

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245626	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 07/03/2024
NAME OF PROVIDER OR SUPPLIER Rochester Rehabilitation and Living Center		STREET ADDRESS, CITY, STATE, ZIP CODE 1900 Ballington Boulevard NW Rochester, MN 55901	

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** 49616</p> <p>Based on observations, interviews, and document review, the facility failed to report an accusation of abuse to the administrator and State Agency (SA) within the two-hour time frame for 1 of 3 residents (R2) when the facility staff had knowledge of the abuse situation two days prior to the reported allegation.</p> <p>Findings include:</p> <p>The Facility Reported Incident (FRI) dated 7/1/24 at 1:38 p.m., indicated allegations of neglect that had occurred on 7/1/24 at 4:00 a.m. when nursing assistant (NA)-A made R2 go to bed around 6:00 p.m., pushed R2 around, and pinched her arm.</p> <p>R2's face sheet dated 7/3/24, identified an admitted [DATE]. Medical diagnoses included vertebrogenic low back pain (back pain that develops when the vertebral endplates in the spine become damaged), mild intellectual disabilities (learning disability characterized by below average intelligence), and anxiety disorder.</p> <p>R2's significant change Minimum Data Set (MDS) dated [DATE], identified R2 used a walker and wheelchair for mobility, was dependent on staff for activities of daily living including dressing and turning side to side in bed.</p> <p>R2's Nursing Weekly Skin Check dated 6/20/24, identified no skin issues found.</p> <p>R2's Nursing Weekly Skin Check dated 7/2/24, identified a bruise to the right elbow that measured 2.75 centimeters (cm) x 2.75 cm, bruise to upper right arm that measured 5 cm x 2.5 cm, bruise to the right forearm that measured 2.25 cm x 2.5 cm, inner wrist bruise measured 1 cm x 1.5 cm. Bruises were also noted on left arm and abdomen.</p> <p>During an interview on 7/3/24 at 8:31 a.m., R2 had purple bruises on her upper and lower right arm and a faint blue bruise on the lower arm under the elbow crook. The faint bruise was identified by R2 as the pinch mark from nursing assistant (NA)-A. R2 stated NA-A was rough with her and made for a bad day. R2 indicated she reported the incident to licensed practical nurse (LPN)-A. R2 stated this was the first time NA-A had treated her this way. R2 was upset and teary-eyed during the conversation.</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: 245626
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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 a phone interview on 7/3/24, family member (FM)-A stated that R2 called and reported that a staff person had been bossy and pushy with R2 and pinched her. FM-A was unsure what day R2 reported to him. FM-A stated R2 said it happened during the evening or overnight shift.</p> <p>During a phone interview on 7/3/24 at 10:43 a.m. and 3:10 p.m., LPN-A indicated on the evening shift of 6/29/24, between 6:30 p.m. and 7:00 p.m., R2 reported to LPN-A she was pushed and turned hard. LPN-A completed a skin inspection at the time to assess for potential bruising as result of the reported rough treatment. LPN-A recalled a bruise to R2's upper right arm. However, R2 bruised easily because she was taking blood thinners and had a tendency to bump into things while self-propelling her wheelchair. LPN-A explained she had not documented the bruising in R2's medical record. LPN-A had told R2 she would report the incident to her supervisor. LPN-A stated she called and reported the situation to the Director of Nursing (DON) on 6/29/24 after the incident however did not recall the exact time. LPN-A reported during that discussion with the DON, the DON had indicated she would fill out the necessary paperwork for the incident.</p> <p>During a phone interview on 7/3/24 at 9:28 a.m., Registered Nurse (RN)-A stated she was informed by LPN-A that R2 had cried due to a staff member being verbally aggressive. RN-A indicated she checked on R2, R2 appeared miserable so she gave her a hug.</p> <p>During an interview on 7/3/24 at 3:57 p.m., DON stated she was notified of the abuse on 7/1/24 at 12:15 p.m. DON immediately reported the situation to the Administrator and filed the FRI at 1:45 p.m. DON stated LPN-A called her on 6/29/24 to report staffing issues. If [LPN-A] had called about rough care I would have done something about it.</p> <p>Multiple attempts were made to reach out to NA-A with no return calls on 7/3/24 at 9:10 a.m., 9:44 a.m., and a text message at 9:48 a.m.</p> <p>The facility policy titled Resident/Client Protection Freedom from Abuse, Neglect, and Misappropriation revised 11/3/22, identified that it is the policy that all resident/client/participants are free from abuse and neglect and will establish and enforce written policies and procedures related to suspected or alleged maltreatment and will orient resident/client/participants and mandated reporters to these procedures.</p> <p>Each individual has the right to be free from verbal, sexual, physical, and mental abuse, including injuries of unknown source, misappropriation of resident/participant property, corporal punishment, mistreatment, neglect and involuntary seclusion.</p> <p>D. IDENTIFICATION</p> <p>1. everyone must monitor the resident for possible signs of abuse that could include:</p> <p>a. suspicious bruising</p> <p>b. unnecessary fear</p> <p>E. INVESTIGATION</p> <p>(continued on next page)</p>

