

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  09/06/2024
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 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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 44654</b></p> <p>Based on interview and document review, the facility failed to provide timely notification to a provider for change in condition related to falls, or treatment after falls for 3 of 3 residents (R1, R5, R6) reviewed for change in condition.</p> <p>Findings include:</p> <p>R1's diagnoses list dated 9/6/24, indicated R1 admitted to the facility on [DATE] with diagnoses of schizophrenia, anxiety, depression, diabetes, drug induced subacute dyskinesia (involuntary muscle movement), and orthostatic hypotension (a sudden drop in blood pressure when standing from a seated or lying position with feelings of dizziness or feeling faint).</p> <p>R1's annual Minimum Data Set (MDS) dated [DATE], indicated moderately impaired cognition, and supervision with set-up assistance for bed mobility, transfers, eating, and toileting.</p> <p>R1's progress notes dated 8/12/24 at 10:48 p.m., indicated R1 fell near the elevator, and could not state how he fell, but R1 reported hitting his head, with a reddened area noted on the left side of the forehead. The provider was updated and ordered neuro checks. Emergency medical services (EMS) was called but R1 refused to go to the hospital. R1's progress notes dated 8/13/24 at 2:06 a.m. indicated R1 fell at 1:30 a.m., while going to the bathroom and hit his head. EMS was called and R1 was transferred to the hospital. R1's progress notes dated 8/13/24 at 6:47 a.m., indicated R1 was admitted to the hospital with a brain bleed, and on 8/16/24, R1 returned from the hospital to the facility 8/16/24 at 7:15 pm.</p> <p>R1's progress notes dated 8/18/24 at 8:00 a.m., indicated licensed practical nurse (LPN)-A saw blood on R1's floor, R1 walked away with an unsteady gait, and LPN-A gave report to another nurse to try to assess R1. LPN-A acknowledged she did not update the medical provider.</p> <p>On 9/4/24 at 11:33 a.m., LPN-A stated she saw R1 on 8/8/24 at 6:00 a.m., noticed blood on the floor, and R1 would not allow LPN-A to assess him. LPN-A stated she tried to talk to R1 in the smoking area, but R1 wouldn't talk to LPN-A. LPN-A stated she noticed R1 was walking with an unstable gait. LPN-A further stated when she left her shift, she knew R1 was unstable, and when she returned for her shift the next night, she learned R1 had fallen again. LPN-A acknowledged she did not notify the provider about R1's condition.</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
---	-------	-----------

