

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  06/26/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47790</b></p> <p>Based on interview and document review, the facility failed to ensure allegations of verbal abuse were reported immediately (within two hours) to the State Agency (SA) for 2 of 3 residents (R1, R3) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], identified R1 was cognitively intact and had no behaviors.</p> <p>On 6/20/24 at 4:40 p.m., a progress note indicated the director of nursing (DON) talked with R1 regarding an incident with a staff member. R1 didn't want police notified, and felt safe in the facility.</p> <p>R3's quarterly Minimum Data Set (MDS) dated [DATE], identified R3 had mild cognitive impairment.</p> <p>On 6/23/24 at 5:50 p.m., a progress note indicated R3 reported that nursing assistant (NA-A) called her a crazy bitch and said, f . you to R3.</p> <p>The Nursing Home Incident Report dated 6/21/24, indicated the staff to resident incident between R1 and maintenance worker (M)-A occurred on 6/19/24 at 2:36 p.m The facility reported the incident on 6/21/24 at 2:16 p.m. nearly 48 hours later.</p> <p>The Nursing Home Incident Report dated 6/24/24, indicated the staff to resident incident between R3 and NA-A occurred on 6/23/24 at 5:50 p.m., the facility reported the incident on 6/24/24 at 11:27 p.m. nearly 16 hours later.</p> <p>On 6/25/24 at 2:01 p.m., R2 stated on 6/19/24 M-A was threatening him and R1 outside in the back of the building. M-A called them curse names and threatened to put garbage on their beds. We reported it right away to administration. We were scared and thought he was going to hurt us.</p> <p>On 6/26/24 at 8:11 a.m., R1 stated on the afternoon of 6/19/24, M-A was cursing at him and R2 outside in the back yard. He was scared and thought M-A was going to come after him because of the way he was acting. M-A raised his hand when R1 was walking towards him, but then other staff came outside.</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 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 6/26/24 at 9:36 a.m., the staff development director (SD)-A stated on 6/19/24 in the afternoon, R2 was pointing outside and told her she needed to stop M-A. She went outside and heard R1 and M-A calling each other curse words. She told M-A to leave the facility and got the administrator.</p> <p>On 6/26/24 at 11:50 a.m., the administrator stated if there was an allegation of abuse, staff are to call management right away and we report it. We would expect the allegation to be reported within 2 hours.</p> <p>On 6/26/24 at 12:44 p.m., licensed practical nurse (LPN)-A stated on 6/23/24 around 4:00 p.m., R3 stated NA-A called her a crazy bitch. She wrote a progress note but did not notify administration. If it ever happened again she would call management right away.</p> <p>The facility policy Vulnerable Adult Abuse Prevention revised 6/2023, directed Bywood East Health Care will meet the notification requirements of the law. Staff will report within 2 hours any unexplained, suspicious injuries, or suspected or known abuse.</p>