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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>The investigation is the process used to try to identify what happened. The nurse begins the investigation immediately. The information gathered is given to administration.</p> <p>1. The investigation will include:</p> <ul style="list-style-type: none"> o Who was involved o Resident/client/participants' statements o Involved staff and witness statements of events o A description of the resident/client/participant's behavior and environment at the time of the incident o Injuries present o Observation of resident/client/participant and staff behaviors during the investigation <p>G. REPORTING AND RESPONSE</p> <p>NOTE: SEE ELDER JUSTICE ACT POLICY FOR REPORTING A REASONABLE SUSPICION OF A CRIME IN LONG TERM CARE.</p> <p>1. Employees must always report alleged abuse/neglect (i.e. incidents, mistreatment, abuse, neglect, injuries of unknown and known origin, and misappropriation of resident/client/participant property) immediately to the Supervisor or the Building Supervisor.</p> <p>3. The Executive Director/or designated representative must be contacted immediately by Supervisor or reporter regarding all allegations of abuse/neglect. Immediate reporting may be reported via voice mail, or answering machine. Document date and time of notification.</p> <p>4. Director of Nursing will be contacted per protocol and will involve Social services or designee.</p> <p>Note: Failure to report can make you just as responsible for the abuse. (See state specific section for details on reporting to State Agencies).</p> <p>5. If there is suspicion that abuse occurred, it will be reported to the State Reporting Agency in accordance with state law immediately, not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury 24 hours if the alleged violation does not involve abuse and does not result in serious bodily injury. If the abuse is substantiated, it will be reported to the registry or licensing board.</p> <p>IV. IDENTIFICATION AND REPORTING OF SUSPECTED / ALLEGED ABUSE</p> <p>See investigation guidelines and checklists for potential abuse or neglect in section #3 and #4 of manual</p> <p>1. CARING FOR THE INDIVIDUAL</p> <p>(continued on next page)</p>		

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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>a. In the event of suspected maltreatment, the needs of the resident/client/participant will be immediately assessed and the safety of the resident/client/participant(s) will be ensured. The safety and health of the resident/client/participant(s) will be attended to before any other action is taken. Immediate steps should be taken to ensure that no resident/client/participant remains in danger of maltreatment, including medical intervention, as needed.</p> <p>b. The resident/client/participant(s) will be assessed for physical appearance, skin injuries, trauma, and changes in resident/client/participant affect, mood and behavior, occurrences, patterns and trends.</p> <p>REPORTING MALTREATMENT OF INDIVIDUALS</p> <p>NOTE: SEE ELDER JUSTICE ACT POLICY FOR REPORTING A REASONABLE SUSPICION OF A CRIME IN LONG TERM CARE.</p> <p>a. Who must report suspected maltreatment of a resident/client/participant?</p> <p>Any employee, resident/client/participant, family/guardian, external business vendor or entity, or volunteer who:</p> <ul style="list-style-type: none"> o Has knowledge of suspected maltreatment of a resident/client/participant. o Has reasonable cause to believe that a resident/client/participant has been maltreated. <p>b. What is the procedure for reporting within the facility/service?</p> <ul style="list-style-type: none"> o After safeguarding the resident/client/participant (and all residents) as well as his/her rights, report the information to the supervisor immediately. o The Executive Director/ or designated representative (and other officials in accordance with state law) must be contacted immediately by Supervisor or reporter regarding all allegations of abuse/neglect. Immediate reporting may be reported via voice mail, answering machine, or fax. Document date and time of notification. o Director of Nursing will be contacted per protocol and involve Social services or designee. o Call law enforcement officials if suspected concern is criminal in nature (Theft, assault, unwanted touch etc). If reported, obtain police file number and copy of the police report as able. o If the injury is unexplainable, if there is potential for abuse neglect and/or there is an allegation of maltreatment (physical, verbal, sexual, financial exploitation), if there is caregiver neglect, or if a therapeutic error resulted in injury notification must be made to the facility/service Executive Director/or designated representative, and the designated State Agencies immediately, not later than 2 hours if the alleged violation involves abuse or results in serious bodily injury 24 hours if the alleged violation does not involve abuse and does not result in serious bodily injury. <p>NOTE: Immediate reporting pertains to Long Term Care. All other providers and programs report according to specific programs regulatory timelines.</p> <p>(continued on next page)</p>		

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