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  09/06/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 9/4/24 at 11:47 a.m., registered nurse (RN)-A stated after R1's fall on 8/12/24, R1 was sleeping in his bed and staff checked on R1 but didn't recall when. RN-A stated if staff performed neurological checks, it was supposed to be done when a resident was awake, but R1 was asleep for, a while. RN-A stated R1 was a red spot on his forehead but stated he was ok after his fall, he was able to walk to his room and, there was nothing out of the ordinary. RN-A stated she did not update the provider about R1's condition.</p> <p>On 9/4/24 at 12:31 p.m. RN-B stated on night shift [8/13/24 at 1:30 a.m.] she was doing rounds and a nursing assistant was checking on residents, and at about midnight R1 was sleeping in his bed. RN-B stated she performed vital signs on R1, and found, His vital signs were low. He wasn't speaking or responding much. RN-B stated she called 911 and sent R1 to the hospital. RN-B acknowledged she did not notify the provider for the fall on 8/13/24.</p> <p>R5's diagnoses list dated 9/6/24, indicated R5 admitted to the facility on [DATE], with diagnoses of schizoaffective disorder, osteoporosis, dementia, diabetes, an abnormal gait, and a fractured left fibula (lower leg bone).</p> <p>R5's admission MDS dated [DATE], indicated R5 was cognitively intact and required assistance of one staff for transfers.</p> <p>R5's progress notes dated 8/28/24 at 1:33 p.m., indicated R5 was found lying on the floor by the resident's phone on second floor, and R5 indicated she laid down because she was weak. R2 was assisted off the floor by two staff, R2 denied hitting her head, neurological assessments were completed and the provider NP-A was notified, however, NP-A stated she was not notified of the fall.</p> <p>R6 diagnoses list dated 9/6/24, indicated R6 admitted to the the facility on 3/18/19, with diagnoses of epilepsy, schizoaffective disorder, major depression, and a history head injury with loss of consciousness.</p> <p>R6's quarterly MDS dated [DATE], indicated R6 was cognitively intact.</p> <p>R6's progress notes dated 8/8/24 at 11:38 p.m., indicated R6 fell in a store in the community, was transferred by ambulance to the hospital, and required a follow-up visit with his primary care provider in two week for repeat labs and assessment of lightheadedness. The progress note lacked indication the primary provider was notified.</p> <p>R6's After Visit Summary (AVS) from the hospital emergency room dated 8/8/24, indicated R1 fell in a store in the community, the hospital performed lab work, and indicated R6 should see his primary provider and have repeat lab work in two weeks.</p> <p>On 9/6/24 at 5:43 p.m. the director of nursing stated when a resident has a change in condition, the medical provider should be notified.</p> <p>On 9/5/24 at 1:14 p.m., nurse practitioner (NP)-A stated staff was supposed to notify her, or the provider-on-call, of each fall and when a resident was injured. NP-A stated she and her colleagues were not notified R1 fell again on 8/13/24, nor that he had a brain bleed until 8/18/24. Additionally, NP-A stated she was not notified by staff R5 fell on [DATE], nor that R6 required lab work after a fall in the community, but should have been.</p> <p>(continued on next page)</p>		

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  09/06/2024
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 0580</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>The Significant Change Policy dated 1/2024, indicated it was the policy of Bywood East Health Care to notify the physician or designee or Medical Director of any significant change in the condition of the resident, including head trauma. The procedure indicated staff would chart the assessment of the resident throughout the change in condition.</p>		

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  09/06/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</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><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44654</p> <p>Based on interview and document review, the facility failed to comprehensively assess to determine cause of falls and implement interventions to prevent further falls for 3 of 3 residents (R1, R5, R6) reviewed for falls. This resulted in an immediate jeopardy (IJ) for R1 when he had a fall that resulted in a diagnoses of traumatic brain injury with loss of consciousness and subarachnoid hemorrhage, brain bleed (bleeding in the space between the brain and the tissue covering the brain). R1 remained hospitalized .</p> <p>The IJ began on 8/13/24 at 1:30 a.m., when R1 had a second unwitnessed fall and hit his head. R1 was sent to the hospital and was diagnosed with a subarachnoid hemorrhage. R1 had another unwitnessed fall on 8/18/24 at 12:45 p.m., and returned to the hospital. The administrator and director of nursing were notified of the IJ on 9/5/24 at 4:34 p.m. The IJ was removed on 9/6/24 at 4:01 p.m., but noncompliance remained at the lower scope and severity of a D, which indicated no actual harm with potential for more than minimal harm that is not immediate jeopardy.</p> <p>Findings include:</p> <p>R1 Diagnoses List undated, indicated R1's diagnoses included orthostatic hypotension (a sudden drop in blood pressure when standing from a seated or lying position with feelings of dizziness or feeling faint).</p> <p>R1's annual Minimum Data Set, dated dated dated [DATE] indicated R1 moderately impaired cognition, and required supervision with set-up assistance for bed mobility, transfers, toileting and remained independent with ambulation. The MDS indicated R1 had no falls since admission.</p> <p>R1's care plan dated 4/12/22 indicated R1 had a potential risk for falls related to impaired cognition and the use of psychotropic medications (medications used to treat mental illnesses). R1 was independent with mobility and ambulation with no assistive devices. The care plan also indicated R1 was independent with activities of daily living (ADLs), with some assistance required for personal hygiene and bathing.</p> <p>R1's Fall Risk assessment dated [DATE] indicated R1 was at risk for falls, had no falls in the prior six months, and was independent with ambulation and transfers.</p> <p>On 8/12/24 at 10:48 p.m., a progress note indicated R1 fell near the elevator. R1 could not state how he fell , but reported hitting his head, with a reddened area noted on the left side of the forehead. R1's provider was updated and ordered neurological checks (neuro checks, a series of questions and tests to check brain, spinal cord, and nerve function). 911 was called, but R1 refused to go to the hospital. R1's medical records lacked documentation neuro checks were completed.</p> <p>R1's Risk Management Assessment (a post fall assessment completed by the facility) dated 8/12/24 lacked new interventions to prevent further falls.</p> <p>(continued on next page)</p>		

