

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 08/28/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617</p> <p>Based on observation, interview and document review, the facility failed to notify and consult with the resident's physician after a resident (R1) was tested for Coronavirus disease 2019 (COVID-19).</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS), dated [DATE], indicated she had intact cognition, had hallucinations and delusions, exhibited no physical, verbal or wandering behaviors, and had diagnoses of high blood pressure, high cholesterol, anxiety, depression and schizophrenia (a mental disorder characterized by thoughts or experiences, seemingly out of touch with reality, that affects a person's ability to think, feel, and behave clearly).</p> <p>R1's Care Area Assessment (CAA) for nutritional status dated 2/28/24, identified she had a respiratory disease that could affect her appetite or nutritional status.</p> <p>An initial nursing assessment, careplan, and progress notes document dated 2/21/24, indicated R1's lung sounds were clear with no labored breathing noted. The assessment further indicated R1 did not have a cough.</p> <p>R1's care plan lacked documentation on R1's respiratory status.</p> <p>An after-visit summary (AVS) dated 4/15/24, indicated R1 was seen at an urgent care center for cough, bronchitis (swelling or inflammation of the airways leading to your lungs), and a history of emphysema (lung condition that causes shortness of breath). The AVS instructed R1 to call a doctor or seek immediate attention if she experienced the following symptoms:</p> <ul style="list-style-type: none"> - new or worse trouble breathing. - coughing up dark brown or bloody mucus (sputum). - new or higher fever. - new rash. <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: 24E150	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 08/28/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>R1's electronic health record (EHR) was reviewed daily during the survey week (8/24/24 - 8/28/24) and lacked documentation of reported symptoms by R1. Furthermore, R1's EHR lacked documentation of a COVID test or result.</p> <p>During observation and interview on 8/25/24 at 2:00 p.m., R1 sat in the 2nd floor TV lounge and coughed harshly. She stated the cough was not productive and she had it for approximately one week. R1 denied telling staff about her symptoms but stated she planned to tell them and request a coronavirus (COVID) test.</p> <p>During observation and interview 8/26/24 at 8:52 a.m., R1 sat in the 2nd floor TV lounge and stated I don't feel good this morning. My head feels bizarre, my stomach hurts and I'm shaky. R1 stated she asked for a COVID test and staff reported they would give her one, but they weren't sure when. R1 reported staff had not taken her temperature or assessed her vital signs.</p> <p>During interview on 8/27/24 at 8:15 a.m., R1 reported increased difficulty breathing and said, I can't breathe. She stated staff administered a COVID test the day before but had not given her the results.</p> <p>During observation on 8/27/24 between 2:05 p.m. and 3:17 p.m., R1 reported to social services (SS) she wanted help filing a report. SS questioned R1 for further information and R1 told her she was not feeling and wanted to go to urgent care. SS discussed the options for filing the report and it was agreed they would file the report first. SS and R1 walked to the nursing office to file the report. At 3:17 p.m., R1 walked into the 2nd floor TV lounge with her coat on. She appeared short of breath and stated staff refused to call 911 for her. R1 stated the director of nursing (DON) told me I needed to take a nebulizer treatment. She stated no one had listened to her lungs but checked her oxygen saturation levels (a measure of how much oxygen is in your blood) which was 100%. R1 stated she was going to call 911 herself. She walked away and into the telephone room and closed the door.</p> <p>During interview on 8/28/24 at 8:42 a.m., licensed practical nurse (LPN)-A stated R1 first reported difficulty breathing around the end of my shift at approximately 3:00 p.m. on 8/27/24. LPN-A stated the DON requested an oxygen saturation level check, but LPN-A did not listen to R1's lung sounds.</p> <p>During interview on 8/28/24 at 8:53 a.m., the DON reported being first notified of R1's respiratory symptoms of cough and difficulty breathing on 8/27/24 when R1 came into the nursing office and wanted staff to call 911. The DON stated R1 would not allow staff to fully assess her and said she wanted to go to the hospital. The DON reported R1 walked out of the nursing office and called an ambulance for herself. The DON stated she offered R1 a nebulizer treatment but R1 declined. The DON verified being aware that R1 requested a COVID test. The DON stated, I don't know why she wanted the COVID test. It was negative, I saw the results. The DON expected staff to document the results and notify the provider. The DON verified R1's EHR lacked such documentation. The DON expected staff to follow up if they were made aware of a resident not feeling.</p> <p>A request for a notification of change policy was requested but not received.</p>		

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 08/28/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Keep residents' personal and medical records private and confidential.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617</p> <p>Based on observation, interview and document review, the facility failed to ensure personal privacy could be maintained in resident room for 1 of 3 residents (R8) reviewed for privacy.</p> <p>Findings include:</p> <p>R8's quarterly Minimum Data Set (MDS) dated [DATE], indicated she had intact cognition and was independent with her activities of daily living (ADLs). R8's MDS also indicated she had diagnoses of anxiety, bipolar disorder, and schizophrenia (a mental disorder characterized by thoughts or experiences, seemingly out of touch with reality, that affects a person's ability to think, feel, and behave clearly). Furthermore, the MDS indicated R8 experienced hallucinations and delusions and exhibited verbal and other behavioral symptoms for 1-3 days during the lookback period.</p> <p>R8's annual MDS dated [DATE], indicated she felt it was very important to take care of her personal belongings and things.</p> <p>A progress note dated 3/25/24 indicated staff knocked on R8's door and when they did not hear a response, opened the door, and invited her to an activity. The progress note indicated later, R8 came downstairs and reported discomfort when staff walked into her room while she was changing and requested that staff wait on a response before entering her room. The progress note indicated staff did not challenge R8's assertion so that the situation would not be escalate., The note indicated when staff approached R8 earlier to invite her to the activity, she was sitting on her bed fully clothed.</p> <p>R8's care plan lacked documentation of privacy preferences or assessment.</p> <p>During observation on 8/25/24 at 6:16 p.m., there were no privacy curtains or privacy screen in R8's bedroom that she shared with two other residents.</p> <p>During interview on 8/26/24 at 12:48 p.m., R8 stated she would like to have privacy curtains, especially when you're changing clothes. It would be nice to have privacy.</p> <p>During interview on 8/28/24 at 8:42 a.m., licensed practical nurse (LPN)-A stated there was not really any privacy in resident rooms. LPN-A stated if a resident needed privacy, they would have to come to the nursing office or go to the bathroom.</p> <p>During interview on 8/28/24 at 9:13 a.m., the director of nursing (DON), verified there were no privacy curtains in the resident rooms and stated the facility was in the process of looking into privacy curtains.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0583</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>A facility policy titled Resident Privacy updated 9/14/23, indicated the facility wanted to provide privacy to residents and endorsed some challenges they faced. The policy indicated if a resident wanted more privacy in a shared bedroom, they could request a privacy screen. The policy recognized there are some beds where privacy screens would not be able to be used as they would create an accident hazard. The policy provided alternative options to meet the privacy needs of each resident, including moving the resident to a different bed or room, or discharge may be an appropriate option for some residents.</p>		

