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| 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 12/19/2025 |
| 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.

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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 0600 Level of Harm - Actual harm Residents Affected - Few | Protect each resident from all types of abuse such as physical, mental, sexual abuse, physical punishment, and neglect by anybody. (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.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE |
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| F 0600 Level of Harm - Actual harm Residents Affected - Few | <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on observation, interview, and document review, the facility failed to comprehensively assess and develop or implement interventions to reduce the risk of ongoing potential physical and/or mental abuse for 1 of 3 residents (R1) reviewed for resident-to-resident abuse allegations. R1 was repeatedly harassed and physically grabbed by another resident (R2) which contributed to ongoing emotional distress and hospitalization resulting in psychosocial harm. Findings include: R2's progress notes, dated 8/1/25 to 12/19/25, identified over 20 recorded entries of R2 having behaviors with a note reading, Was behavior observed? YES. However, the notes lacked any additional information on what the behavior was, nor what interventions were done to reduce it. R2's progress note dated 9/5/25, indicated R2 was recorded as being physically and verbally aggressive towards another resident. The note recorded R2 rolled her wheelchair over another resident's foot and needed to be re-directed several times. The note did not identify who the other resident was involved. R2's progress dated 9/9/25 indicated R2 called out for her roommate and various other names aloud. The note recorded, She also comes up behind [R1] and attempts to pull her hair. The note included a section labeled, Immediate Intervention(s), which outlined that each time the behaviors are observed, R2 was redirected. However, the redirection is not successful adding, She acts as if she did not understand the words spoken to her. The progress note(s) lacked evidence of what, if any, other interventions were considered or done to reduce the risk of R2 seeking R1 and pulling on her hair. R2's annual Minimum Data Set (MDS), dated [DATE], identified R2 had moderate cognitive impairment, demonstrated both delusional thinking and hallucinations, and had multiple medical conditions including anxiety disorder and schizophrenia. The MDS identified R2 demonstrated both physical symptoms (i.e., hitting, scratching) and verbal symptoms at others for 1 to 3 days of the review period; however, these behaviors did not place others at significant risk of injury or intrude on their privacy. R2's POC (Point of Care) Response History, dated 12/3 to 12/19/25, identified R2's recorded behaviors in the POC charting along with what interventions were done for them and whether those interventions were successful or not. The charting identified R2 as grabbing others and pushing others on 12/9/25 and 12/18/25. The only recorded interventions for this were on 12/6/25 and 12/9/25; with one intervention recorded as, Redirect, with the behavior being, Same (Unchanged). R2's progress note dated 12/7/25, indicated R2 was recorded as having multiple behaviors which included, pulling on the hair and dress of [R1] as she passes her in the main hall. The note identified R2 would also pass the staff in the hallway and raise her top exposing her breasts to them telling the male staff she was pregnant with their child. The note added R2 was redirected to not say things which were not accurate. R2's Associated Clinic of Psychology (ACP) note dated 12/5/25 indicated R2 was seen in person diagnosis included schizoaffective disorder, bipolar type, anxiety, and personality disorders. Was last seen three months ago with no changes, continues to be disorganized, insight judgement, memory, and concentration were limited, R2 reports no concerns. Plan to continue stability within the facility, no does reductions with medications due to fears of decompensation. R2's ACP note dated 12/10/25 indicated R2 was seen in person. Facility reports client pulled hair of peer. An examination was recorded which identified R2 had to have statements and questions repeated to her often stating, What? R2 was asked about pulling R1's hair and denied recalling the event but stated she would ignore the individual and no longer talk to her. The note provided treatment recommendations which included allowing R2 to express her needs, directing her to things she can touch (i.e., purse), and staff giving her positive reinforcement when she behaves appropriately. R2's progress note dated 12/17/25 indicated the facility met with ACP to discuss any concerns or recommendations and none were provided. R2's progress noted dated 12/17/25 indicated the facility was working with the county guardianship worker to assist R2 with moving to a smaller environment. R2's care plan, dated 12/19/25, identified R2's current potential and/or actual problems along with interventions to be done to mitigate their impact. The care plan identified consumed psychotropic medications due to her schizoaffective disorder. However, the care plan lacked any identified behavioral focus or interventions to demonstrate what, if any, actions the facility takes with R2 and her behaviors towards other residents. On 12/19/25 at 9:53 a.m., R2 was observed seated in a wheelchair in the main hallway of the first floor wheeling herself towards the outdoor smoking patio. R2 had a purse on her lap and as she wheeled towards the area, a male resident stood up from against the wall and yelled to her, You can't smoke right now. Turn around! R2 was interviewed by the surveyor and was unable to recall how long she</p> | | |