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  09/06/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 8/13/24 at 2:06 a.m. a progress note indicated R1 fell at 1:30 a.m. going to the bathroom and hit his head. 911 was called and R1 was transferred to the hospital.</p> <p>On 8/13/24 at 6:47 a.m., a progress note indicated R1 was admitted to the hospital with a brain bleed (subarachnoid hemorrhage).</p> <p>On 8/16/24 at 7:32 p.m., a progress notes indicated R1 returned from the hospital at 7:15 pm.</p> <p>R1's hospital After Visit Summary (AVS) dated 8/16 24 indicated R1 was hospitalized [DATE] through 8/16/24 for subarachnoid hemorrhage, and staff should monitor for signs and symptoms of stroke and brain injury.</p> <p>R1's medical record lacked a post fall assessment following the 8/13/24 fall, and the facility did not complete a falls risk assessment upon his return from the hospital.</p> <p>On 8/18/24 at 1:49 pm., a progress note indicated R1 fell at 12:45 p.m., could not recall what happened, had involuntary bodily movements, and walked to this bed. 911 was called and R1 was transferred to the hospital.</p> <p>An emergency department (ED) progress note dated 8/18/24 at 2:15 p.m., indicated R1 arrived to the ED following an unwitnessed fall. He was confused, nonverbal, and not responding to commands appropriately. A CT scan indicated R1 had stable multifocal subarachnoid hemorrhages. The note further indicated R1 had a traumatic brain injury with loss of consciousness, subarachnoid hemorrhage, hypoxia (enough oxygen in the tissues to sustain bodily functions) and fall.</p> <p>On 9/4/24 at 9:20 a.m., family member (FM)-A stated R1 had no prior history of falls, could walk independently and perform some ADLs independently, but since the falls he could not walk alone, and could not perform ADLs independently. FM-A stated R1 was still hospitalized .</p> <p>On 9/4/24 at 11:33 a.m., licensed practical nurse (LPN)-A stated she saw R1 on 8/8/24 at 6:00 a.m. and noticed blood on the floor from an unknown source. R1 was seated, and he would not allow her to assess him. She tried to talk to R1, but he refused to talk, and he left the area. She noticed R1 was walking with an unstable gait. When she left her shift, she reported the blood to the oncoming nurse. She knew R1 was unstable, and when she returned for her shift the next night, she learned R1 had fallen again. She did not notify the provider about R1's condition.</p> <p>On 9/4/24 at 11:47 a.m., registered nurse (RN)-A stated after paramedics left on 8/12/24, staff was checking on R1, but she didn't know the frequency of the checks. Neuro checks and vital signs (VS) were typically performed the first four hours after a head strike when residents were awake. R1 had been asleep for a while after the fall, so neuro checks were not done while R1 was asleep. She observed R1 talking and walking after the fall, and he walked to his room after having a cigarette outside. She had performed neuro assessments and documented them on the neuro assessment sheet for R1; however, there were no documented neuro checks in R1's medical record.</p> <p>(continued on next page)</p>		