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 08/28/2024
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 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>49654</p> <p>Based on record review and interview the facility failed to ensure a potential incident of neglect was recognized and reported to the State Agency (SA) after the administration had knowledge of the incident. This deficient practice had the potential to affect all residents residing in the facility.</p> <p>Findings include:</p> <p>During interview on 8/27/24 at 11:17 a.m. interim Director of Nursing (DON) stated she was aware of a fire that had taken place a few weeks before she started working at the facility. DON stated she did not see any investigation report regarding the fire. DON stated she did not know if the fire had been reported to the SA.</p> <p>During interview on 08/27/24 at 11:28 a.m. Administrator acknowledged there had been a fire in the smoking room on the second floor of the facility sometime in May 2024 and the incident should have been investigated by the social worker (SW). Administrator went on to say she expected staff to file an incident report, update the management staff and complete all appropriate reporting to SA. Administrator stated the SW was enroute to the facility and would be available to interview later that day.</p> <p>During interview on 8/27/24 at 2:32 p.m. R-13 stated another resident had altered her of a fire in a plastic garbage can in the smoking room. R-13 stated she went to the smoking room and attempted to pull the pin on the fire extinguisher but was unable to pull the pin on the extinguisher. R-13 stated the cook came to the smoking room and took the fire extinguisher from her and was able to extinguish the fire.</p> <p>During interview on 8/27/24 at 2:41 p.m. cook-A stated he was working on the day of the fire. Cook-A stated he had been in the kitchen when a resident came into the kitchen yelling there was a fire in the smoking room. Cook-A told the resident to call 911 and he went up the stairs to the smoking room. Cook-A stated R-13 was present in the smoking room and was attempting to pull the pin on the fire extinguisher. Cook-A took the fire extinguisher from R-13, pulled the pin out and was able to extinguish the fire. Cook-A stated the nurse who had been working at the time of the fire had removed all the residents from the facility and the fire was completely out by the time the fire department showed up approximately five minutes later. Cook-A stated the fire department brought fans into the facility to clear out the smoke.</p> <p>On 8/27/24 at 2:54 p.m. an attempt was made to contact the nursing staff who had been working the day of the fire but was unable to reach or leave a message requesting return call.</p> <p>During a second interview on 8/28/24 at 9:09 a.m. Administrator stated she had discussed the incident with the SW and was informed there was no investigation completed, and the incident had not been reported to the SA.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 8/28/24 at 1:03 p.m. infection preventionist (IP) who was overseeing the DON acknowledged he was aware of the incident and his expectation of all staff was to complete an incident report and report any like incidents to the SA. IP went on to say if staff were unaware of how to report to SA the expectation of staff was to at minimum report all incident to management for further investigation and instructions. IP stated this was important so all incidents could be investigated thoroughly and promote resident safety.</p> <p>The facility's document titled, Abuse, Neglect, and Exploitation Prevention Policy, dated 4/26/22, recognizes the right of residents to be free from abuse and neglect. The policy provides the following definitions: a) Abuse - non-therapeutic conduct which produces or could reasonably be expected to produce physical pain or injury or emotional distress and is not accidental; b) Neglect - failure of the facility to provide services to a resident that are necessary to avoid physical harm, pain, mental anguish, or emotional distress; c) Financial exploitation - engaging in unauthorized expenditure of vulnerable adult's funds which is likely to result in detriment, failure to use financial resources for vulnerable adult's needs which results or is likely to result in detriment, and in the absence of legal authority, using or withholding vulnerable adult's funds or property; d) Immediately - immediately after an incident occurs for alleged violations of maltreatment, abuse, neglect, and financial exploitation. The policy identifies procedures for abuse prevention including employee training about reportable incidents to assist them in identifying these incidents; providing instructions and encouragement to staff, families, residents to immediately report incidents of suspected maltreatment including how and to whom incidents should be reported; reporting by staff of suspected maltreatment are mandatory, the administrator is to be notified immediately of any events of suspected or reported vulnerable adult abuse events. The policy directs staff to report any situation where there is reason to believe that a vulnerable adult is being or has been abused and/or neglected. The policy also directs the administrator, director of nursing, and the social service director, or designee to conduct all vulnerable adult investigations, review results, and respond appropriately to the results of the internal investigation.</p>		

