

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  24E185	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  04/11/2024
NAME OF PROVIDER OR SUPPLIER  Bywood East Health Care		STREET ADDRESS, CITY, STATE, ZIP CODE  3427 Central Avenue Northeast Minneapolis, MN 55418	

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 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Honor the resident's right to manage his or her financial affairs.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45843</b></p> <p>Based on interview and document review, the facility failed to ensure 54 of 72 residents with personal funds accounts (including R1, R2, R4, R5, R6, R8) with the facility had access (and/or awareness of access) to their funds as soon as possible to meet their individualized needs, after hours, and on weekends.</p> <p>Findings include:</p> <p>State Agency (SA) report dated 4/9/24 at 1:47 p.m. indicated family member (FM)-A was concerned as R1 was not receiving his monthly income since the facility had taken over as payee for R1. FM-A indicated she had called to speak to someone at the facility and they had hung up on her. R1 was needing his money to buy things and was stressed as he did not know where his money was. Staff at the facility informed FM-A they could see R1 had over \$600.00 dollars available.</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated severe cognitive impairment.</p> <p>R1's admission record dated 4/12/24 at 1:04 p.m. indicated R1 had a guardian in place.</p> <p>R2's annual MDS dated [DATE], indicated R2 was cognitively intact. On 4/11/24 at 8:28 a.m., Stated she needed to make requests for her money or to buy items for herself when the business office manager was available. R2 stated she knew to make requests during banking hours from 8:00 a.m. until 9:00 a.m. because the business office had a sign available on the window that indicated when it was open.</p> <p>R4's annual MDS dated [DATE], indicated R4 was cognitively intact. On 4/11/24 at 9:35 a.m. stated she had tried to get \$10.00 in quarters from the business office and was unable to get them. R4 stated she believed she could only get to her money when the business office window was open.</p> <p>R5's annual MDS dated [DATE], indicated R5 was moderately cognitively impaired. On 4/11/24 at 11:52 a.m. , R5 stated he did not know if he had money and did not know how to find out about how to get his money but would like to.</p> <p>R6's quarterly MDS dated [DATE], indicated R6 was moderately cognitively impaired. On 4/11/24 at 12:06 p. m., R6 stated to get to your money in the facility you have to stand in line at the window in the morning and wait and wait. The only way to get any money was to get in line during the time posted on the business office window.</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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<p>F 0567</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>R8's admission MDS dated [DATE], indicated R8 was cognitively intact. On 4/11/2024 at 12:10 p.m. R8 stated he was only able to get his money if the business office window was open and he was in line at the time posted on the window.</p> <p>During an interview on 4/10/24 at 9:54 a.m. billing office manager stated residents could get to their money between 8:00 a.m. and 9:00 a.m. when they came to the business office window. Business office manager stated if she was not in the facility residents could not get to their money because the facility had limited access to the safe. On the weekends there was a cash box that was given to the charge nurses with \$100.00; residents could use that as needed for emergencies.</p> <p>During an interview on 4/11/24 at 10:01 a.m. administrator stated the window being open from 7:00 a.m. to 8:00 a.m. was a decision that was made before he was in his position. Administrator stated the decision to be open at that time was most likely for the convenience of the facility and not the residents. The sign on the business office did lead staff to believe the residents would only be able to access accounts at the time the window was open. Administrator felt all staff could use further education about resident funds and availability.</p> <p>On 3/22/24 at 12:21 p.m., the business office door had a sign which informed staff and residents, Open from 8:00 a.m. to 9:00 a.m. Monday through Friday. Cash withdrawal notices: \$75-200 required 1-day notice anything over 200.00 dollars required two days' notice. All notices must be given during regular morning window hours.</p> <p>Facility Policy Titled, Resident Trust Policy, dated June 10,2020. Indicated resident funds are readily available from the business office, Monday through Friday from 7:00 a.m. to 8:00 a.m. Residents requiring a large amount of money are required to give a 24-hour notice. Residents that require a large amount of money for the weekend are asked to notify the Business Office in advance so that additional funds may be made available during normal weekend procedures. In the event of a pandemic or any other disaster we see fit, we reserve the right to change these hours on a temporary basis. A petty cash fund is available through the charge nurse on weekends, holidays and after business office is closed 24/7 for unplanned expenses or emergencies.</p>		

