Printed: 12/04/2024
Form Approved OMB
No. 0938-0391

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 08/22/2024

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 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a dignified existence, self-determination, communication, and to exercise his or her rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49035 Based on observation, interview and record review, the facility failed to utilize professional interpretive services for 1 of 1 residents (R66) reviewed for oral communication. Findings include: R66's Quarterly Minimum Data Set (MDS) dated [DATE], included diagnosis of psychotic disorder, post traumatic stress disorder, anxiety disorder, and stroke. R66 was cognitively intact. R66 was listed as having pain frequently. R66's order summary report dated 8/22/24, included contact information for [NAME] Interpreter Services. Order included phone number, pin number for access, resident spoke Ukrainian, and to utilize as needed. R66's care plan dated 7/11/24, included resident has a risk for alterations in behavior due to trauma and PTSD. Care plan included to communicate via interpreter and to consider past trauma when engaging with the resident. Care plan included R66's primary language was Russian and to utilized translator app on phone to communicate. During interview on 8/19/24 at 5:01 p.m., R66 stated the facility did not utilize the professional interpreter service. R66 stated the facility only utilized her personal cell phone for translation and she preferred to not have to use her personal phone. During observation on 8/20/24 at 1:03 p.m., licensed practical nurse (LPN)-C was providing wound care to R66 with assistance from nursing assistant (NA)-B. R66 became tearful multiple times during wound care, speaking in foreign language and pointing in attempt to communicate. R66 stated pain, pain multiple times. R66 did attempt to communicate via Google translate on personal cell phone, but Google translate was unable to translate correctly. On 8/20/24 at 1:29 p.m., LPN-C and NA-B attempted to utilize Google translator application on R66's personal cell phone but were unable to utilize the application effectively. Neither staff offered to call [NAME] Translator service. R66's face was red and she was visibly crying. LPN-B entered R66's room to attempt to provide comfort and communicate with resident. LPN-B stated, I don't understand and walked out of the room without offering to contact the professional interpreter service. R66 was heard crying after LPN-B left her room. (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: 245629	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/22/2024
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)
F 0550 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	During interview on 8/20/24 at 1:30 p.m., LPN-B stated the interpreter would have been utilized if R66 had not calmed down or if staff were not able to understand what she was trying to communicate. LPN-B stated R66 preferred to utilize Google translator application on her phone. LPN-B stated it had been a month to a month and a half since she had utilized [NAME] interpreter services. R66 continued to audibly cry during interview with LPN-B without communication intervention from LPN-B or other staff. During interview on 8/21/24 at 8:09 a.m., director of nursing (DON) stated he spoke with R66 almost every day. He stated he utilized Google translator. The DON stated he would have expected the professional translator service to be utilized if R66 was upset and her phone was not working to translate. During observation on 8/21/24 at 10:37 a.m., NA-C and LPN-A were providing incontinence care and assistance with dressing for R66. Both staff were attempting to communicate without an interpretive device by speaking in English and using hand gestures. R66 was observed getting agitated with the volume of voice increasing and hand gestures becoming more pronounced. At 10:42 a.m., R66 was crying. Neither staff had offered to contact professional translator services. R66's was handed her phone but phone translator application was unable to translate effectively and R66 firmly set phone down. R66 again became upset, speaking loudly in foreign language when staff attempt to put an incontinence brief on her. R66 first spoke in a foreign language then stated in English not clean. R66 cleaned herself with a disposable wipe. R66 continued to speak in foreign language without comprehension from staff. Staff stated in English it's ok. At 11:05 a.m., LPN-A stated I don't know what she is saying. Professional translator services were not offered. At 11:07 a.m., LPN-A held up two shirts for R66 to choose between. R66 again became visibly upset and was handed her phone. R66 attempted to utilize translator application on her phone without success. R66 was aggressively hitting on glass portion of her phone and set the phone down again. R66 yelled pain, pain in English. Staff told her in English to use her phone. R66 stated in English don't understand. Staff did not offer to contact professional translator service. During interview on 8/21/24 at 11:16 a.m., LPN-A stated she did not feel it was necessary to utilize the professional translator because she knew R66 was in pain. LPN-A stated she only utilized the interpreter service if she was not able to communicate or understand what R66 wanted. During interview on 8/21/24 at 11:26 a.m., NA-C stated she was not informed how to communicate with R66 prior to working with her. NA-C stated this was her first day because she was a traveling NA. NA-C stated it would have been helpful to have been given some instructions on how to effectively communicate with R66. On 8/21/24 at 11:33 a.m., an attempt was made to interview R66 on cares received, but was prevented by the director of nursing (DON) entering R66's room and closing her door. During interview on 8/21/24 at 3:04 p.m., R66 stated utilizing the professional language translator service would have reduced her frustration. R66 stated she did not think the staff would utilize the service even after she requested it due to the wait time to connect with translator because staff were always in a hurry. Facility Interpreter Policy dated 2/2024 included residents and family members with limited English proficiency are provided services free of charge with [NAME] Translation service.