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 08/28/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure services provided by the nursing facility meet professional standards of quality.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617</p> <p>Based on observation, interview, and document review, the facility failed to have a process in place to ensure resident medications were re-ordered in a timely manner for 1 of 1 residents (R1).</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS), dated [DATE], indicated she had intact cognition, had hallucinations and delusions, exhibited no physical, verbal or wandering behaviors, and had diagnoses of high blood pressure, high cholesterol, anxiety, depression and schizophrenia (a mental disorder characterized by thoughts or experiences, seemingly out of touch with reality, that affects a person's ability to think, feel, and behave clearly).</p> <p>R1's Care Area Assessment (CAA) for nutritional status dated [DATE], identified she had a respiratory disease that could affect her appetite or nutritional status.</p> <p>R1's Care Area Assessment (CAA) for psychotropic drug use dated [DATE], indicated she mental illnesses and was being treated long-term with psychotropic medications for her personal best in mental health stability. The CAA indicated all disciplines were working with R1 to minimize the risks related to psychotropic medication use.</p> <p>R1's medication administration record (MAR) dated ,d+[DATE], indicated a morning medication pass included the following medications:</p> <ul style="list-style-type: none"> - acetaminophen oral tablet 500 milligrams (mg), Give 1,000mg by mouth three times a day (for pain), dated [DATE]. - albuterol sulfate inhalation aerosol powder breath activated 108 (90 base) micrograms (mcg)/actuation (for shortness of breath or difficulty breathing), Administer 2 inhaled puffs one time per day, dated [DATE]. - Albuterol sulfate inhalation nebulization solution (2.5mg/3 milliliters (mL)) 0.083% (for shortness of breath), Administer 1 vial inhaled every 6 hours as needed, dated [DATE]. - aspirin oral capsule 81mg, Give 81mg by mouth one time a day (for heart health), dated [DATE]. - baclofen tablet 10mg, Give 1 tablet by mouth two times a day (for chronic pain), dated [DATE]. - cariprazine HCl (for schizoaffective disorder, depression) oral capsule 4.5mg, Give 4.5mg by mouth in the morning, dated [DATE]. - diazepam (for anxiety) oral tablet 2mg, Give 2mg by mouth three times per day as needed, dated [DATE]. - fluticasone propionate nasal suspension, Give 2 spray in each nostril one time a day (for nasal congestion), dated [DATE]. <p>(continued on next page)</p>		

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 08/28/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<ul style="list-style-type: none"> - lactulose oral solution 10 gram (GM)/15mL, Give 15mL by mouth two times a day (for constipation), dated [DATE]. - Lasix oral tablet, Give 20mg by mouth time a day (for swelling), dated [DATE]. - Metamucil Fiber Packet, Give 1 packet by mouth two times a day (for constipation), dated [DATE]. - omeprazole oral capsule delayed release 20mg, Give 1 capsule by mouth one time per day (for acid reflux or heartburn), dated [DATE]. - Serevent Diskus Inhalation Aerosol Powder Breath Activated 50mcg/actuation (for shortness of breath), Administer 1 inhaled puff two times a day, dated [DATE]. - sertraline hydrochloride (HCl) (for depression) oral tablet 50 milligrams (mg), Give 1 tablet by mouth in the morning every day, dated [DATE]. <p>R1's care plan revised [DATE], indicated R1 used sertraline for depression. The care plan guided nursing staff to give medication as ordered by the doctor to meet R1's goal of managing symptoms with medication management. The care plan also indicated R1 was unable to self-administer medications due to her cognitive deficit and identified a goal of receiving all prescribed medications and treatments per physician orders. The care plan directed nursing staff to dispense all medications when R1 was in the facility and to medicate and do treatments per physician orders.</p> <p>A review of Refill Reorder Forms dated [DATE] lacked documentation that R1's sertraline re-ordered.</p> <p>A review Refill Reorder Forms dated [DATE] lacked documentation that R1's sertraline re-ordered.</p> <p>A review of an undated and untitled refill and reorder form lacked documentation that R1's sertraline was re-ordered.</p> <p>No further refill and reorder forms were provided for review although they were requested.</p> <p>During medication administration observation on [DATE] at 7:41 a.m., surveyor50762 observed licensed practical nurse (LPN)-A administering morning medications for R1. LPN-A stated being unable to find sertraline HCl 50 mg medication card and the Serevent Diskus was expired. R1 did not receive her ordered and scheduled sertraline and Serevent Diskus.</p> <p>During interview on [DATE] at 8:15 a.m., R1 stated, I quit smoking and I don't what know to do with myself. I can't sit still. I'm finding it real difficult. R1 stated the facility did not have her sertraline during morning medication pass. She stated, I can't figure out why they don't order them when they start running out. It's been going on for a long time. She endorsed feelings of nervousness and stated she wanted to run away as far as she could. At 8:40 a.m., R1 stated she had two cigarettes left and she was going to have one to see if that'll help calm me down. At 8:47 a.m., R1 stated she smoked part of a cigarette, which helped her restlessness a little.</p> <p>During follow up interview on [DATE] at 9:52 a.m., LPN-A stated it was the responsibility of the nurses to input new orders, send them to the pharmacy, and to request medication refills.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0658</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on [DATE] at 9:17 a.m., the director of nursing (DON) stated medications should be re-ordered when there was a week's worth of medication left.</p> <p>During subsequent interview at 12:23 p.m., the DON stated the facility had implemented a new process recently. The DON explained when the medication card gets to the last row, staff were expected to peel the re-order sticker off and use it to re-order medications.</p> <p>A facility policy titled Ordering Medication from Pharmacy reviewed ,d+[DATE], indicated each nurse or trained medication aide (TMA) was responsible for re-ordering any medications that were not on automatic renewal when it had less than a five day supply. The policy guided staff to write NEED TODAY PLEASE if the medication was needed for the same day or next morning. The policy directed staff to fax the pharmacy order sheet to the pharmacy and then initial and date the original pharmacy order sheet. Next, the policy instructed staff to put the order sheet in the weekly medication order book.</p>

