STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24E116	A. Building B. Wing	09/11/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Andrew Residence	1215 South 9th Street Minneapolis, MN 55404

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 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Honor the resident's right to a safe, clean, comfortable and homelike environment, including but not limited to receiving treatment and supports for daily living safely. (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

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F 0584 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Based on observation, interview, and record review, the facility failed to ensure equipment was in proper working order for 1 of 2 washing machines on the 5th floor. Furthermore, the facility failed to provide a sanitary environment in laundry room. Findings include: During interview on 9/8/25 at 12:47 p.m., R4 stated concern the facility washing machines were frequently broken. R4 stated they had been intermittently working for the last few months, however, this time it had been over 2 weeks. The staff had been updated about the broken machine. R4's MDS indicated cognitively intact, independent with activities of daily living. During interview on 9/8/25 at 3:42 p.m., R141 stated the washing machine on the 5th floor had been broken, it was intermittently repaired for the last 3 months or so. However, it had been about 2 weeks since they reported the broken machine with standing water in it. R141 stated it was unacceptable 5th floor residents only had an intermittent functioning washing machine. It was difficult doing laundry due to the lack of supervision and accountability for usage. R141's MDS indicated cognitively intact, independent with activities of daily living. During interview on 9/10/25 at 8:28 a.m., maintenance-A stated the process for repairs was residents notified staff, staff fill out a TELS ticket, explained what, where and the situation for repairs. The TELS report were reviewed every morning and organized most to least important. During interview on 9/11/25 at 8:47 a.m., mental health worker (MHW-G) stated they were aware the washing machine had been broken for a few weeks, however, did not know there was standing water in the machine. She filed 3 TELS reports on the washing machine in the past 3 months. During interview on 9/11/25 at 9:35 a.m., MHW-H stated washer and dryer combo was approximately 2 yrs old, the machines got used continually. Staff checked to see what the issues were then filed a TELS report. It had been a few weeks of issues. However, MHW-H was unaware there was standing water in it. During interview on 9/11/25 at 11:05 am, MHW-E stated, the washing machine had been in and out of order all summer, waiting for parts, then repaired, worked 1 to 2 days then broke again. MHW-E stated they were unaware of standing water in the washing machine. On 9/9/25, she filed a TELS request. The facility was looking into purchasing new combo machines. However, the area for the combo units were small for the new units. It was their understanding, a mother board for the washer was the issue and needed repair. Due to the fact that the issue was ongoing, there was a breakdown of communication from residents, to staff, to TELS report, and repair. During observation on 9/8/25 at 4:40 p.m., the laundry room on the 5th floor had 2 sets of stackable washer and dryers. The washing machine labeled B had an OUT OF ORDER sign on it. Inside the lid was standing dark grey water with white floating chunks in the water and film layer coated the top of the water. Housekeeping-A confirmed findings. During observation on 9/9/25 at 11:20 a.m., two maintenance employees (unknown) were in the 5th floor laundry room. After they left, inside the lid of washing machine B, still had dark grey standing water with white particles floating in it. During observation on 9/10/25 at 7:58 a.m., washing machine B on 5th floor still had dark grey standing water with white floating particles in it. An OUT OF ORDER sign was not visible. Housekeeping-A stated the washing machine looked like it was broken, no OUT OF ORDER sign, she stated the water inside of machine was dark, cloudy with fuzzy stuff floating around. Usually if item was broken, there was a sign, and maintenance came right away. However, it had been a while that the machine had been broken. During observation on 9/10/25 at 8:29 a.m., maintenance-A was attempting to repair washing machine B, he asked for an OUT OF ORDER sign at desk, placed linen in machine, and attempted to run the washing machine. He stated he was unaware of how long the washing machine had been broken. During observation on 9/11/25 at 9:39 a.m., washing machine B on 5th floor was dry, no standing water in machine, an OUT OF ORDER sign was visible, housekeeping A verified observation. During record review, the TELS report received had one documented report on 7/26/25 for the 5th floor washing machine, report closed on 7/28/25. Requested a complete TELS report, did not receive. Maintenance-B provided an email that stated the timeline for work order regarding washing machine B on the 5th floor was on 9/9/25 at 10:08 a.m., work order created, on 9/10/25 at 6:09 a.m., work order assigned to maintenance-A.

