STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245629	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villas at Osseo LLC	501 Second Street Southeast Osseo, MN 55369

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that residents are fully informed and understand their health status, care and treatments. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28598 Based on interview and document review, the facility failed to allow a resident/resident's legal representative to participate in treatment decisions for 1 of 1 resident (R1) who was on hospice, had a seizure and was initially denied access to medical treatment at a hospital. Findings include: R1's minimum data status (MDS) undated, was not completed due to admitted [DATE] and discharge date of [DATE]. R1's Care Plan dated 3/07/24, indicated R1 had malignant carcinoid tumor of the sigmoid colon, restless leg syndrome, chronic obstructive pulmonary disease, anxiety disorder, malignant neoplasm of the rectum stage IV (The earliest stage of colorectal cancers is called stage 0 (a very early cancer), and then range from stages I (1) through IV (4)). In addition, R1's care plan indicated a coccyx wound on buttock staff were directed to turn and reposition every two hours with weekly skin inspections by a nurse. R1's care plan also indicated she had alteration in cognition and was forgetful, on hospice care related to diagnosis of stage IV metastatic rectal cancer, and resident and family will receive comfort cares as desired and verbalize satisfaction with cares received. Staff were directed to maintain communication with hospice and keep them informed of residents condition, keep hospice informed of any changes in condition, involve hospice care workers in care conferences. R1's care plan indicated the current Code Status of do not resuscitate (DNR) and directed staff advanced directive in place and will be honored during the review period and to review residents advanced directive as needed per resident and/or family request and staff to follow POLST guidelines. R1's Interdisciplinary Progress Notes (IPN) indicated the following: -On 3/09/24 at approximately 1545 (3:45 p.m.) family called and stated that R1 was having a seizure. Registered Nurse (RN)-A) and RN-B went to R1's room and observed R1's lying on her back with arms straight out and eyes open. When RN-A touched R1 and asked if she was ok, R1 started flaring her arms up and yelling. Writer informed family that hospice will be notified. Family member (FM-A) called hospice from personal cell phone. RN-A then talked to hospice nurse on FM-A phone who stated to administer Ativan (anti-anxiety medication) and monitor. RN-A got the medication and went into R1's room and family notified but insisted to call 911. RN-A attempted to administer as needed Ativan sublingually, but family refused. Family called 911 and R1 was transported to the hospital at 1615 (4:15 p.m.). (continued on next page)

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245629	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villas at Osseo LLC	501 Second Street Southeast Osseo, MN 55369