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  09/06/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 9/4/24 at 12:31 p.m. RN-B stated on night shift (8/13/24 at 1:30 a.m.) she was doing rounds and a nursing assistant was checking on residents. About midnight, R1 was sleeping in his bed. RN-B stated a trained medication aide (TMA) found R1 on the floor at 1:30 a.m., so RN-B performed vital signs on R1. His vital signs were low. He wasn't speaking or responding much. She called 911 and sent R1 to the hospital.</p> <p>R1's medical record lacked evidence of VS taken on 8/13/24.</p> <p>On 9/5/24 at 9:39 a.m., the director of nursing (DON) stated the nurses should follow the instructions in a hospital after visit summary, and acknowledged R1 was not monitored for stroke or traumatic brain injury after his falls. There was no evidence neurological assessments were completed for R1 after his fall on 8/12/24. There was not a facility protocol for neuro checks.</p> <p>On 9/5/24 at 1:14 p.m., nurse practitioner (NP)-A stated R1 should have been kept awake after the fall on 8/12/24, and vital signs and neurological assessments should have been performed per facility protocol. The care plan should have been updated as indicated by the AVS forms to monitor for signs of traumatic brain injury and stroke to prevent death, stroke, or a delay in care for a medical issue that required immediate care. If the neurological assessments were not recorded, they were not done, but should have been performed. NP-A stated they were supposed to be completing neuro checks on the 12th (8/12/24) and that may have made a difference for R1. Most facilities do them for 48 hours, and based on what they are seeing, they are supposed to report. If they looked different, they should let me know. She stated her office was not notified of R1's fall on 8/13/24.</p> <p>R5's Diagnoses List undated indicated R5's diagnoses included osteoporosis, dementia, and abnormal gait.</p> <p>R5's admission MDS dated [DATE] indicated R5 was cognitively intact, required assistance of one staff for transfers, and had no history of falls since admission.</p> <p>R5's care plan dated 6/24/24, indicated R5 had a potential risk for falls related to impaired cognition and use of psychotropic medications. R5's fall interventions included encourage R5 to rise slowly and stand for a few seconds prior to ambulating, wear non-skid shoes, and remind R5 when and how to use the call light as needed.</p> <p>R5's Fall Risk assessment dated [DATE], indicated R5 had no history of falls in the previous six months, required assistance of one staff for transfers and ambulation, used a walker and wheelchair for locomotion, and was at high risk for falls.</p> <p>On 8/28/24 at 1:33 p.m., a progress note indicated R5 was found lying on the floor by the resident's phone on second floor. R5 indicated she laid down on the floor because she was weak. R5 was assisted off the floor by two staff. She denied hitting her head, neurological assessments were completed, and NP-A was notified.</p> <p>R5's Risk Management Form dated 8/28/24 indicated R5 was found lying on the floor, and stated she laid down because she was weak. R5 was assisted off the floor by two staff, VS were completed, she denied hitting her head, but neurological checks were done.</p> <p>R5's medical record lacked documentation neurological assessments were completed.</p> <p>(continued on next page)</p>		

