

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245622	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/24/2024
NAME OF PROVIDER OR SUPPLIER Meadows on Fairview		STREET ADDRESS, CITY, STATE, ZIP CODE 25565 Fairview Avenue Wyoming, MN 55092	

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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 46941</p> <p>Based on document review and interview the facility failed to ensure a written notification of transfer was sent to the office of the Ombudsman for long term care for 2 of 2 residents (R1, R13) with the potential to affect all residents transferred to the hospital.</p> <p>Findings include:</p> <p>R1's face sheet dated 7/24/24 listed the following diagnoses: chronic respiratory failure with hypoxia (long term breathing issues with low blood oxygen), chronic obstructive pulmonary disease (long term narrowing of the breathing passages), diabetes, obesity, congestive heart failure (the heart was unable to pump efficiently), dysphagia (difficulty swallowing), atrial fibrillation (top two chamber of the heart beat erratically), coronary artery disease (narrowing of the veins/arteries in the heart), dependence on supplemental oxygen, obstructive sleep apnea (stops breathing for spells of time while sleeping), and peripheral vascular disease (the body struggles to return blood from its extremities).</p> <p>Progress notes indicated R1 was hospitalized twice on the following dates:</p> <p>4/10/24 through 4/12/24</p> <p>5/14/24 through 5/28/24 and went to the emergency department of 6/5/24, and</p> <p>R1's medical record lacked evidence a written notification of transfer was sent to the Ombudsman for long term care.</p> <p>R13's face sheet dated 7/24/2024, listed the following diagnoses: hypertension (high blood pressure), unspecified dislocation of right hip (right hip out of hip socket), restless leg syndrome (restless legs), presence of right artificial joint (surgical joint replacement) and major depressive disorder (Feeling sad).</p> <p>Progress notes indicated R13 went to an emergency department on 4/29/24 and was hospitalized on [DATE].</p> <p>R13's medical record lacked evidence a written notification of transfer was sent to the ombudsman for long term care.</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 0623</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Facility provided document, referred to as, Hospital Transfer List, indicated list of resident transfers over the last six months, and included R1 and R13.</p> <p>During an interview on 7/23/24 at 1:06 p.m., director of nursing (DON) stated the facility transfer list document included the residents R1 and R13. DON stated she did not believe the ombudsman had been notified of R1 and R13's transfer to the hospital and she was reviewing the facility policy.</p> <p>During an interview on 7/23/24 at 2:04 p.m., DON stated the notice of transfer to ombudsman for R1 and R13 had not been done but should have</p> <p>During an interview on 7/23/24 at 2:25 p.m., licenses social worker (LSW) stated she had not notified the ombudsman for the transfer and hospitalization of R1 and R13. LSW stated the transfers should have been sent to the ombudsman upon review of the facility policy.</p> <p>Facility provided document, titled, Transfer and Discharge from the facility indicated, copies of notices for emergency transfer must also be sent to the ombudsman, and can be done monthly.</p> <p>49657</p>		