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 08/28/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617</p> <p>Based on observation, interview and document review, the facility failed to recognize a change in respiratory status for 1 of 1 residents (R1) reviewed for change of condition.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS), dated [DATE], indicated she had intact cognition, had hallucinations and delusions, exhibited no physical, verbal or wandering behaviors, and had diagnoses of high blood pressure, high cholesterol, anxiety, depression and schizophrenia (a mental disorder characterized by thoughts or experiences, seemingly out of touch with reality, that affects a person's ability to think, feel, and behave clearly).</p> <p>R1's Care Area Assessment (CAA) for nutritional status dated 2/28/24, identified she had a respiratory disease that could affect her appetite or nutritional status.</p> <p>An initial nursing assessment, careplan, and progress notes document dated 2/21/24, indicated R1's lung sounds were clear with no labored breathing noted. The assessment further indicated R1 did not have a cough.</p> <p>R1's medication administration record (MAR) dated 8/2024, indicated the following medication orders:</p> <ul style="list-style-type: none"> - albuterol sulfate inhalation aerosol powder breath activated 108 (90 base) micrograms (mcg)/actuation (for shortness of breath or difficulty breathing), Administer 2 inhaled puffs one time per day, dated 7/31/24. - Albuterol sulfate inhalation nebulization solution (2.5 milligrams (mg)/3 milliliters (mL)) 0.083% (for shortness of breath), Administer 1 vial inhaled every 6 hours as needed, dated 2/20/24. - Serevent Diskus Inhalation Aerosol Powder Breath Activated 50mcg/actuation (for shortness of breath), Administer 1 inhaled puff two times a day, dated 3/12/24. <p>A progress note dated 4/15/24 at 10:47 a.m., indicated R1 was sent to urgent care for possible pneumonia and general unwell and cough.</p> <p>A progress note dated 4/15/24 at 5:55 p.m., indicated R1 returned with a diagnosis of bronchitis.</p> <p>An after-visit summary (AVS) dated 4/15/24, indicated R1 was seen at an urgent care center for cough, bronchitis (swelling or inflammation of the airways leading to your lungs), and a history of emphysema (lung condition that causes shortness of breath). The AVS instructed R1 to call a doctor or seek immediate attention if she experienced the following symptoms:</p> <ul style="list-style-type: none"> - new or worse trouble breathing. - coughing up dark brown or bloody mucus (sputum). <p>(continued on next page)</p>		

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 08/28/2024
NAME OF PROVIDER OR SUPPLIER Grand Avenue Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3956 Grand Avenue South 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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>- new or higher fever.</p> <p>- new rash.</p> <p>A progress note dated 5/3/24, indicated R1 reported shortness of breath (SOB) while walking but it was not reported to staff. Additionally, the progress note indicated R1 had scheduled inhalers and had not requested any additional as-needed breathing treatments. The progress note indicated R1 denied SOB with sitting or lying down and was a smoker. Furthermore, the note indicated, there has been no known complaints of SOB or indication of respiratory distress. She has the ability to report and SOB or discomfort for nursing assessment and treatment if indicated.</p> <p>A progress note dated 5/18/24, indicated R1 reported to staff she was not feeling well due to cough, congestion, and tiredness.</p> <p>A progress note dated 6/13/24, indicated R1 received an appointment reminder to schedule with pulmonology (a physician who specializes in the respiratory system). The note indicated staff scheduled an appointment with pulmonology per R1's request.</p> <p>A provider progress note dated 7/31/24, listed chronic obstructive pulmonary disease (COPD), under the current diagnoses header. COPD is an ongoing lung condition caused by damage to the lungs resulting in blocked airflow and difficulty breathing. The provider addressed R1's COPD and indicated it was stable in nature and R1 was SOB at times with exertion or activity. The provider reviewed R1's current medications for her SOB and did not provide new orders during the encounter.</p> <p>A care conference note date 8/14/24, indicated R1's upcoming pulmonology appointment was reviewed with the interdisciplinary team (IDT) in attendance and R1.</p> <p>R1's care plan lacked documentation on R1's respiratory status.</p> <p>During observation and interview on 8/25/24 at 2:00 p.m., R1 sat in the 2nd floor TV lounge and coughed harshly. She stated the cough was not productive and she had it for approximately one week. R1 denied telling staff about her symptoms but stated she planned to tell them and request a coronavirus (COVID) test.</p> <p>During observation and interview 8/26/24 at 8:52 a.m., R1 sat in the 2nd floor TV lounge and stated I don't feel good this morning. My head feels bizarre, my stomach hurts and I'm shaky. R1 stated she asked for a COVID test and staff reported they would give her one, but they weren't sure when. R1 reported staff had not taken her temperature or assessed her vital signs.</p> <p>During interview on 8/27/24 at 8:15 a.m., R1 reported increased difficulty breathing and said, I can't breathe. She stated staff administered a COVID test the day before but had not given her the results.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During observation on 8/27/24 between 2:05 p.m. and 3:17 p.m., R1 reported to social services (SS) she wanted help filing a report. SS questioned R1 for further information and R1 told her she was not feeling and wanted to go to urgent care. SS discussed the options for filing the report and it was agreed they would file the report first. SS and R1 walked to the nursing office to file the report. At 3:17 p.m., R1 walked into the 2nd floor TV lounge with her coat on. She appeared short of breath and stated staff refused to call 911 for her. R1 stated the director of nursing (DON) told me I needed to take a nebulizer treatment. She stated no one had listened to her lungs but checked her oxygen saturation levels (a measure of how much oxygen is in your blood) which was 100%. R1 stated she was going to call 911 herself. She walked away and into the telephone room and closed the door.</p> <p>During interview on 8/28/24 at 8:42 a.m., licensed practical nurse (LPN)-A stated R1 first reported difficulty breathing around the end of my shift at approximately 3:00 p.m. on 8/27/24. LPN-A stated the DON requested an oxygen saturation level check, but LPN-A did not listen to R1's lung sounds.</p> <p>During interview on 8/28/24 at 8:53 a.m., the DON reported being first notified of R1's respiratory symptoms of cough and difficulty breathing on 8/27/24 when R1 came into the nursing office and wanted staff to call 911. The DON stated R1 would not allow staff to fully assess her and said she wanted to go to the hospital. The DON reported R1 walked out of the nursing office and called an ambulance for herself. The DON stated she offered R1 a nebulizer treatment but R1 declined. The DON verified being aware that R1 requested a COVID test. The DON stated, I don't know why she wanted the COVID test. It was negative, I saw the results. The DON expected staff to follow up if they were made aware of a resident not feeling well. The DON stated staff should follow up with residents if they are requesting COVID testing which I am not sure they did. The DON verified there was no documentation of R1's COVID test or results in her EHR.</p> <p>A change of condition policy was requested but not received.</p>		