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  09/06/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>R6 Diagnoses List undated indicated diagnoses included epilepsy, and a history head injury with loss of consciousness.</p> <p>R6's quarterly MDS dated [DATE] indicated R6 was cognitively intact, and no history of falls since admission.</p> <p>R6's care plan dated 3/8/19, indicated R6 was a potential risk for falls related to use of psychotropic medication. Interventions included encourage R6 to wear non-skid, properly fitted shoes during transfers and ambulation, and maintain a clutter free environment. The care plan indicated R6 had a fall in the community on 8/8/24, and staff should encourage R6 to use a scooter to move throughout the store if available to prevent falls.</p> <p>R6's Fall Risk assessment dated [DATE], indicated R6 had no history of falls, and was independent with ambulation.</p> <p>On 8/8/24 at 11:38 p.m., a progress note indicated R6 fell in a store in the community, was transferred by ambulance to the hospital, and required a follow-up visit with his primary care provider in two weeks for repeat labs and assessment of lightheadedness. The progress note lacked indication R6's primary provider was notified.</p> <p>R6's AVS from the hospital emergency room dated 8/8/24, indicated R1 fell in a store in the community, the hospital performed lab work, and indicated R6 should see his primary provider and have repeat lab work in two weeks.</p> <p>On 9/4/24 at 3:57 p.m., the administrator stated staff did not implement fall prevention interventions for R1 after either fall on 8/12/24 and 8/13/24. If we don't do [neurological assessments] like we should, we could be in a life-or-death situation. The administrator acknowledged the facility did not have a neuro assessment policy, or any other policy related to falls.</p> <p>On 9/5/24 at 9:39 a.m., the director of nursing (DON) stated there was no evidence R5 had neuro checks after her fall on 8/28/24, but the facility nurses would be expected to complete a neurological assessment after an unwitnessed fall. There was no facility protocol for neurological assessments, and the facility Fall Procedure did not include neurological assessments for a fall with a head strike or unwitnessed fall. When R6 fell , it was unknown if he hit his head, so R6 should have had neurological assessments when he returned to the facility but had not. After each fall, the Falls Risk Assessment should have been updated for R1, R5, and R6 by the nurses, and had not been.</p> <p>On 9/5/24 at 1:14 p.m., NP-A stated she tried to see R6 after he fell , but he was out of the building and not available. NP-A stated she was told R6 was fine. NP-A stated she was not told R6 needed labs after his fall, or they would have been done. NP-A further stated she saw R6 on 9/4/24, but not in the requested time frame as indicated on the hospital discharge form. NP-A looked in R6's medical record and acknowledged the hospital wanted follow-up labs, and acknowledged they were not done.</p> <p>The facility Fall Assessment Policy and Procedure dated 9/23 directed falls were assessed using the Fall Risk Assessment with each fall, and care plans would have interventions to prevent falls. The procedure lacked information about staff protocols for head strikes, assessment requirements, and neurological checks.</p> <p>(continued on next page)</p>		

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  09/06/2024
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 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>The immediate jeopardy that began on 8/12/24 at 10:48 p.m., was removed on 9/6/24 at 4:01 p.m., when the facility updated the Fall Risk Assessment Policy and Procedure, updated protocol for neurological assessments, and updated the neurological assessment form. Additionally, nursing staff was trained about the new neurological assessments and post-fall procedures. The facility reviewed falls for all residents who fell in the previous 90 days, and updated the care plans, performed post-fall assessments, and completed a Falls Risk Assessment for each of the residents identified. This was verified through observation, interview and document review.</p>		

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  09/06/2024
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 0712</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Some</p>	<p>Ensure that the resident and his/her doctor meet face-to-face at all required visits.</p> <p>44654</p> <p>Based on interview and document review, the facility failed to ensure newly admitted residents received a physician visit every 30 days for the first ninety days for 1 of 3 residents (R5) reviewed for 30-day physician visits. In addition, the facility failed to ensure long term residents received routine physician visits (every 60 days) for 3 of 3 residents (R1, R5, R6) reviewed for routine physician care.</p> <p>Findings include:</p> <p>R1's Diagnoses List undated indicated diagnoses including schizoaffective disorder, diabetes, seizures, and chronic obstructive pulmonary disease.</p> <p>R1's medical record indicated R's physician examined R1 on 12/31/23, and 1/31/24, but not since. The clinical record further indicated a nurse practitioner (NP) saw R1 on 2/28/24, 4/17/24 and 6/19/24. R1's record lacked indication R1 had received routine 60-day visits and alternating visits by a physician.</p> <p>R5's Diagnoses List undated indicated diagnoses included schizoaffective disorder, vascular dementia, and diabetes.</p> <p>R5's clinical record indicated an NP saw R5 for the initial visit on 7/31/24, and R5's physician examined R5 on 8/14/24.</p> <p>On 9/6/24 at 4:34 p.m., the director of nurses (DON) confirmed R5 did not receive every thirty-day visits by a physician as required for a newly admitted resident, and acknowledged a physician did not see R5 for the admission visit.</p> <p>R6's Diagnoses List undated indicated diagnoses including epilepsy and schizoaffective disorder.</p> <p>R6's clinical record indicated R6's physician examined R6 on 9/22/23 and 5/8/24, and an NP saw R6 on 12/13/23, 2/7/24, 4/16/24, and 6/14/24. R6's record lacked indication R6 had received routine 60-day visits, and alternating visits by a physician.</p> <p>On 9/6/24 at 4:34 p.m., the director of nursing (DON) confirmed R1 and R6 did not receive routine physician visits as directed by the residents' primary physician.</p> <p>On 9/6/24 at 5:22 p.m. the facility administrator stated the facility admission policy was the only policy that addressed physician visits and there was no physician delegation of tasks policy.</p> <p>The Policy for Physician's Visits dated 3/24 directed each resident would be seen by their primary physician every 30, 60, and 90 days, and every 60 days thereafter.</p>

