STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	24E185	A. Building B. Wing	11/20/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Bywood East Health Care	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)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Assess the resident completely in a timely manner when first admitted, and then periodically, at least every 12 months. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure the comprehensive Minimum Data Set (MDS) was completed in a thorough and timely manner to reflect actual resident' status and ensure appropriate care-planning for 1 of 3 residents (R2) reviewed for MDS accuracy.Findings include: The Centers for Medicare and Medicaid (CMS) Long-Term Care Facility Resident Assessment Instrument 3.0 User's Manual, dated 10/2023, identified the RAI was used to help identify problems for a resident and address them using an individualized care plan. The manual outlined a section labeled, SECTION C: COGNITIVE PATTERNS, which directed the section would be used to help determine the resident's attention, orientation and ability to register or recall information adding, These items are crucial factors in many care-planning decisions; with provided methods and instructions to ensure accurate, thorough coding of the MDS. Further, the manual included another section labeled, SECTION D: MOOD, which outlined the section would be used to help address mood distress and social isolation adding, Mood distress is a serious condition that is underdiagnosed and undertreated in the nursing home and is associated with significant morbidity, and again, the manual provided methods and instructions to ensure the comprehensive evaluation of these conditions.R2's annual MDS, dated [DATE], identified R2 admitted to the care center in 2022 and had several medical conditions including osteoporosis, anxiety disorder, alcohol dependence- in remission, and insomnia. The MDS section labeled, Section C - Cognitive Patterns, identified the interview should be attempted with R2, however, the remainder of the information was recorded as a dashed line (i.e., -). In total, sections C0200 to C1310 were dashed and not completed. The MDS section labeled, Section D - Mood, identified the mood-related interview should be attempted with R2; however, the remainder of the information was recorded also with a dashed line. In total, sections D0150 to D0600 were dashed and not completed. The MDS section labeled, Section J - Health Condition, identified a pain assessment interview with R2 should be attempted; however, again, the interview and staff assessment sections were dashed and not completed. In total, sections J0300 to J0850 were dashed and not completed. The MDS section labeled, Section V - Care Area Assessment (CAA) Summary, identified which CAA(s) triggered from the completed MDS data. This outlined the Cognitive Loss/Dementia CAA, the Mood State CAA, and the Pain CAA all did not trigger on the completed MDS. The MDS was signed as completed by the director of nursing (DON) on 10/10/25. R2's medical record was reviewed and lacked evidence these sections had any corresponding assessments completed during the assessment reference date (ARD) to demonstrate the respective areas had been evaluated (e.g. BIMS, PHQ-9). Further, R2's care plan, printed 10/23/25, identified all R2's current or potential problems with corresponding interventions to help reduce their impact on him. The care plan identified R2 had a significant history of behavioral issues including verbal and physical aggression towards peers and staff members. Further, the plan outlined R2 had, . a potential/actual alteration in pain ., which was initiated in 10/2022; however, the care plan interventions had not been revised since 2/2024. On 10/23/25 at 11:53 a.m., the DON was interviewed and verified they had reviewed R2's medical record and MDS. DON stated they had signed the MDS as completed, however, did not review it prior to ensure it was done with all sections having (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0636 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	the correct data adding, I wasn't looking at them. DON stated they had just that day (10/23/25) started a PIP (Performance Improvement Plan) for the MDS' to ensure they were being completed. DON verified the corresponding assessments, such as the BIMS and PHQ-9, should be completed within the ARD so they can be recorded on the MDS. DON stated the campus had just recently hired a new MDS coordinator and felt the situation would improve shortly with them on the team. DON acknowledged the importance of completing the MDS thoroughly and not just dashing areas adding such was important, so staff were aware of changing resident' conditions. Further, DON verified R2 was at risk for pain due to an ankle wound and expressed that entered data which was not correct or having items dashed could impact what, if any, CAAs triggered to be completed adding aloud, Correct, 100 percent [%]. A facility provided Interdepartmental MDS Review policy, undated, identified the facility would ensure the MDS was completed using, . current, accurate documentation and assessments specific to that resident. The policy outlined multiple assessments to be completed by various departments which were to be used to complete the MDS. The social services department was listed as responsible for, Documentation concerning Cognition, Behavior, Mood and adjustment with outcome.