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review the facility failed to ensure accurate Minimum Data Set assessments (MDS) were completed for 2 of 3 residents (R2, R7) reviewed for accuracy of assessments. Findings include: R2’s quarterly MDS dated [DATE], indicated R2 was cognitively intact and had diagnoses of diabetes. Furthermore, R2’s MDS indicated R2 had seven days of insulin injections. R2’s medication administration record (MAR) dated 7/2025, lacked indication R2 received insulin injections. When interviewed on 9/11/25 at 10:08 a.m., registered nurse (RN)-D stated information was gathered from the observation period, staff, the residents medical record and the resident when completing their MDS assessment. RN-D verified R2 had a diagnosis of diabetes and was on Metformin (an oral medication to help lower blood glucose) and Victoza (non-insulin injectable medication) for diabetes. RN-D looked up Victoza and verified it was not an insulin and should not have been included in the insulin injections of the MDS. When interviewed on 9/11/25 at 11:03 p.m., the Director of Nursing (DON) verified Victoza should be classified as a hypoglycemic medication and should not be included for an insulin injection. R7's quarterly MDS dated [DATE], indicated in Section I: Active Diagnoses that R7 was diagnosed with non-Alzheimer's dementia (e.g., Lewy body dementia, vascular or multi-infarct dementia; mixed dementia; frontotemporal dementia such as Pick's disease; and dementia related to stroke, Parkinson's or Creutzfeldt-[NAME] diseases). R7's medical record was reviewed, and documentation indicating R7 had a diagnosis of non-Alzheimer's dementia was not found. During an interview on 9/11/25 at 11:07 a.m., the DON confirmed she had reviewed R7's medical record and was not able to find that R7 had a diagnosis of dementia. The DON further stated it was an error, referring to R7’s MDS coding of a dementia diagnosis, and the MDS would need to be corrected.

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F 0695 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Provide safe and appropriate respiratory care for a resident when needed. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review the facility failed to identify baseline SpO2 (blood oxygen levels), and parameters for use based on resident specific risk factors for 1 of 1 resident (R176) reviewed for O2 therapy.Findings include:R176's quarterly Minimum Data Set (MDS) dated [DATE], identified intact cognition and no staff assistance was needed for activities of daily living. Diagnoses included non-traumatic brain dysfunction and chronic obstructive pulmonary disease (COPD) which is an ongoing lung condition caused by damage to the lungs. No oxygen use was identified on the MDS.R176's care plan dated 9/11/25, identified problems of COPD and chronic bronchitis, goal of no SOB (shortness of breath) as evidenced by respirations of 14 - 20 per minute. Interventions included monitor vital signs and SpO2 monthly and more frequently as needed, and effective 6/12/25; O2 concentrator as needed per physician order 4 liters per minute (L/min) via nasal cannula. The care plan lacked parameters for when to use or discontinue and lacked baseline SpO2.R176's Physician Orders dated 8/20/25 through 9/11/25, identified Oxygen Concentrator 4L/min and lacked parameters for when to use or discontinue, and lacked baseline SpO2. R176's Treatment Administration Record (TAR) dated 8/1/25 through 9/11/25, identified SpO2 levels ranging from 91% to 99% but lacked identification if supplemental O2 was in use. During an interview and observation on 9/8/25 at 5:14 p.m., R176 pointed to his O2 concentrator and stated it was new. R176 stated he used it a few times when he had shortness of breath related to COPD. During an observation on 9/10/25 at 11:46 a.m., R176 was in bed with his eyes closed, O2 was on at 4 L/min with the use of a nasal cannula. During an interview on 9/10/25 at 1:00 p.m., registered nurse (RN)-A reviewed R176's O2 orders and agreed there were no parameters for use or baseline SpO2 levels in place. RN-A stated over-oxygenation could be a risk for COPD without parameters in place.During an interview on 9/11/25 at 1:08 p.m., the director of nursing (DON) stated she would expect a flow rate, parameters for use, when to initiate and discontinue along with baseline Sp02 levels to be included on O2 orders. The DON stated with a diagnosis of COPD over-oxygenation and reduced O2 drive could be risk factors when supplemental O2 was in use. The DON stated their O2 policy was currently under revision. The facility's Oxygen Concentrator policy dated 11/8/99, identified continuous O2 therapy was not provided, and the nurse would assess the resident as compliant with O2 treatment. The policy lacked method to identify baseline SpO2 (blood oxygen levels), and parameters for use based on resident specific risk factors.