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	08/22/2024

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 0623 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49657 Based on document review, and interview the facility failed to ensure a written notification of transfer and/or discharge was sent to the office of the Ombudsman for 1 of 4 (R30) reviewed for hospitalization and/or discharge. Findings include: R 30's significant change Minimum Data Sset (MDS) dated [DATE], indicated R30's diagnoses included: high blood pressure, renal insufficiency (poorly functioning kidneys), diabetes, cerebral vascular accident (CVA) (stroke), aphasia (difficulty understanding or expressing words), hemiplegia (weakness of one side of the body), anxiety, depression, and chronic obstructive pulmonary disease (COPD) (long-term obstruction of airways). R30's census list dated 8/22/24, indicated R30 was hospitalized from 5/5/24 through 5/10/24. R30's medical record lacked evidence a written notification of transfer/discharge was sent to the office of the Ombudsman for long term care. On 8/22/24 at 10:32 a.m., the administrator approached surveyor and provided a list of ombudsman notifications from January through May which had been sent in on 8/22/24. The administrator stated they had understood one instance may have been missed and they had sent in a list to make sure they were all completed. On 8/22/24 at approximately 1:00 p.m., social service director (SS)-A stated they were responsible for creating a report from point click care (PCC), and then sending a copy to the office of the Ombudsman each month. SS-A stated they had used a discharge report but had realized not all appropriate residents were pulling up on the report in May of this year, so they changed to another report. SS-A confirmed there was no notification sent for R30 and it was important to complete this notification as the ombudsman was an advocate for the residents. On 8/2/24 at 1:59 p.m., the administrator confirmed no notification was sent to the office of the ombudsman for R30 and it was important to provide all resources and advocates to the residents. The policy Bed-Holds and Returns last updated 2/2023, indicated copies of notices for emergency transfers must be sent to the ombudsman.

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	08/22/2024

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. 49654 Based on interview and document review, the facility failed to ensure a level II preadmission screening and resident review (PASARR) was completed for 1 of 1 residents (R25) residents reviewed with a serious mental illness diagnosis. Findings include: R25's quarterly Minimum Data Set (MDS) dated indicated R25 had diagnoses to include anxiety disorder and schizophrenia (a chronic and sever mental disorder that affects how a person thinks, feels, and behaves). R25's medical record revealed a level I PASARR was completed on 5/12/23 prior to admission and indicated a PASARR level II was required before R25 admitted to a nursing facility. No level II PASARR was found. During interview on 8/22/24, at 8/:49 a.m. social worker (SW)2 stated the normal process included having a level II PASARR completed prior to admission. SW-2 stated she had not had any communication with the lead agency regarding a level II PASARR in several months and it was inappropriate to not have it completed prior to admission. During interview on 8/22/24, at 9:43 a.m. the administrator stated the social services team would request the level II screening, if required, prior to admission. administrator stated it was the responsibility of the social services department to ensure this process was completed. administrator went on to say she expected social services staff to have continued and regular contact with the lead agency until the process was complete and waiting months between contact or follow up was unacceptable. administratorN stated it is important to have the level II completed prior to admission to ensure the facility had the proper resources available to meet a resident's individual needs. A policy related to PASARR was requested but not provided.