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 08/28/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49654</p> <p>Based on observation, interview and record review, the facility failed to ensure smoking interventions were implemented to reduce the risk for avoidable injuries for 1 of 1 (R7) reviewed for smoking.</p> <p>Findings include:</p> <p>R7's annual Minimum Data Set (MDS) dated [DATE] indicated R7 had diagnoses to include depression, schizophrenia (a serious mental illness that affects a person's thoughts, feelings, and behaviors), and asthma.</p> <p>R7's smoking assessments dated 9/27/22, 12/27/22, 6/23/23, and 8/14/24 indicated R7 had a history of injuries secondary to smoking, and staff should store all smoking supplies in the nursing office.</p> <p>R7's care plan with an initiated date of 10/13/22 and revision date of 8/14/24, indicated R7 was on a smoking plan, could receive 10 cigarettes per day, and facility staff was to store her smoking supplies. The care plan also indicated R7 would be assessed for safe smoking practices at time of admission, significant change, and annually for determination of ability to smoke safely.</p> <p>During observation and interview on 8/25/24 at 14:45 p.m., R7 was in her room lying on her bed. A blue lighter was located on the bedside table to the immediate right of R7's bed. R7 stated she smoked throughout the day and into the evening.</p> <p>During observation on 8/26/24 at 12:40 p.m., resident exited her room with a blue lighter in her right hand and went into the smoking room. R7 was observed through an observation window to light her cigarette independently. Approximately ten minutes later R7 exited the smoking room and walked directly back to her room with a blue lighter in her right hand.</p> <p>During observation on 8/27/24 at 8:42 a.m., R7 was observed exiting her room with a blue lighter in her right hand and entered the smoking room. R7 was observed to light a cigarette independently and when finished smoking, exited the smoking room, and returned immediately to her room. A blue lighter was noted to be in her left hand.</p> <p>During interview on 8/27/24 at 10:57 a.m., certified nursing assistant (CNA)-A stated R7 smoked daily, and she had not been informed of any resident who was not allowed to keep smoking materials with them. CNA-A stated she did not know where to find any information on which residents could keep their smoking materials or which residents would require more supervision. CNA-A went on to say it would be nice to have that information available to the staff.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0689</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 8/27/24 at 11:17 a.m., director of nursing (DON) stated residents are assessed for safe smoking at time of admission and as needed by the social worker. DON stated she considered smoking supplies to include cigarettes, lighters, and anything else a resident would use to smoke. DON stated she was unaware of any residents who were not allowed to keep their lighters with them. After reviewing R7's safe smoking assessments and care plan, DON acknowledged R7 should not be allowed to keep her lighter and expected the facility staff to make sure the lighter is returned after R7 was done smoking. DON stated this would be important for the safety of all residents in the building.</p> <p>A policy regarding safe smoking practice was requested by not provided.</p>		

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 08/28/2024
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 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>50762</p> <p>Based on interview and document review, the facility failed to ensure a registered nurse (RN) was scheduled for a minimum of eight consecutive hours a day. This had the potential to affect all 18 residents at the facility.</p> <p>Findings include:</p> <p>Review of the facility staff schedules and staffing hours from 1/1/24 to 3/31/24 revealed there was no RN scheduled for 1/14/24, 1/20/24, 1/21/24, 1/27/24, 1/28/24, 2/3/24, 2/4/24, 2/16/24, 2/17/24, 2/18/24, 2/24/24, 3/2/24, 3/3/24, 3/9/24, 3/10/24, 3/16/24, 3/17/24, 3/23/24, 3/30/24, and 3/31/24.</p> <p>During interview on 8/26/24 at 9:17 a.m., the interim director on nursing (DON) confirmed the dates identified that there was no RN coverage.</p> <p>During a follow up interview on 8/28/24 at 9:39 a.m., the interim DON stated they were to have an RN in the building at least 8 hours a day.</p> <p>Requested a policy regarding staffing, none provided.</p>