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 3/11/24 at 13:17 (1:17 p.m.), note written by director of nursing (DON)-A , (previous DON who no longer works at the facility) indicated, called hospital for update on R1 and spoke to nurse who indicated R1 was admitted and diagnosed with seizures, and skin was emaciated (extreme thinness), and very fragile, coccyx wound present, and had very dry mouth and sores in mouth and not letting staff do oral cares. Hospital nurse reported that R1 will motion and point to area for needs. The IPN note further indicated the DON-A called FM-A and she had reported that resident had been telling FM-A of concerns every day and stated R1 had more bruising, stated concerns with length of time for call light answering and coming to shut off call light asking question and not coming back, and on Saturday noted R1 jerking movements and put on call light and nurse came and stated R1 was not having a seizure, that it was a panic attack. FM-A mentioned concerns that R1's leg had not moved in a while and now was jerking. FM-A reported wanting to call 911 and was told staff could not call 911, that hospice needed to be called. FM-A called hospice, nurse spoke with hospice on her phone and RN-A was overheard telling hospice R1 was not having a seizure and it was a panic attack, FM-A reported calling 911. FM-A stated R1 did not have mouth sores prior to this past weekend and bruising on face and arms were new. DON-A thanked FM-A for talking with writer. During interview on 4/24/24 at 1:08 p.m., with R1's family (FM)-A stated R1 passed away in the hospital on 3/13/24. FM-A stated she had arrived at the Nursing Home on 3/09/24, at around 2:30 p.m. to 3:00 p.m. and found R1 was having seizures. FM-A stated the RN at the facility denied R1 was having a seizure and was insistent she was having a panic attack. FM-A indicated she contacted the hospice nurse and told them she wanted R1 sent to the hospital and the hospice nurse told her that was okay. FM-A stated it was then that the RN insisted on speaking to the hospice nurse on FM-A's cell phone and after she spoke to the hospice nurse told FM-A she was going to administer Ativan (anti-anxiety medication first). FM-A stated the nurse came back and attempted to give R1 the oral medication (pill form) and she told the RN to stop and then called called 911 herself to have R1 sent into the emergency room . FM-A stated once she was in the emergency room she continued to have several more seizures and then passed away at the hospital on 3/13/24. In addition, FM-A stated R1 on 3/09/24, R1 had visible blood on her mouth and when she asked what happened staff could not tell her what happened. Additionally, R1 kept telling FM-A the staff were hitting her on the back of the head and and pushing her against the wall over and over. FM-A indicated R1 also told her that again at the hospital that same day. FM-A stated she had received a call from a male staff at the facility (unknown date and time) who asked what concerns she had and FM-A stated she told him about the bruises, blood on face and staff not wanting to send R1 to the hospital. She also received another call on Monday 3/11/24, where she explained the same concerns but never heard back from the facility. During interview on 4/25/24 at 10:13 a.m., facility consultant director of nursing (DON), stated he was not informed about the family's concerns until the next day on 3/10/24 at 3:18 a.m., in communication from the administrator and at the time he was the unit manager for the transitional care unit (TCU)(not the unit R1 was on). The DON further indicated once they did receive the complaint RN-A was suspended pending there investigation and she was assigned to receive education in change of condition, seizure activity, answering call lights timely and assessments per Human Resources (HR). Facility lacked evidence in their investigation which identified a failure to allow R1's family timely access to treatment decisions and any follow up communication with the family or correction/training with staff. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245629	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villas at Osseo LLC	501 Second Street Southeast Osseo, MN 55369

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 4/25/24 at 1:58 p.m., hospice clinical manager (CM)-A stated the triage nurse who spoke to the facility nurse on 3/09/24. CM-A stated according to the emergency room documentation (ED) on 3/09/24, R1 had no history of seizures but was witnessed to have seizures in the ED. During interview on 4/25/24 at 3:00 p.m. RN-A stated she was the nurse working with R1 on 3/06/24, and the family was in the room and called stating R1 was having a seizure and she called LPN-A to come into the room with her. RN-A stated she was trying to get the vital signs of R1 and noticed she was raising her arms but was not certain she was having a seizure. During that time the family picked up her cell phone and called hospice and spoke to the triage nurse and handed me the phone telling me hospice was already on the phone with her. RN-A indicated she spoke to the hospice nurse and communicated R1's vital signs were with in normal range and was not certain it was a seizure and was instructed to give Ativan. RN-A stated she then informed the family and left to get the medication and when she returned to the room, the family was already on the phone with the paramedics. I never even gave the medication or attempted to give the medication to R1. RN-A's interview was inconsistent with IPN note documented for [3/09/24 at approximately 1545 (3:45 p.m.)] where it was stated she attempted to administered the medication but family refused. During interview on 4/26/24 at 2:15 p.m., from a return call made on 4/25/24, the hospice supervisor (HS)-A (for hospice triage nurse which was working on 3/09/24), stated a family always had the choice to call 911, in this case, if the seizure had lasted more than five minutes we automatically would say to send them to the hospital, but from the call the seizure did not last five minutes but since the beginning the family was adamant they wanted R1 sent in so the facility nurse should have just stopped and called 911. The family said it was a seizure, and our hospice nurse said yes to call 911 to the family, prior to saying to give Ativan and I could hear it in her voice on the recording and feel our nurse said the right thing. The facility nurse felt it was a panic attack and wanted to give the Ativan first. The HS-A further stated she felt the staff might need some training on patient/family wishes when they are on hospice and still being able to go to the hospital. Facility Policy dated 1/2024, indicated it is the practice of this facility to uphold the rights of all residents. The facility and its staff will follow the below requirements as it relates to resident rights. 1. Residents will be provided with a copy of the Combined Federal and State [NAME] of Rights in writing via the electronic admissions process. 2. Residents will acknowledge in the electronic admissions packet that they have been given the Combined Federal and State [NAME] of Rights in writing via the electronic admissions packet. 3. Residents can request a physical copy of the Combined Federal and State [NAME] of Rights upon admission via the option in the electronic admissions packet or at any time by requesting a copy from social services. 4. The Combined Federal and State [NAME] of Rights will be posted in the facility in a location accessible to all residents. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245629	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villas at Osseo LLC	501 Second Street Southeast Osseo, MN 55369

