident symptoms and temperatures and chart in progress notes. DON stated they were talking about putting in an order set list for residents on antibiotics or with viral infections to alert nurses to assess and chart once a day or once a shift. DON stated nurse monitoring was important to know if resident's illness was improving and how illness progressed.</p> <p>The facility's policy Antibiotic Stewardship Program dated 2/20, indicated the facility's tracking will monitor antibiotic use and outcomes from antibiotic use and directed to the facility's Infection Control policy section Infection Surveillance. Further, the policy directed the facility to make resources available to clinicians, nursing staff, residents, and families about antibiotic resistance and appropriate antibiotic use.</p> <p>The facility's policy Infection Control Program dated 2/23, indicated the infection control preventionist or designee did surveillance of healthcare-associated infections and antibiotic use by the following:</p> <ul style="list-style-type: none"> <li>-Implementing policies and procedures for infection prevention and systems for recognition of an increase in infection and identification of clusters and outbreaks for residents/clients and personnel.</li> <li>-Monitoring effective use of antibiotics and make recommendations for changes.</li> <li>-Utilizing the recommended minimum criteria for initiating antibiotics.</li> </ul>		