

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Traverse Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  303 Seventh Street South Wheaton, MN 56296	

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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide doctor's orders for the resident's immediate care at the time the resident was admitted.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and record review the facility failed to ensure hospital physician's discharge orders for a follow-up appointment with urology was scheduled upon admission from hospital and completed for all necessary care for</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified he re-entered facility on 12/15/24, from a critical access hospital. He had severely impaired cognition, no behaviors, impaired mobility, and required substantial/maximum assistance with bathe/shower, all transfers, upper body dressing, roll left and right, sit to lying, lying to sit, and sit to stand. R1 was dependent for toileting and personal hygiene, and unable to ambulate. He had an indwelling urinary catheter and frequently incontinent of bowel. Diagnoses included neurogenic bladder (nerves that control the bladder are damaged leading to loss of bladder control that can result in urinary incontinence, difficulty emptying the bladder or other urinary problems), renal failure diabetes mellitus (DM), anxiety, and depression. He received antiplatelet (prevents blood clots from forming and inhibits the action of platelets) from medication seven out of seven days.</p> <p>R1's progress notes from 12/8/24 through 12/15/24, identified:</p> <p>-12/9/25 at 10:22 p.m. resident is alert and oriented able to make some of his need known. Resident bladder scan 481 ml. Straight catheterized output was 1000 ml with lots of sediment.</p> <p>-12/10/24 at 2:22 p.m. at 11:50 a.m. was with therapy and t-shirt was soaking wet, clammy, neck and back pain. Temperature 98.2, respirations 40, pulse 91, and oxygen saturation (SaO2) 94 %, blood pressure 70/40 . left with ambulance at 12:30 p.m.</p> <p>-12/10/24 at 2:22 p.m. called hospital for report. Almost septic per nurse, had a urinary tract infection (UTI).</p> <p>-12/15/24 at 11:05 a.m. returned from hospital via ambulance with a foley catheter in place.</p> <p>R1's Hospital Discharge summary dated [DATE] at 8:58 a.m. identified discharge instructions:</p> <p>-Continue Augmentin 875/125 milligrams (mg) two times a day (BID) times 5 days (starter pack sent with, prescription (Rx) to pharmacy).</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
---	-------	-----------

