

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  01/21/2025
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 0657</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Develop the complete care plan within 7 days of the comprehensive assessment; and prepared, reviewed, and revised by a team of health professionals.</p> <p>49618</p> <p>Based on interview and record review, the facility failed to prepare resident care plans with an interdisciplinary team (IDT) to include a nursing aide (NA), the attending physician, or a resident/resident representative. This deficiency had the ability to affect all 19 residents.</p> <p>Findings include:</p> <p>During an interview on 1/21/25 at 9:11 a.m., the director of nursing (DON) stated the IDT consists of an RN, the administrator, herself, the social worker, a member from medical records, the infection preventionist (IP) nurse, the minimum data set (MDS) nurse, and a compliance nurse.</p> <p>During an interview on 1/21/25 at 9:39 a.m., the administrator stated the facility's IDT consists of a RN, the DON, a member of the activities department, herself, the social services director, the social services assistant, and a member of the kitchen.</p> <p>During an interview on 1/21/25 at 11:35 a.m., the DON stated they do not take IDT notes. The DON stated during the IDT meetings they will look at the risk management and then they will update the care plan. The DON stated they do not take notes as to what they talk about or who attends the meetings.</p> <p>The facility's IDT policy revised on 12/24 stated the IDT will consist of the DON, one other nurse designated by the DON, social services director and/or the social services assistant, the activity director and/or designee, and other staff members as established by the Administrator.</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 0727</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Have a registered nurse on duty 8 hours a day; and select a registered nurse to be the director of nurses on a full time basis.</p> <p>49618</p> <p>Based on interview and record review the facility failed to ensure their director of nursing (DON) was a registered nurse (RN) when the facility had a licensed practical nurse (LPN) in the DON role since 7/30/24. This deficiency had the ability the affect all 19 residents.</p> <p>Findings include:</p> <p>During an interview on 1/16/25 at 11:39 a.m., the administrator stated the DON is a LPN. The administrator she knew the facility has to hire an RN to be in the DON role. There is not a signed DON job description for the current DON.</p> <p>During an email correspondence on 1/16/25 at 2:21 p.m., the administrator stated the DON has been in her role since 7/30/24.</p> <p>During an interview on 1/21/25 at 9:11 a.m., the DON stated she is a LPN who worked a the facility full time.</p> <p>On 1/16/25, the facility provided the DON's LPN license which is valid. The facility provided the DON's education which did not contain any training for the DON role.</p> <p>The facility provided an undated Director of Nursing job description. The description stated an RN must be hired in the DON role.</p>