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 08/28/2024
NAME OF PROVIDER OR SUPPLIER Grand Avenue Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3956 Grand Avenue South 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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617</p> <p>Based on interview and document review, the facility failed to ensure orthostatic blood pressure monitoring was in place for 4 of 5 residents (R1, R8, R5, R13) reviewed for psychotropic medications.</p> <p>Findings include:</p> <p>R1</p> <p>R1's quarterly Minimum Data Set (MDS), dated [DATE], indicated she had intact cognition, had hallucinations and delusions, exhibited no physical, verbal or wandering behaviors, and had diagnoses of high blood pressure, high cholesterol, anxiety, depression and schizophrenia (a mental disorder characterized by thoughts or experiences, seemingly out of touch with reality, that affects a person's ability to think, feel, and behave clearly). R1's MDS further indicated she took antidepressant, antianxiety, and antipsychotic medications on a routine basis.</p> <p>R1's Care Area Assessment (CAA) for psychotropic drug use dated 2/28/24, indicated she mental illnesses and was being treated long-term with psychotropic medications for her personal best in mental health stability. The CAA indicated all disciplines were working with R1 to minimize the risks related to psychotropic medication use.</p> <p>R1's order summary report, printed 8/27/24, included the following orders:</p> <ul style="list-style-type: none"> - Orthostatic blood pressure monthly, three times a day every 28 day(s) for psychotropic medication monitoring, dated 5/8/22. - sertraline hydrochloride (HCl) (for depression) oral tablet 50 milligrams (mg), Give 1 tablet by mouth in the morning every day, dated 8/27/24. - cariprazine HCl (for schizoaffective disorder, depression) oral capsule 4.5mg, Give 4.5mg by mouth in the morning, dated 8/8/24. - diazepam (for anxiety) oral tablet 2mg, Give 2mg by mouth three times per day as needed, dated 5/2/24. <p>R1's treatment administration record (TAR) dated May 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>R1's TAR dated June 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>R1's TAR dated July 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R1's TAR dated August 2024, indicated R1 refused to have orthostatic blood pressures taken.</p> <p>R1's care plan dated 5/10/22, indicated R1 had daily psychotropic drug use that could have altering effects on the mind with risks characterized by possible problems with cardiac, neuromuscular, and gastrointestinal symptoms. The care plan identified a goal to show minimal or no side effects of medications taken. The care plan indicated the interdisciplinary team (IDT) would evaluate the effectiveness and side effects of medications for possible need of increase, decrease or elimination of psychotropic drugs and discuss with provider for instruction quarterly and as needed.</p> <p>R1's electronic health record (EHR) lacked further documentation of orthostatic blood pressure readings.</p> <p>R8</p> <p>R8's quarterly MDS, dated [DATE], indicated she had intact cognition, had hallucinations and delusions, exhibited verbal and other behavioral symptoms 1 -3 days of the lookback period, and had diagnoses of high blood pressure, high cholesterol, bipolar disorder (a mental disorder that causes extreme mood swings), anxiety, schizophrenia, and a traumatic brain injury or TBI (an injury to the brain that occurs when the head is suddenly struck, or when an object pierces the skull and enters the brain). R8's MDS further indicated she took antidepressant, antianxiety, and antipsychotic medications on a routine basis.</p> <p>R8's CAA for psychotropic drug use dated 3/15/24, indicated staff would continue to follow the plan of care to maintain her current level of functioning to minimize risks.</p> <p>R8's order summary report, printed 8/27/24, included the following active orders:</p> <ul style="list-style-type: none"> - Orthostatic blood pressure monitoring monthly, three times a day every 28 day(s) for psychotropic medication monitoring, dated 8/23/24. - lurasidone HCl (for bipolar disorder) oral tablet 80mg, Give 80mg by mouth in the evening, dated 12/12/23. - trazodone HCl (for insomnia) oral tablet 50mg, Give 50mg by mouth after bedtime dose after one hour if not asleep as needed, dated 8/23/24. - trazodone HCl (for insomnia) oral tablet 50mg, Give 50mg by mouth at bedtime, dated 8/23/24. <p>R8's TAR dated May 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>R8's TAR dated June 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>R8's TAR dated July 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R8's TAR dated August 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>A progress note dated 11/9/23, indicated R8's blood pressure while laying down was 125/74 millimeters of mercury (mmHg), while sitting was 122/76 mmHg, and standing was 109/75 mmHg.</p> <p>A progress note dated 12/21/23, indicated R8's blood pressure while laying down was 113/69 mmHg, while sitting was 105/77 mmHg, and standing was 107/81 mm Hg.</p> <p>A progress note dated 1/18/24, indicated R8's blood pressure while laying down was 119/62 mmHg while sitting was 118/77 mmHg, and standing was 98/76 mmHg.</p> <p>R8's care plan dated 3/21/24, indicated R1 had daily psychotropic drug use that could have altering effects on the mind with risks characterized by possible problems with cardiac, neuromuscular, and gastrointestinal symptoms. The care plan identified a goal to show minimal or no side effects of medications taken. The care plan indicated the interdisciplinary team (IDT) would evaluate the effectiveness and side effects of medications for possible need of increase, decrease or elimination of psychotropic drugs and discuss with provider for instruction quarterly and as needed.</p> <p>R8's electronic health record (EHR) lacked further documentation of orthostatic blood pressure readings.</p> <p>R13</p> <p>R13's annual MDS dated [DATE], indicated she had intact cognition, had hallucinations and delusions, exhibited no physical, verbal or wandering behaviors, and had diagnoses of anxiety, depression, psychotic disorder (disorder characterized by a disconnection from reality), schizophrenia, and post-traumatic stress disorder or PTSD (mental health condition that can develop after a person experiences or witnesses a traumatic event). R13's MDS further indicated she took antidepressant, antianxiety, and antipsychotic medications on a routine basis.</p> <p>R13's CAA for psychotropic drug use dated 7/12/24, indicated she was at risk for adverse reactions to the medications and staff would proceed to the care plan related to risks.</p> <p>R13's order summary report, printed 8/26/24, included the following orders:</p> <ul style="list-style-type: none"> - Orthostatic blood pressure monitoring monthly, three times a day every 28 day(s) for psychotropic medication monitoring, dated 8/27/24. - prazosin HCl (for schizoaffective disorder, bipolar type) oral capsule 2mg, Give 2mg by mouth at bedtime, dated 8/22/24. - Rozerem (for PTSD) oral tablet 8mg, Give 8mg by mouth in the evening, dated 2/19/24. - trazodone HCl (for insomnia) oral tablet 150mg, Give 150mg by mouth at bedtime, dated 12/26/23. - venlafaxine HCl extended release (ER) (for anxiety) oral capsule 24-hour 150mg, Give 1 capsule by mouth one time per day, take with food, dated 2/7/24. <p>(continued on next page)</p>		

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 08/28/2024
NAME OF PROVIDER OR SUPPLIER Grand Avenue Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3956 Grand Avenue South 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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>- venlafaxine HCl extended release (ER) (for anxiety) oral capsule 24-hour 75mg, Give 1 capsule by mouth one time per day, take with food, dated 2/7/24.</p> <p>- ziprasidone HCl (for schizoaffective disorder, bipolar type) oral capsule 20mg, Give 2 capsules by mouth in the evening, take with food, dated 2/6/24.</p> <p>- ziprasidone HCl (for schizoaffective disorder, bipolar type) oral capsule 80mg, Give 2 capsules by mouth in the evening, take with food, dated 2/6/24.</p> <p>R13's TAR dated May 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>R13's TAR dated June 2024, lacked documentation of ordered orthostatic blood pressure monitoring for 6/27/24.</p> <p>R13's TAR dated July 2024, lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>PointClickCare (PCC)'s weights and vitals summary, printed 8/29/24, indicated R13's sitting blood pressure on 8/27/24 was 123/94 mmHg, and standing blood pressure was 124/89 mmHg. No laying blood pressure was documented for 8/27/24. Furthermore, on 2/2/24, the weights and vitals summary indicated R13's lying blood pressure was 143/96 mmHG, sitting was 143/101 mmHg, and standing was 134/92 mmHg.</p> <p>R13's electronic health record (EHR) lacked further documentation of orthostatic blood pressure readings.</p> <p>R13's care plan dated 11/15/22, indicated R13 had daily psychotropic drug use that could have altering effects on the mind with risks characterized by possible problems with cardiac, neuromuscular, and gastrointestinal symptoms. The care plan identified a goal to shave no injury related to medication usage or side effects. The care plan indicated the interdisciplinary team (IDT) would evaluate the effectiveness and side effects of medications for possible need of increase, decrease or elimination of psychotropic drugs and discuss with provider for instruction quarterly and as needed.</p> <p>During interview on 8/27/24 at 1:22 p.m., the interim director of nursing (DON) stated they realized there were no active orders for orthostatic blood pressure monitoring for residents on psychotropic medications. The DON stated orders to assess orthostatic blood pressures for psychotropic medication monitoring were entered a month prior. The DON was unable to locate documentation of orthostatic blood pressures for R1, R8, and R13. The DON stated it was important to monitor residents on psychotropic medications to know if the medication is effective and to monitor for side effects.</p> <p>49654</p> <p>R5's quarterly minimum data set (MDS) dated [DATE] indicated R5 had diagnoses of seizure disorder, anxiety disorder, depression, and schizophrenia (a serious mental illness that affects a person's thoughts, feelings, and behaviors). The MDS also indicated R5 was prescribed antipsychotic, antianxiety, and antidepressant medications.</p> <p>(continued on next page)</p>		