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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>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>(continued on next page)</p> |

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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>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure a resident-to-resident physical altercation which contributed to feelings of fear and mental anguish was reported to the State agency (SA) immediately, but not later than two hours after the allegation is made of abuse for 1 of 3 residents (R1) reviewed reporting. R1 was grabbed and had her hair pulled by R2 which caused R1 psychosocial harm. Findings include: R2's progress note, dated 9/9/25, identified R2 called out for her roommate and various other names aloud. The note recorded, She also comes up behind [R1] and attempts to pull her hair. The note included a section labeled, Immediate Intervention(s), which outlined that each time the behaviors are observed, R2 was redirected. However, the redirection is not successful adding, She acts as if she did not understand the words spoken to her . R2's progress note, dated 12/7/25, recorded her as having multiple behaviors which included, . pulling on the hair and dress of [R1] as she passes her in the main hall. The note identified R2 would also pass the staff in the hallway and raise her top exposing her breasts to them telling the male staff she was pregnant with their child. The note added R2 was redirected to not say things which were not accurate. R2's ACP note dated 12/10/25 indicated R2 was seen in person. Facility reports client pulled hair of peer. An examination was recorded which identified R2 had to have statements and questions repeated to her often stating, What? R2 was asked about pulling R1's hair and denied recalling the event but stated she would ignore the individual and no longer talk to her. The note provided treatment recommendations which included allowing R2 to express her needs, directing her to things she can touch (i.e., purse), and staff giving her positive reinforcement when she behaves appropriately. R1's annual MDS, dated [DATE], identified R1 had moderate cognitive impairment and demonstrated delusional thinking. The MDS outlined R1 had multiple medical conditions including non-traumatic brain dysfunction, dementia, anxiety disorder, depression, and psychotic disorder. R1's progress notes, dated 8/1/25 to 12/19/25, identified R1 had a history of being fearful of her peers, at times calling 911 for various things (i.e., AC not working), and talking about events not relative to the current time. The notes also outlined the following: -On 12/7/25, R1 came down to the breakfast meal and was noted to be crying and talking rapidly about all the things that had happened last evening that had upset her. R1 calmed down and ate her meal. The note then outlined, She feared coming back to 2nd [floor] in the elevator. The note lacked documentation on what events R1 voiced being upset about causing her to be fearful. -On 12/7/25, the police presented to the care center. R1 had called 911 and reported being afraid of being at the care center and wanting to go to the hospital. A behavioral health team was called and was enroute. A subsequent note on 12/7/25, identified the team responded and determined taking R1 to the hospital was not needed and R1 agreed to stay at the care center. -On 12/8/25, the police again presented to the care center to see R1 who had called 911. R1 complained about not feeling safe and still being anxious. R1's guardian was called and agreeable to hospitalization. R1 was taken via EMS to the local hospital. Registered nurse (RN)-A. authored this note. R1's care plan, dated 12/19/15, identified all R1's current potential and/or actual problems along with interventions to be done to mitigate their impact. The care plan identified R1 had a history of calling 911 for her basic needs and staff had encouraged her to call internal numbers instead. The care plan outlined R1 was a vulnerable adult (VA) and had previous reported incidents of being touched inappropriately by a male resident (11/2024), and reporting to MDH that her roommate was calling her names (4/2025). The care plan directed staff would follow the VA policy and monitor or report incidents of abuse. This section was last revised 4/2025. R1's care plan lacked any specific identified issues or interventions related to R2 and their interactions. When interviewed on 12/19/25 at 9:04 a.m., hospital social worker (HSW)-A stated R1 had reported the allegation of being physically assault by R2 which made her feel uncomfortable. HSW-A stated the stress of that incident with R2 likely contributed to R1 needing to be hospitalized on the psychiatric unit due to her anxiety and becoming increasingly paranoid. During interview and observation on 12/19/25 at 10:00 a.m., nursing assistant (NA)-A explained they had worked with R2 multiple times prior and R2 would often ask staff and other residents if she could touch them repeatedly. NA-A stated they had seen R2 ask R1 to touch her which bothered R1. NA-B joined the interview and stated R2 grabbing at R1 happened all the time. NA-B stated R2 often would pass by R1's room and open the door to look for her. NA-B stated they believed R2 was trying to target her [R1] as she knew R1 was bothered by the repeated grabbing and touching. NA-R stated they attempt to redirect R2 but it often did not work. NA-R stated R1 was currently</p> | | |