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Provide pharmaceutical services to meet the needs of each resident and employ or obtain the services of a licensed pharmacist. (continued on next page)

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F 0755 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Based on observation, interview, and document review, the facility failed to ensure its system for medication reconciliation was adequate to ensure timely identification of loss or diversion of non-narcotic, controlled medications for 8 of 8 medication carts. Findings include: During an observation and interview with mental health worker (MHW)-A and MHW-B on 9/9/25 at 3:18 p.m., the two fifth-floor medication carts were reviewed. The non-narcotic, controlled medications were observed in a permanently affixed lock box in each locked medication cart. A count of the non-narcotic, controlled medications was observed to be completed with no discrepancies noted. MHW-B stated staff reconciled the non-narcotic, controlled medications every shift and demonstrated this in an observed controlled medication three-ring binder containing loose three-hole punched paper. MHW-B stated that if facility staff had a concern regarding a drug count, they would reference the medication administration record to verify medication administration. During an observation and interview with MHW-C and MHW-D on 9/10/25 at 7:20 a.m., the two fourth-floor medication carts were reviewed. The non-narcotic, controlled medications were observed in a permanently affixed lock box in each locked medication cart. A count of the non-narcotic, controlled medications was observed to be completed with no discrepancies noted. MHW-C confirmed staff reconciled the non-narcotic controlled medications every shift in an observed controlled medication three-ring binder containing loose three-hole punched paper. During an interview on 9/10/25 at 2:33 p.m., the director of nursing (DON) confirmed the current practice for non-narcotic, controlled medication reconciliation and tracking involved using a three-ring binder with loose paper and did not have a current plan in place to change this practice. On a follow-up interview on 9/11/25 at 11:11 a.m., the DON confirmed the facility had been working on updating its controlled medication storage and reconciliation practices after recent concerns for possible drug diversion. The DON stated that after the surveyor helped raise concern yesterday about the use of a three-ring binder to reconcile and track controlled medication, she was going to order bound books to track both the narcotic and non-narcotic medications and acknowledged the limitations in the timely identification of the diversion of controlled medications when using a three-ring binder.During an interview on 9/10/25 at 2:45 p.m., MHW-E confirmed that she assisted with completing the reconciliation of non-narcotic, controlled medications at shift change. MHW-E stated that when she reconciled non-narcotic, controlled medications, she would reference the controlled drug three-ring drug binder and the count of the medication itself. MHW-E stated she was unsure how staff would know if someone took a sheet out of the controlled medication three-ring binder with the corresponding medication, as you could not tell when the sheet was removed. MHW-E then stated she hoped that the staff completing the medication reconciliation were familiar enough with what medications were supposed to be in the locked non-narcotic controlled medication box to realize a medication had gone missing, based on memory of counting the medications in the past.During an interview and observation on 9/11/25 at 7:40 a.m., two medication carts with corresponding controlled medication three-ring binders were observed on the third floor. MHW-F confirmed that he assisted with completing the reconciliation of non-narcotic controlled medications at shift change, and the three-ring binders were used to accomplish this. MHW-F stated that staff would compare the counts of non-narcotic medications in the locked box to the count of the correlating sheet in the three-ring controlled medication binder, and if a discrepancy was noticed, staff would reference the medication administration record. MHW-F stated he was unsure how staff would notice if a non-narcotic controlled medication sheet and the correlating medication card were removed and referred further questions to registered nurse (RN)-B. At 7:45 a.m., RN-B demonstrated how staff marked a date and time next to every medication bubble that was emptied for the non-narcotic controlled medication administration and that could be checked against the medication administration record and controlled drug three-ring binder. RN-B stated that if a medication card and the controlled medication sheet were taken out of the three-ring binder for an as-needed medication, it would not be noticed until the next time the medication was administered, and the medication was no longer found in the locked box. During an interview and observation on 9/11/25 at 7:55 a.m., two medication carts with corresponding controlled medication three-ring binders were observed on the second floor. RN-C confirmed these binders were used for the tracking and reconciliation of non-narcotic, controlled medications. The facility's Controlled Medications- Schedule C policy dated 1/20/23, indicated a count of the quantity of the controlled medication on hand would be completed at the change of shift and documented on the controlled drug record and the C-drug Count Acknowledgement Form. The policy did not indicate whether this record or form would be kept