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>Properly hold, secure, and manage each resident's personal money which is deposited with the nursing home.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 45843</b></p> <p>Based on interview and document review, the facility failed to provide quarterly statements for resident personal fund accounts for 54 of 72 residents (including R2, R3, R4, R5, R6, R7, and R9) residents reviewed for personal fund accounts.</p> <p>R2's annual Minimum Data Set (MDS) dated [DATE], indicated R2 was cognitively intact. On 4/11/24 at 8:28 a.m., stated she does not remember getting a statement of her resident fund account but she would like that.</p> <p>R3's annual Minimum Data Set (MDS) dated [DATE], indicated R5 was cognitively intact. On 4/11/24 at 8:41 a.m., R3 stated he had not gotten any statements from the facility and did not know how much money he has in the facility.</p> <p>R4's annual MDS dated [DATE], indicated R4 was cognitively intact. On 4/11/24 at 9:35 a.m., R4 indicated she had never gotten a statement for her funds in the facility that she could remember.</p> <p>R5's annual MDS dated [DATE], indicated R5 was moderately cognitively impaired. On 4/11/24 at 11:52 a.m., R5 stated he was not aware if he had any money, had never gotten a statement but would like one.</p> <p>R6's quarterly MDS dated [DATE], indicated R6 was moderately cognitively impaired. On 4/11/24 at 12:06 p.m., R6 stated he had never gotten a statement and never knows where his money goes.</p> <p>R7 quarterly MDS dated [DATE], indicated R7 was moderately cognitively impaired. On 4/11/24 at 12:06 p.m. R7 stated he handled his own finances and had been getting a disability check along with his Medicare check most of his life. R7 stated the facility has told him he was on Medicare now and did not receive any funds. R7 explained he had elected a cigarette program where he would pay a set dollar amount a month, the facility would provide him with cigarettes but because of the lack of funds the facility would not provide that service. R7 stated he had never gotten a statement from the facility but that would be helpful.</p> <p>R8's admission MDS dated [DATE], indicated R8 was cognitively intact. On 4/11/24 at 12:10 p.m., R8 stated he was his own person and had never been given a statement for his personal funds by the facility and did not know how much was in his account.</p> <p>R9's admission MDS dated [DATE], indicated R9 was cognitively intact. On 4/11/24 at 12:11 p.m., stated he was told his account was basically gone and he owed the facility money. R9 stated he had never gotten a statement and was not aware he had a balance of 168.01 available as of 4/9/24.</p> <p>During an interview on 4/10/24 at 9:54 a.m. business office manager (BOM) stated chief financial officer (CFO) would run the quarterly statements for the resident. BOM kept track of the residents running total in the safe and inside the facility but the CFO was the main financial officer who would run quarterly resident statements and did the banking outside the facility.</p> <p>(continued on next page)</p>		

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<p>F 0568</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Some</p>	<p>During an interview on 4/11/24, at 10:01 a.m. administrator stated, CFO and business services manager (BSM) are responsible for quarterly statements for residents in the facility. Administrator indicated he was not sure the last time a statement had been sent out.</p> <p>During an interview on 4/11/24 at 10:47 a.m. chief financial officer (CFO) stated the Trust savings and the Trust checking are the resident bank accounts. CFO stated she was the one who would send out the facility resident bills but not the statements for the facility residents because the business office manager should be sending out the statements.</p> <p>Facility policy titled, Resident Trust Policy dated 6/10/20, stated facility shall maintain resident funds in a collective, interest-bearing bank account under an established system of generally accepted accounting principles (GAAP). A written record of all financial transactions involving a resident's personal funds will be maintained. The resident and/or residents' representative will receive a written quarterly statement, which will include all deposits, withdrawals, and interest. If any purchases are made on the resident's behalf using funds from the account, sales slips, vouchers, or detailed ledgers will be retained for verification of expenditures.</p>		