

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245634	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  09/24/2024
NAME OF PROVIDER OR SUPPLIER  Aurora on France		STREET ADDRESS, CITY, STATE, ZIP CODE  6500 France Avenue Edina, MN 55435	

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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45844</b></p> <p>Based on interview and document review, the facility failed to report immediately, no later than 2 hours, to the State Agency (SA), in accordance with established policies and procedures, an allegation of staff to resident abuse for 1 of 3 residents (R5) who were reviewed for allegations of abuse.</p> <p>Findings include:</p> <p>R5's admission Minimum Data Set (MDS) assessment dated [DATE], identified R5's cognitive status was unable to be determined and had diagnoses which included stroke, hypertension (elevated blood pressure), and aphasia (a language disorder that affects a person's ability to understand and communicate language.) Identified R5 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers, and toileting.</p> <p>R5's care plan revised 9/16/24, identified R5 was at risk for vulnerability related to recent placement and R5 would remain free from any physical, mental and emotional harm. Care plan directed staff to cue and intervene as needed for safety.</p> <p>During an interview on 9/23/24 at 11:52 a.m., family member (FM)-A stated on 8/8/24, R5 called her and was very upset and crying. However, due to R5's aphasia, FM-A stated she was not able to understand R5 over the phone so she went to the facility the next morning to discuss with R5 in person. FM-A stated on 8/9/24, R5 informed her that a staff member made a gesture by putting their middle finger up and directed it at R5 during cares. FM-A stated R5 was visibly upset as they talked about it. During the interview, R5 put her middle finger up as an example of what had happened to her. FM-A stated both she and R5 felt that what the staff member did was an abusive gesture toward R5. FM-A stated she had notified the social worker (SW) on 8/9/24, regarding the allegation of abuse toward R5.</p> <p>Review of facility reported incidents to the SA lacked documentation of the SA being notified of the allegation of abuse toward R5.</p> <p>During an interview on 9/23/24 at 3:11 p.m., SW stated FM-A had informed her R5 reported a staff member put up their middle finger towards R5. SW stated she attempted to talk with R5 however, because of R5's aphasia, SW was not able to completely understand what R5 was attempting to say. SW reported the allegation of abuse to the director of nursing (DON). SW stated she did not feel the incident was reportable to the SA since SW had not heard the allegation of abuse directly from R5 therefore, the allegation of abuse was only FM-A's interpretation and may not have actually happened.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/24/24 at 8:50 a.m., DON stated he spoke with R5 on 8/9/24, after he was made aware R5 was upset. DON stated after talking with R5, he had assumed R5 was upset with the hospital she had been at prior to being admitted to the facility. DON verified the allegation of abuse had not been reported to the SA since he was not aware of the allegation of abuse. DON stated if he had been informed of the allegation of abuse, he felt that was a reportable event and his expectation would have been that it would have been reported immediately but no more than two hours after forming the suspicion of abuse.</p> <p>During an interview on 9/24/24 at 9:40 a.m., administrator stated on 8/9/24 , FM-A had called her and stated R5 was very upset and someone should check on R5. Administrator stated she had not been told why R5 was upset however, had told DON that R5 was upset and asked DON to go and visit with R5. Administrator stated at that time, DON had felt R5 was in her normal state. Administrator stated since DON had not determined any allegation of abuse had occurred after visiting with R5, she did not feel it was a reportable event. Administrator indicated if DON had determined there had been an allegation of abuse, it would have been a reportable event.</p> <p>Review of a facility policy titled Vulnerable Adult - Abuse Prohibition Plan (Preventing, Screening, Identifying, Preventing, Training, Protecting, Reporting and Response, Investigating, to Maltreatment, Accidents and Unusual Occurrences) revised 10/6/22, identified mandated reporters in skilled nursing facilities ensured that all alleged violations involving abuse, neglect, exploitation or mistreatment, including injuries of unknown source and misappropriation of resident property, were reported, and a report made immediately, but not later than 2 hours after the allegation made was identified. Policy defined verbal abuse as use of oral, written or gestured language which willfully included disparaging and derogatory terms to residents or their families, or within their hearing</p> <p>distance regardless to their age, ability to comprehend or disability. Speaking to the resident in a derogatory manner or using profanity against them.