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 08/28/2024
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 0758</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R5's treatment administration records dated May 2024, and June 2024 lacked order for orthostatic blood pressure monitoring and lacked documentation of orthostatic blood pressures.</p> <p>R5's care plan dated 12/30/23, indicated R5 had daily psychotropic drug use that could have altering effects on the mind with risks characterized by possible problems with cardiac, neuromuscular, and gastrointestinal symptoms. The care plan identified a goal to demonstrate steady gait/balance and to have minimal/no side effects related to medication usage. The care plan indicated the interdisciplinary team (IDT) would evaluate effectiveness and side effects of medications for possible need of increase, decrease or elimination of psychotropic drugs and confer with M.D. quarterly and as needed.</p> <p>During interview on 8/28/24 at 10:00a.m., director of nursing (DON) stated the facility hadn't been completing any orthostatic blood pressures for any residents</p> <p>An undated facility policy titled Psychotropic Medication Side Effect Monitoring, indicated it was the policy of the facility to assess residents taking psychotropic medications for side effects on an ongoing basis and document the results of these assessments monthly. Additionally, the policy indicated its purpose was to assure the prompt recognition of psychotropic medications side effects.</p>		

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 08/28/2024
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 0759</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure medication error rates are not 5 percent or greater.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50762</p> <p>Based on observation, interview, and document review, the facility failed to ensure they were free of a medication error rate of five percent or greater. The facility had a medication error rate of 8% with 2 errors out of 25 opportunities for errors involving 1 of 5 residents (R1) who were observed during the medication pass.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified R1 was cognitively intact and independent with most activities of daily living. The MDS indicated R1 had anxiety disorder, depression, and shortness of breath with exertion (activity).</p> <p>R1's annual MDS dated [DATE], identified R1 had chronic obstructive pulmonary disease (lung disease that limits airflow which may cause breathing problems).</p> <p>R1's care plan focus initiated on [DATE], indicated Resident uses Anti-Depressant (Zoloft) related to Diagnosis of Major Depressive Disorder: Resident displays: Depression, Feeling depressed, bad about self, sleep problems. Staff were tasked with providing medications per order.</p> <p>R1's [DATE] medication administration record (MAR), indicated R1 was to start Sertraline HCl 50 milligrams (mg) on [DATE] and had received Serevent Diskus twice a day.</p> <p>R1's provider order dated [DATE] indicated, Sertraline HCl (antidepressant) Oral Tablet 50 MG (Sertraline HCl) Give 50 mg by mouth in the morning for MMD (sic).</p> <p>R1's provider order dated [DATE] indicated, Serevent Diskus (long-acting bronchodilator to improve breathing) Inhalation Aerosol Powder Breath Activated 50 MCG/ACT (Salmeterol Xinafoate) 1 puff inhale orally two times a day for SOB Rinse mouth with water, spit out. Do NOT swallow.</p> <p>During observation and interview on [DATE] at 7:41 a.m., licensed practical nurse (LPN)-A prepared medications for R1. LPN-A stated being unable to find Sertraline HCl 50 mg medication card and that the Serevent Diskus was expired. This resulted in R1 not receiving either medication.</p> <p>During follow up interview on [DATE] at 9:52 a.m., LPN-A stated it was the responsibility of the nurses to input new orders, send them to the pharmacy, and to request medication refills.</p> <p>During interview on [DATE] at 9:17 a.m., interim director of nursing (DON) stated medications should be reordered when there was a week's worth of medication left.</p> <p>Requested a policy regarding medication reordered, none provided.</p>		

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 08/28/2024
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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Set up an ongoing quality assessment and assurance group to review quality deficiencies and develop corrective plans of action.</p> <p>49617</p> <p>Based on observation, interview and record review, the facility failed to identify quality deficiencies and to develop and implement appropriate actions to correct these deficiencies. Furthermore, the facility failed to have evidence of a Performance Improvement Project (PIP) which focused on high risk or problem-prone areas identified thorough and appropriate data collection and analysis and evaluation of the identified concern(s) during Quality Assurance and Performance Improvement (QAPI). This had the potential to affect all 18 residents.</p> <p>Findings include:</p> <p>A review of the Certification and Survey Provider Enhanced Reporting (CASPER) system report (a quality measure report for nursing facilities) last updated 8/18/24, indicated the facility had the following deficiencies with a survey exit date of 9/01/23:</p> <ul style="list-style-type: none"> - F727 RN Coverage for 8 hours per day for 7 days per week. - F758 Free from Unnecessary psychotropic medications. - F880 Infection prevention and control. - F881 Antibiotic Stewardship program - Emergency Preparedness (EP)0009 Local, State, Tribal Collaboration Process - EP0029 Development of Communication Plan - EP0039 EP Testing Requirements <p>The CASPER report also revealed the facility had the following repeat deficiencies with a survey exit date of 9/2022:</p> <ul style="list-style-type: none"> - F880 Infection prevention and control. - EP0009 <p>See F727</p> <p>See F757</p> <p>See F880</p> <p>See F881</p> <p>See EP009</p> <p>(continued on next page)</p>		