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 08/22/2024
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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide appropriate care for a resident to maintain and/or improve range of motion (ROM), limited ROM and/or mobility, unless a decline is for a medical reason. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49035 Based on observation, interview and document review, facility failed implement interventions to prevent further development of decreased range of motion and ability for 2 of 2 residents (R17, R51) reviewed for positioning and mobility. Findings include: R17's significant change Minimum Data Set (MDS) dated [DATE], included a primary diagnosis of Parkinson's disease (a progressive neurological condition). R17's MDS included limited range of motion (ROM) on both upper and lower extremities and dependent for mobility. R17's admission record printed 8/22/24, included diagnosis of contracture of the left ankle and foot. During observation on 8/19/24, R17's feet were noted to not be resting on the wheelchair foot pedals. R17's left foot was noticeably turned inward. No brace or positioning device was observed. R17's physical therapy discharge summary dated 6/12/24, included recommendation R17 would benefit from daily stretches. A functional maintenance program was established, and staff were trained. R17's Order summary report dated 8/22/24, included an order to ensure the restorative ROM program was completed every shift. R17's care plan last reviewed 6/3/24, included an intervention to complete ROM on left and right ankles including flexion/eversion holding for 5 minutes and completing 10 repetitions. R17's Follow up Question Report dated 8/20/24, included a task of passive ROM for left and right ankles and passive ROM daily of both arms and hands. The task was documented on a total of 17 times during the date range of 8/1/24 and 8/20/24. The ROM task was marked as complete on 3 dates. All other dates were documented as Not Applicable. Two dates did not include documentation. During interview on 8/22/24 at 8:40 a.m., care coordinator licensed practical nurse (LPN)-A stated charting for a restorative program should be check weekly. LPN-A confirmed the documentation for R17 was mostly not applicable. She would have expected the nursing assistant (NA)s to report to the nurse that the task was not being completed and the nurse to follow up. She would have expected the nurse to put a progress note in R17's chart. R51's annual MDS dated [DATE], included a primary diagnosis as multiple myeloma (a cancer that forms in a type of white blood cells) and arthritis. R51's needed substantial assistance coming to a standing position from sitting in a chair. During interview on 8/19/24 at 4:25 p.m., R51 stated she was supposed walk with her walker and brace daily, but it was not being offered. R51 denied ever refusing to walk if it was offered. (continued on next page)

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 08/22/2024
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)
F 0688 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R51's Order Summary Report dated 8/22/24, included staff were to assist resident with restorative program of assisting the resident to walk with her walker, brace on her right leg, and wheelchair following. Report failed to include an order to assist R51 with daily standing. R51's care plan last reviewed 7/8/24, included an intervention to follow physical therapy (PT) and occupational therapy (OT) instructions for mobility function. R51 was to walk 50-100 feet with assistance of one staff member, walker, and wheelchair to follow three times per week. R51's Physical therapy discharge Summary dated 8/12/24, included recommendation R51 stand daily. R51's task documentation for how the resident walked in the corridor on the unit dated 8/20/24, included 40 responses between the dates of 8/1/24 and 8/20/24. 37 of the 40 responses were marked as not applicable, one was marked as independent, and two were marked as limited assistance. During interview on 8/21/24 at 1:33 p.m., NA-A stated it would be listed on a resident's care plan if they were to have either range of motion exercises or walking. NA-A stated it would be documented in the resident's chart when the task was completed. Not applicable would be selected if the task was not done. During interview on 8/22/24 at 10:59 a.m., NA-B stated she would document refuse if a resident refused a task. During interview on 8/22/24 at 8:46 p.m., LPN-A confirmed there was an order for R51 to have her brace put on when she walked. LPN-A confirmed she was not able to find the therapy recommendation for R51 to stand daily. She stated therapy typically gave a hand off report sheet which was then used to update the resident's care plan and tasks when a resident was discharged from therapy. LPN-A stated they were unable to find documentation regarding recommendations from therapy. During interview on 8/22/24 at 11:11 a.m., director of nursing (DON) confirmed most responses for both R17 and R51 were not applicable. The DON confirmed the available responses for staff to select were Yes, No, resident not available, resident refused and not applicable. The DON confirmed that the answer of not applicable should have been followed up within a week if not sooner to find out why the task was not being completed. The DON stated R51's standing recommendation was not relayed from therapy and therefore not started. He stated typically therapy gaves a written recommendation that was treated as an order and should have been started immediately. During an interview on 8/22/24 at 12:55 p.m., therapy director confirmed R17 had passive range of motion ordered and R51 was discharged from therapy with a recommendation for daily standing. She would have wanted to be informed of the task not being completed after a week or two so further evaluation could have been completed. The therapy director stated it was important to complete both tasks to prevent further decline and to maintain quality of life. Facility policy for restorative nursing services dated July 2017, indicated residents will receive restorative nursing care to promote safety and independence.

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	08/22/2024

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 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 49654 Based on observation and interview, the facility failed to submit complete and/or accurate data for staffing information based on payroll and other verifiable data during 1 of 1 quarter (Quarter 2) reviewed, to the Centers for Medicare and Medicaid Services (CMS), according to specifications established by CMS. Findings include: Review of the Payroll Based Journal (PBJ) [NAME] Report 1705D identified the facility had excessively low weekend staffing during the second quarter of the fiscal year 2024, which included dates between January 1st to March 30th. Review of daily staff schedules and facility staffing report during quarter 2 indicated adequate levels of staff on weekends. Therefore, the data submitted in the PBJ to CMS was inaccurate. During interview on 8/22/24 at 4:41 p.m. the administrator stated the facility staffing levels did not change from weekdays to weekends. administrator stated contracted staff did not show up on the facility staffing plan as regular staff hours but show up as contracted hours and thus caused the staffing report to be inaccurate. Facility policy related to PBJ reporting was requested but not provided.