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)
F 0552 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	5. Current copies of the Combined Federal and State [NAME] of Rights, in multiple languages, can be found at the following website: Patient, Resident and Home Care [NAME] of Rights - MN Dept. of Health (state.mn. us)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245629	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villas at Osseo LLC	501 Second Street Southeast Osseo, MN 55369

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 28598 Based on interview and document review, the facility failed to ensure a potential allegation of neglect was recognized and reported to the State agency (SA) in a timely manner for 1 of 1 resident (R1) reviewed. Findings include: R1's minimum data status (MDS) undated, was not completed due to admitted [DATE] and discharge date of [DATE]. R1's Care Plan dated 3/07/24, indicated R1 had malignant carcinoid tumor of the sigmoid colon and malignant neoplasm of the rectum stage IV (The earliest stage of colorectal cancers is called stage 0 (a very early cancer), and then range from stages I (1) through IV (4). Review of an email received by the Monarch Group on 3/10/24 at 1:42 a.m. indicated concerns related to the care of R1 for services provided during the date of 3/7/24-3/9/24. The email indicated a summary of the following: -Unsanitary room conditions -Unsafe room conditions (exposed electrical wiring) -bruising and bleeding in mouth related to forceful medication administration -wait times to use bathroom/delayed patient care times -patient rights concerns related to Nurse refusing to contact 911 at family's request. R1's Interdisciplinary Progress Notes (IPN) indicated the following: (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245629	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villas at Osseo LLC	501 Second Street Southeast Osseo, MN 55369

