

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 24E150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/01/2024
NAME OF PROVIDER OR SUPPLIER Grand Avenue Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3956 Grand Avenue S0uth Minneapolis, MN 55409	

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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Develop and implement a complete care plan that meets all the resident's needs, with timetables and actions that can be measured.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47264</p> <p>Based on interview and document review, the facility failed to update a care plan to include a resident history of leaving the facility against the leave of absence policy for 1 of 3 patients reviewed when R1, who was her own person, left the facility overnight and did not inform staff when she would return.</p> <p>R1 admitted to the facility on [DATE] at 10:10 a.m. from an outside facility. R1's diagnoses included paranoid schizophrenia, post-traumatic stress disorder, schizoaffective disorder, delusional disorders, and major depressive disorder.</p> <p>On 3/27/24, a progress note indicated R1 left the facility at approximately 10:30 a.m.</p> <p>On 3/28/24 at 8:52 a.m., a progress note indicated R1 had returned at an undetermined point and planned to leave the facility again on 3/28/24.</p> <p>On 3/29/24 at 6:26 a.m., a progress note indicated R1 did not return to the facility during the overnight shift.</p> <p>On 3/29/24 at 10:10 a.m., a progress note indicated R1 refuse to disclose her whereabouts to the facility but would contact the facility to discuss when she planned to return.</p> <p>On 3/29/24 at 12:52 p.m., a progress note indicated R1 remained away from the facility despite claiming she was on her way back.</p> <p>On 3/29/24 at 2:29 a.m., a progress note indicated facility staff informed the police and filed a report with the state agency for a missing person report.</p> <p>There was no progress note indicating when R1 returned to the facility.</p> <p>R1's medication administration record indicated on 3/29/24, R1 received her scheduled medications at 8:00 p.m.</p> <p>R1's care plan did not indicate R1 had a history of leaving the facility without following the leave of absence policy.</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 0656</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/1/24 at 11:05 a.m., R1 stated she understands the leave of absence policy and knows she needs to inform the nursing staff if she wants to leave overnight. R1 stated she was informed of this policy when she returned from her extended absence on the evening of 3/29/24. R1 stated she did not remember when she returned on 3/29/24.</p> <p>On 4/1/24 at 11:40 a.m., license practical nurse (LPN) -A stated she knows about residents needs by referencing their care plans. LPN-A stated a resident's needs and risks should be noted in the care plan. LPN-A stated she can change make changes to the care plan by asking for clarification from the on-call supervisor, physician, or the director of nursing (DON). LPN-A stated any member of the care team can update a care plan.</p> <p>On 4/1/24 at 11:57 a.m., LPN-B stated any changes to a resident's care should be noted in their care plan with the permission of the physician or DON. LPN-B stated if any changes are made to the care plan, a progress note should be completed afterwards to explain why the alterations were made. LPN-B stated any member of the care team can update a care plan.</p> <p>On 4/1/24 at 12:13 a.m., the DON stated the staff were instructed to educate R1 on 3/29/24 when she returned, and a newly updated policy would have been provided to her. The DON stated there is an initial care plan that fulfills a resident's needs until they can be completely assessed by staff. The DON stated the care plan is then updated to include that information.</p> <p>On 4/1/24 at 1:36 p.m., the director of social services stated R1 was reeducated again on the morning of 4/1/24. The director of social services stated the care plan would need to be updated to include R1's absence and address any like instances in the future.</p> <p>On 4/1/24 at 2:20 p.m., the social services assistant stated she reeducated R1 at approximately 11:00 a.m. The social services assistant stated she did not update the care plan. The social services assistant stated the weekend nursing staff could have updated R1's care plan to include her noncompliance with the facility leave of absence policy. The social services assistant stated this likely did not occur because the nurses who worked over the weekend were agency nurses and may not have had appropriate administrative privileges in their electronic medical record system.</p> <p>A facility policy titled Care Plans, Comprehensive Person-Centered, dated March 2022, indicated resident care plans should be updated as information and resident condition change.</p>		