</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Respond appropriately to all alleged violations.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45844</b></p> <p>Based on interview and document review, the facility failed to complete an investigation and ensure protection for residents following an allegation of a staff to resident abuse for 1 of 3 residents (R5) investigated for abuse.</p> <p>Findings include:</p> <p>R5's admission Minimum Data Set (MDS) assessment dated [DATE], identified R5's cognitive status was unable to be determined and had diagnoses which included stroke, hypertension (elevated blood pressure), and aphasia (a language disorder that affects a person's ability to understand and communicate language.) Identified R5 required extensive assistance with activities of daily living (ADL's) which included bed mobility, transfers, and toileting.</p> <p>R5's care plan revised 9/16/24, identified R5 was at risk for vulnerability related to recent placement and R5 would remain free from any physical, mental and emotional harm. Care plan directed staff to cue and intervene as needed for safety.</p> <p>During an interview on 9/23/24 at 11:52 a.m., family member (FM)-A stated on 8/8/24, R5 called her and was very upset and crying. However, due to R5's aphasia, FM-A stated she was not able to understand R5 over the phone so she went to the facility the next morning to discuss with R5 in person. FM-A stated on 8/9/24, R5 informed her a staff member made a gesture by putting their middle finger up and directed it at R5 during cares. FM-A stated R5 was visibly upset as they talked about it. During the interview, R5 put her middle finger up to show what happened to her. FM-A stated both she and R5 felt that what the staff member did was an abusive gesture toward R5. FM-A stated she had contacted the social worker (SW) on 8/9/24, and reported the allegation of abuse toward R5.</p> <p>Review of facility reported incidents to the SA lacked documentation of an investigation report being submitted to the SA.</p> <p>During an interview on 9/23/24 at 3:11 p.m., SW stated FM-A had informed her R5 reported a staff member had made a gesture towards her with her middle finger. SW stated she attempted to discuss with R5 and because of R5's aphasia, SW was not able to understand what R5 was trying to say. SW reported the allegation of abuse to the director of nursing (DON). SW stated she had not completed any further investigation regarding the allegation of abuse since she was unable to determine if the abuse had actually occurred.</p> <p>During an interview on 9/24/24 at 8:50 a.m., DON stated he was made aware that R5 had been upset and talked with R5 on 8/9/24, about it. DON stated after talking to R5, he had assumed R5 was upset with the hospital she had been at prior to being admitted to the facility. DON stated he was not aware of the allegation of abuse and as a result an investigation of the allegation had not been completed. DON verified the unidentified alleged perpetrator (AP) would have had continued access to R5 and other vulnerable residents as a result of not completing an investigation. DON stated if he had known about the allegation of abuse, an investigation would have been completed and the AP would have been removed from the schedule during the investigation.</p> <p>(continued on next page)</p>		

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<p>F 0610</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 9/24/24 at 9:40 a.m., administrator verified no investigation had been completed regarding the allegation of abuse of a staff member towards R5. As a result, the unidentified AP would have had continued access to R5 and other vulnerable residents. Administrator stated had the allegation of abuse been verified, the facility would have immediately initiated an investigation and removed any AP's from the schedule pending the investigation.</p> <p>Review of a facility policy titled Vulnerable Adult - Abuse Prohibition Plan (Preventing, Screening, Identifying, Preventing, Training, Protecting, Reporting and Response, Investigating, to Maltreatment, Accidents and Unusual Occurrences) revised 10/6/22, identified during the shift that the alleged abuse/neglect, unexplained injury or suspected crime was first observed, a mandated reporter/covered individual would immediately make an initial report to their supervisor, after securing the resident's safety. Steps would be taken to ensure that no resident in the facility remained in danger of maltreatment, including medical intervention if needed. Further identified immediate steps were taken to protect the vulnerable adult from harm while the situation was being</p> <p>investigated and the original reporter was assured that retaliation was not tolerated. Upon report to a supervisor of the suspected abuse, the employee in question would be interviewed, and suspended pending investigation. This was for the protection of the resident.</p>