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-On 3/11/24 at 13:17 (1:17 p.m.), note written by director of nursing (DON)-A , (previous DON who no longer works at the facility) indicated, called hospital for update on R1 and spoke to nurse who indicated R1 was admitted and diagnosed with seizures, and skin was emaciated (extreme thinness), and very fragile, coccyx wound present, and had very dry mouth and sores in mouth and not letting staff do oral cares. Hospital nurse reported that R1 will motion and point to area for needs. The IPN note further indicated the DON-A called FM-A and she had reported that resident had been telling FM-A of concerns every day and stated R1 had more bruising, stated concerns with length of time for call light answering and coming to shut off call light asking question and not coming back, and on Saturday noted R1 jerking movements and put on call light and nurse came and stated R1 was not having a seizure, that it was a panic attack. FM-A mentioned concerns that R1's leg had not moved in a while and now was jerking. FM-A reported wanting to call 911 and was told staff could not call 911, that hospice needed to be called. FM-A called hospice, nurse spoke with hospice on her phone and RN-A was overheard telling hospice R1 was not having a seizure and it was a panic attack, FM-A reported calling 911. FM-A stated R1 did not have mouth sores prior to this past weekend and bruising on face and arms were new. DON-A thanked FM-A for talking with writer. The facility lacked evidence a report was filed with the State Agency on 3/9/24 related to suspected abuse after R1's family reported unknown bruising and blood on R1's face to staff at the facility and on 3/10/24 upon receiving an email from the family regarding concerns of neglect and abuse and/or after speaking directly to FM-A on 3/11/24. During interview on 4/24/24 at 1:08 p.m., with R1's family (FM)-A stated R1 passed away in the hospital on 3/13/24. FM-A stated she had arrived at the Nursing Home on 3/09/24, at around 2:30 p.m. to 3:00 p.m. and found R1 was having seizures. FM-A stated the RN at the facility denied R1 was having a seizure and was insistent she was having a panic attack. FM-A indicated she contacted the hospice nurse and told them she wanted R1 sent to the hospital and the hospice nurse told her that was okay. FM-A stated it was then that the RN insisted on speaking to the hospice nurse on her cell phone and after she spoke to the hospice nurse told FM-A she was going to administer Ativan (anti-anxiety medication first). FM-A stated the nurse came back and attempted to give R1 the oral medication (pill form) and she told the RN to stop and then called called 911 herself to have R1 sent into the emergency room . FM-A stated once she was in the emergency room she continued to have several more seizures and then passed away there on 3/13/24. In addition, FM-A stated R1 on 3/09/24, R1 had visible blood on her mouth and when she asked what happened staff could not tell her what happened. Additionally, R1 kept telling FM-A the staff were hitting her on the back of the head and and pushing her against the wall over and over. FM-A indicated R1 also told her that again at the hospital that same day. FM-A stated she had received a call from a male staff at the facility (unknown date and time) who asked what concerns she had and FM-A stated she told him about the bruises, blood on face and staff not wanting to send R1 to the hospital. She also received another call on Monday 3/11/24, where she explained the same concerns but never heard back from the facility. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245629	A. Building B. Wing	04/25/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
The Villas at Osseo LLC	501 Second Street Southeast Osseo, MN 55369

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)
F 0609 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 4/25/24 at 10:13 a.m., facility consultant director of nursing (DON), stated he was not informed about the family's concerns until the next day on 3/10/24 at 3:18 a.m., in communication from the administrator and at the time he was the unit manager for the transitional care unit (TCU)(not the unit R1 was on). The DON stated he did go to the facility and interview staff and some of the residents to see what was going on, and found there was no signs of any stains on the pillows and from interviews with staff they did not notice any bruising on R1, but did admit to the facility with a bruise on the coccyx. The DON stated they did an internal investigation and found no abuse and no MAARC was filed, although the DON stated he did ask if one should have been filed. The DON further indicated once they did receive the complaint, RN-A was immediately suspended pending their investigation and she was assigned to receive education in change of condition, seizure activity, answering call lights timely and assessments per Human Resources (HR). The DON further wanted to iterate he interviewed five other residents and they had no concerns and they had no indication R1 had any bruising or bleeding on the face, but felt this should have been reported and investigated. Abuse Prohibition/Vulnerable Adult Policy revised 3/2024, indicated The philosophy of Monarch Healthcare Management is to provide quality long-term care in a loving and caring atmosphere. In accordance with Monarch Healthcare Management philosophy, this plan has been written to comply with Minnesota Statute (626.557) and Federal Guidelines for prevention of maltreatment of vulnerable adults in health care centers, incidents that must to be reported to MDH (Minnesota Department of Health) to include and more: -Injuries of unknown source - an injury should be classified as an injury of unknown source. when both of the following conditions are met: The source of the injury was not observed by any person, or the source of the injury could not be explained by the resident; and, The injury is suspicious because of the extent of the injury or the location of the injury (e.g., the injury is in an area not generally vulnerable to trauma), or the number of injuries observed at one point in time or the incidence of injuries over time. To protect residents against abuse by anyone, including, but not limited to, facility staff, other residents, consultants or volunteers, staff of other agencies serving the individual, family members or legal guardians, friends or other individuals, or self-abuse. To promptly report, document and investigate all incidents of alleged or suspected abuse/neglect. To promptly investigate, report and determine probable cause of unknown origin injuries. To identify and remedy any potentially abusive situations.