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Traverse Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  303 Seventh Street South Wheaton, MN 56296	
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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-Continue Flagyl 500 mg three times a day (TID) (starter pack sent with, Rx to pharmacy).</p> <p>-Urine retention/cystitis (inflammation of the bladder usually caused by a UTI). Foley placed and remained in place until follow-up with urology. Change every four weeks. Foley catheter cares.</p> <p>-Follow-up with PCP on Wednesday 12/18/24, 10:00 a.m. with nurse practitioner (NP).</p> <p>R1's hospital follow- up appointment with physician assistant (PA)-A on 12/18/24, identified he had been admitted to hospital with hypotension secondary sepsis secondary to colitis (inflammation of the large intestine (colon), which can lead to inflammation of the large intestine causing diarrhea, abdominal pain and bloody stools), urinary retention, UTI, and rectal stool ball compaction. Foley was in and continued to down drain. This was expectedly a more chronic duration now while we stabilize his bowel regimen and improved constipation.</p> <p>R1's order dated 12/4/24, straight catheterization if amount is greater than 300 ml with bladder scan. Discontinued 12/15/24.</p> <p>R1's order dated 12/5/24, post void bladder scan BID. Discontinued end date 12/15/24.</p> <p>R1's order dated 12/16/24, Foley catheter to remain in until follow-up with urology. Order discontinued on 12/26/24.</p> <p>R1's order revision date 2/26/25, 16 French catheter, 10 milliliter (ml) balloon. Foley Catheter to remain in until follow-up with urology, discontinued/end date 4/23/25.</p> <p>Review of R1's medical records did not identify a follow-up appointment with urology was scheduled and/or completed as ordered on 12/15/24.</p> <p>R1's progress noted from 5/17/25 through 5/19/24, identified:</p> <p>-5/17/25 at 2:15 p.m., no urine noted from Foley catheter since early a.m. irrigation not successful. Catheter changed .</p> <p>-5/19/25 at 1:00 p.m., resident taken to the bathroom and had some bleeding at catheter insertion site, tubing noted to be taught. Had urine flow .</p> <p>5/19/25 at 2:11 p.m., urine output concentrated, dark amber, very cloudy .</p> <p>5/19/25 at 4:20 p.m., No urine output in catheter bag . bladder scanned 165 ml . flushed with 30 ml of normal saline. No urine output . attempted to deflate balloon, no saline was obtained when attached . since no saline was obtained from catheter balloon foley catheter was pulled. Balloon noted to be flat and resident had a large amount of red blood from penis. Bleeding slowed down after two to three minutes . daughter requested he be sent to emergency room (ER) . Ambulance arrived and taken to local ER.</p> <p>-5/19/25 at 10:22 p.m., ER called to update on resident status. Was admitted for catheter complications and UTI. Will stay in hospital at least two days.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Traverse Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  303 Seventh Street South Wheaton, MN 56296	
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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's hospital discharge instructions dated 5/22/25 at 7:55 a.m., UTI resolved, catheter care; there is a fissure (also known as penile erosion a tear or split in the skin and/or urethra caused by prolonged pressure or friction from the catheter) that had formed on the right inferior aspect of the glans, this was from the catheter. Had been updated the catheter was not correctly removed, caused trauma during removal on 5/19/25, and resulted in the ER visit. Daily dressing changes and as needed (PRN). Paint with betadine and place gauze over the area. Switch catheter bag to the left leg. Be sure the catheter is not pulling. If issues with catheter, please contact provider, do not change without contacting provider first. Urology referral will contact daughter to schedule. Discussed the possibility of need for a supra-public catheter.</p> <p>R1's care plan reviewed on 5/28/25, identified bladder complications and risk for infection related to indwelling urinary catheter due to flaccid neuropathic bladder. Staff were directed to complete catheter cares a.m. and bedtime (HS), switch night bag to leg bag in a.m. and back to night bag at HS and observe for changes in urine color, consistency, frequency, odor, discomfort, distention, fever, or confusion, review changes with MD, and Foley catheter in place until urology addresses.</p> <p>During an interview on 5/29/25 at 8:30 a.m., physician assistant (PA)-A stated she had examined R1 when he arrived at the hospital on 5/19/25. The fissure identified was not new, located on the right bottom side of the glans penis bleeding and the ABD (abdominal) dressing was saturated with red blood. She inserted another urinary catheter without resistance, moved the catheter tubing to the other side and the bleeding slowed down. He did not see urology at the hospital (was not offered locally) or prior to coming to the hospital. The catheter was changed three times in the beginning of the month at the facility due to not working most likely from constipation. When R1 was discharged from hospital she placed a referral to be seen by the urologist for a possible supra-public (a urinary catheter inserted in the bladder through a small incision in the lower abdomen to drain urine) catheter to be placed.</p> <p>During an interview on 5/29/25 at 9:21 a.m., family member (FM)-A stated she was concerned about everything that happened with his catheter prior to going to the hospital. FM-A was unaware if he was seen by a urologist and unsure if he had seen one and may have been a good idea.</p> <p>During an interview on 5/29/25 at 9:45 a.m., registered nurse (RN)-A stated R1 may have been scheduled to see a urologist. Facility staff did not have easy access to when the appointments were scheduled, the type of calendar had just changed. She had not seen anything in his electronic medical record and not all appointments were documented.</p> <p>During an interview on 5/29/25 at 10:15 a.m., FM-B stated R1 needed a urology consult. Unsure if he had seen the urologist after his last hospitalization in December 2024. We relied on the facility to have scheduled the appointments and then let family know so we could have attended with him.</p> <p>During an interview on 5/29/25 at 12:41 p.m., assistant director of nursing (ADON) stated last time R1 had seen a urologist was 2012. He had not been scheduled for an appointment after the December 2024 hospitalization. We did not follow up with urology and it would have been important to see what was going on with his urine and bladder. His medication may have need to be changed, could have been due to constipation, or bladder muscles not working.</p> <p>(continued on next page)</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245638	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  05/29/2025
NAME OF PROVIDER OR SUPPLIER  Traverse Care Center		STREET ADDRESS, CITY, STATE, ZIP CODE  303 Seventh Street South Wheaton, MN 56296	
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 0635</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 5/29/25 at 2:15 p.m., director of nursing (DON) stated R1 has had urinary retention since October 2024 with a trial removal of the indwelling urinary catheter, bladder scans, then had to reinsert it in December 2024. DON indicated R1 was not seen by urology after his readmission to the facility after his hospital stay December 2024, not sure what happened, we dropped the ball. For this circumstance the facility should have followed up with the family and made sure the appointment was scheduled with urology so that he would had received he best care possible, without complications regarding the catheter and constipation, adding placement of a supra pubic catheter would have possibly made a difference.</p> <p>Unable to interview NP-B and medical doctor (MD), both out of office until 6/3/25.</p> <p>Requested facility order/follow-up policy and was not received.</p>		