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  09/06/2024
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 0714</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the physician properly assigns and delegates tasks to a physician assistant, nurse practitioner or clinical nurse specialist.</p> <p>44654</p> <p>Based on interview and document review, the facility failed to develop a policy and procedure for physician delegation of tasks for disciplines working under the physician's supervision. This had the potential to affect all 69 residents residing at the facility.</p> <p>Findings include:</p> <p>On 9/6/24, facility policies were reviewed. The policies lacked a procedure for physician delegation of tasks.</p> <p>On 9/6/24 at 5:22 p.m., the administrator stated he was unable to locate a policy or procedure addressing physician delegation of tasks.</p>

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  09/06/2024
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 0715</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Ensure the physician properly assigns and delegates tasks to a qualified dietitian (or other qualified nutrition professional); or to a qualified therapist.</p> <p>44654</p> <p>Based on interview and document review, the facility failed to develop a policy and procedure for physician delegation of tasks to the dietitian. This had the potential to affect all 69 residents residing at the facility.</p> <p>Findings include:</p> <p>On 9/6/24, facility policies were reviewed. The policies lacked a procedure for physician delegation of tasks to the dietitian.</p> <p>On 9/6/24 at 5:22 p.m., the administrator stated he was unable to locate a policy or procedure addressing physician delegation of tasks to the dietitian.</p>

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  09/06/2024
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 0837</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Establish a governing body that is legally responsible for establishing and implementing policies for managing and operating the facility and appoints a properly licensed administrator responsible for managing the facility.</p> <p>44654</p> <p>Based on interview and document review, the failed to establish and implement a policy related to the responsibility of the administrator to report to and being held accountable by the Governing Body. This had the potential to affect all 69 residents residing in the facility.</p> <p>Findings include:</p> <p>On 9/6/24, facility policies were reviewed and documentation was requested from the facility to demonstrate the facility had current policies and procedures related to the Governing Body.</p> <p>On 9/6/24 at 5:22 p.m., the administrator stated the facility did not have a policy about the Governing Body.</p>

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  09/06/2024
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 0841</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>Designate a physician to serve as medical director responsible for implementation of resident care policies and coordination of medical care in the facility.</p> <p>44654</p> <p>Based on interview and document review, the facility failed to develop a policy and procedure defining the responsibilities of the Medical Director.</p> <p>Findings include:</p> <p>On 9/6/24, facility policies were reviewed. The policies lacked a policy and procedure for responsibilities of the Medical Director.</p> <p>On 9/6/24 at 5:22 p.m., the administrator stated the facility did not have a policy addressing the responsibilities of the Medical Director, nor a Medical Director position description.</p>

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  09/06/2024
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 0844</p> <p>Level of Harm - Potential for minimal harm</p> <p>Residents Affected - Many</p>	<p>44654</p> <p>Follow rules about disclosure of ownership requirements and tell the state agency about changes in ownership and/or administrative personnel.</p> <p>Based on interview and document review, the facility failed to ensure the State Agency (SA) was notified as required when the current director of nursing (DON) was hired for the position. This deficient practice had the potential to affect all 69 residents in the facility.</p> <p>Findings include:</p> <p>During the extended survey on 9/6//24, evidence was requested to demonstrate the SA had been notified when the DON was hired.</p> <p>On 9/6/24 at 5:22 p.m., the administrator confirmed the SA was not notified when the DON was hired.</p>		