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 08/28/2024
NAME OF PROVIDER OR SUPPLIER Grand Avenue Rest Home		STREET ADDRESS, CITY, STATE, ZIP CODE 3956 Grand Avenue South 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 0867</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>See EP0039</p> <p>A review of the facility's QAPI meeting minutes for quarter 2 dated 6/19/24, lacked documentation of improvement activities. The minutes lacked documentation of tracking adverse events and/or medical errors and any analysis of causes. Furthermore, the meeting minutes lacked documentation of preventive actions and mechanisms implemented to improve performance.</p> <p>A review of the facility's QAPI reports for quarter 2 included infection control tracking, skin and wounds, and medication errors. The report lacked documentation on analysis of their causes or preventive actions implemented.</p> <p>A review of the facility's Quality Assurance/Assessment and Performance Improvement Plan last updated 8/24/23, indicated its purpose was to utilize an on-going, proactive approach to advance the quality of life and quality of care for all residents. The plan indicated the principles would drive the facility's decision making to promote excellence in all resident and staff related areas. Furthermore, the plan indicated the facility would review data and identify areas where gaps in performance could negatively affect resident or staff outcomes and prioritize focus areas for PIP development. The plan guided staff to consider activities that were high-risk to resident and/or staff, high-volume or problem-prone areas, health outcomes, resident safety, resident autonomy, resident choice, cost, feasibility, relevance, responsiveness, and areas not outside of benchmarks but still important to the resident population served. The plan advised staff within the PIP to develop an action plan with an identified problem statement, causes, goals, and interventions, staff responsible, and due dates.</p> <p>During interview on 8/28/24 at 1:43 p.m. social services (SS) stated the facility's QAPI team met every three months and reviewed corrections from survey results, trends for falls and medications, and changes in staffing. The SS stated the medical director also provided educational information to review during QAPI meetings. Additionally, the SS stated if a grievance was brought forward, the QAPI team would address the grievance. The SS stated the QAPI team utilized root cause analysis to remedy grievances and identify and overcome trends. The SS stated after last year's survey results, the QAPI team focused extensively on infection prevention and control and sanitary environment issues. The SS stated the QAPI team ensured corrective actions were implemented and effective by performing general monitoring and spot checking. The SS was unaware of any ongoing PIPs in the facility.</p>		

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 08/28/2024
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 0880</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 50762</p> <p>Based off interview, observation, and document review the facility failed to utilize proper handling of linen to prevent contamination, failed to have a functioning infection surveillance program, and failed to have a functioning water management program. This had the potential to affect all residents who resided in the facility.</p> <p>Linen</p> <p>During an observation on 8/26/24 at 2:53 p.m., nursing assistance (NA)-A walked through the kitchen carrying a mesh-designed hamper and within it, dirty resident clothing.</p> <p>During an interview on 8/26/24 at 2:55 p.m., cook aide (CA)-B stated other staff will walk through the kitchen with laundry or go out and around the back.</p> <p>During an observation and interview on 8/27/24 at 2:04 p.m., NA-A carried an uncovered basket of clean linen through the kitchen. NA-[NAME] stated this was their process to bring clothing through the kitchen, clean and dirty.</p> <p>During an interview on 8/28/24 at 9:33 a.m., the interim director of nursing (DON) stated staff should be using the back door to the basement not going through the kitchen when dealing with laundry. DON stated it was an infection control concern regarding the clean linen and for sanitary conditions for the kitchen.</p> <p>During an interview on 8/28/24 at 8/28/24 at 10:09 a.m., infection preventionist (IP) stated that linen should be not carried through the kitchen and that it posed an infection control concern.</p> <p>Policy requested regarding linen and/or transportation of linen requested, none provided.</p> <p>Infection Surveillance</p> <p>During an interview on 8/28/24 at 10:04 a.m., the infection preventionist (IP) stated they started this role two weeks ago and identified there was no functioning infection surveillance program in place. IP stated it was their intention to rebuild the program.</p> <p>Water Management</p> <p>During an interview on 8/28/24 at 10:04 a.m., the infection preventionist (IP) stated they started this role two weeks ago and identified there was no functioning water management program in place. IP stated it was their intention to rebuild the program.</p>

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 08/28/2024
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 0881</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Implement a program that monitors antibiotic use.</p> <p>50762</p> <p>Based on interview and document review, the facility failed to have a functioning antibiotic stewardship program. This had the potential to affect any resident who had infections requiring antibiotic use.</p> <p>Findings include:</p> <p>During an interview on 8/28/24 at 10:04 a.m., the infection preventionist (IP) stated they started this role two weeks ago and identified there was no functioning antibiotic stewardship program in place. IP stated it was their intention to rebuild the program.</p> <p>The one-page Grand Avenue Rest Home Antibiotic Stewardship Program policy undated, indicated the IP will track and assess all antibiotic use to review patterns of use and assure appropriate antibiotic use . The IP will review any antibiotic order and reassess the ongoing need for and choice of an antibiotic as more information becomes available. The policy lacked protocols and criteria for determining what was appropriate use.</p>

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 08/28/2024
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 0912</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Provide rooms that are at least 80 square feet per resident in multiple rooms and 100 square feet for single resident rooms.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 49617</p> <p>Based on observation and interview, the facility failed to provide at least 80 square feet per resident in three resident bedrooms (room numbers 101,102,103) affecting 9 of 17 residents (R1, R12, R5, R9, R170, R3, R4) whose bedrooms had less than the required square footage.</p> <p>The facility's request for a continuing waiver of the following health deficiency has been forwarded to the CMS Region V Office. Approval of the waiver request has been recommended.</p> <p>Findings include:</p> <p>During observation on room [ROOM NUMBER] had three residents residing in the room and measured approximately 197.83 square feet of useable space or 65.9 square feet for each resident.</p> <p>During observation on room [ROOM NUMBER] had three residents residing in the room and measured approximately 239 square feet of useable floor space or 79.6 square feet for each resident.</p> <p>During observation room [ROOM NUMBER] had three residents residing in the room and measured approximately 220.71 square feet of useable floor space or 73.6 square feet for each resident.</p> <p>The rooms were observed to pose no safety hazards and were furnished adequately. There was no evidence R1, R12, R5, R9, R170, R3, R4 were negatively impacted by their room size.</p> <p>During interview on 8/25/24 at 1:32 p.m., the administrator indicated there had been no changes or updates to the rooms since the prior survey.</p> <p>The facility's request for a continuing waiver of the following health deficiency has been forwarded to the CMS Region V Office. Approval of the waiver request has been recommended.</p>		