

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 02/10/2025
NAME OF PROVIDER OR SUPPLIER The Villas at Osseo LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 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)
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Try different approaches before using a bed rail. If a bed rail is needed, the facility must (1) assess a resident for safety risk; (2) review these risks and benefits with the resident/representative; (3) get informed consent; and (4) Correctly install and maintain the bed rail.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 48300</p> <p>Based on observation, interview, and document review, the facility failed to ensure side rails were comprehensively assessed to determine if they were appropriate and safe, discuss the risks and benefits, and obtain informed consent prior to use of bed rails for 2 of 3 residents (R2, R3) who were observed to have side rails raised on their beds.</p> <p>Findings include:</p> <p>R2's admission Minimum Data Set (MDS) dated [DATE] indicated intact R2 had cognition. Diagnoses included repeated falls, and type 2 diabetes with foot ulcer. R2 was independent with bed mobility and required substantial staff assistance for transfers.</p> <p>R2's care plan dated 1/10/25 indicated R2 required assistance with bed mobility, and was transferred with assist of two staff members and a mechanical standing lift. R2's care plan lacked information about bed rails.</p> <p>R2's electronic medical record (EMR) lacked evidence a side rail assessment had been completed to determine necessity, and whether R2 could safely use side rails. Additionally, R2's EMR lacked evidence the resident or representative was educated on the risk of having a side rail on the bed, and/or a consent form was completed.</p> <p>On 2/7/25 at 3:41 p.m., R2 was observed lying in his bed with 1/4 side rails raised on both sides of the bed. R2 stated he did not remember if anyone asked him if he wanted to use the side rails, or went over the risks of having side rails on the bed.</p> <p>On 2/10/25 at 10:00 a.m., licensed practical nurse (LPN)-A stated the nurse should do an assessment before a resident uses side rails. LPN-A confirmed the side rails were up on R2's bed, and R2's EMR lacked the assessment for side rails.</p> <p>R3's quarterly MDS dated [DATE] indicated R3 had intact cognition. Diagnoses included lumbar fracture and muscle weakness. R3 was dependent on staff for bed mobility and transfers.</p> <p>R3's care plan dated 11/25/24 indicated R3 was totally dependent on assist of two staff members for bed mobility and transfers. R3's care plan lacked information about bed rails.</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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)		
<p>F 0700</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R3's EMR lacked evidence a side rail assessment had been completed to determine necessity and whether R3 could safely use side rails. Additionally, R3's EMR lacked evidence the resident or representative was educated on the risk of having a side rail on the bed and/or a consent form was completed.</p> <p>On 2/7/25 at 4:37 p.m., R3 was observed lying in his bed with raised oblong bilateral assist bars. R3 stated he remembered a staff person asked him if he wanted to use the assist bars, but could not recall if he was informed about the risks.</p> <p>On 2/10/25 at 10:56 a.m., LPN-B stated if a resident requested an assist bar, she would notify the nurse manager. LPN-B confirmed R3's bed had assist bars attached, and R3's EMR lacked the assessment for a bed mobility device.</p> <p>On 2/10/25 at 3:52 p.m., director of nursing (DON) stated a nurse needed to complete the bed mobility device assessment prior to a resident utilizing a side rail or assist bar. The assessment was needed to deem the resident safe and appropriate to use the side rail or assist bar, and to ensure the side rail or assist bar was not utilized as a restraint.</p> <p>A side rail policy was requested but not provided.</p>		