

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245264</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>07/14/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>AUGUSTANA HCC OF APPLE VALLEY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>14650 GARRETT AVENUE APPLE VALLEY, MN 55124</b>	
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 0610  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<p><b>Respond appropriately to all alleged violations.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on interview and document review, the facility failed to protect residents and thoroughly investigate an allegation of abuse for 1 of 3 residents (R1) reviewed for abuse. Findings include: On 7/7/20, at 8:23 p.m. registered nurse (RN)-A received a call from the grandson of R1. R1 alleged to the grandson that she had been sexually molested the night before (7/6/20). RN-A notified the Administrator and other leadership. R1 was transported to the emergency room for a sexual assault exam. R1's quarterly Minimum (MDS) data set [DATE], indicated R1 was cognitively impaired and had [DIAGNOSES REDACTED]. Nursing note on 7/7/20, at 3:10 p.m. indicated R1 had a urinary tract infection. R1 was interviewed on 7/14/20, at 10:00 a.m., and indicated a female nurse (RN-B) and male nurse (RN-A) came into her room to catheterize her. She said the female nurse tried first and that was okay. But then the male nurse tried and something was very wrong. He got in with his fingers and then his body. When asked what she did when he touched her, R1 said she told him to stop, to get out and that she didn't approve. R1 said the male nurse stopped. R1 said the male nurse was beside the bed and not in the bed at any time. During the interview on 7/14/20, at 1:02 p.m., the director of nursing (DON) stated the process was to interview those involved immediately. She verified neither the alleged perpetrator (AP) nor the witness (RN-B) had been interviewed. She said RN-B was out sick with COVID. They planned to interview on RN-A that day (7/14/20), after he came to work. The DON verified the employee should have been suspended pending the investigation. During the interview on 7/14/20, at 1:28 p.m., the assistant director of nursing (ADON) stated normally they would interview the AP, and go from there. She acknowledged the AP had not been interviewed yet. They planned to interview the AP that afternoon (7/14/20). She also stated the nurse manager usually followed up on allegations and the nurse manager was new and this was her first investigation. The ADON said the nurse manager was aware now. During the interview on 7/14/20, at 2:10 p.m., the Administrator verified he was not aware the AP nor had the witness been interviewed. The Administrator verified the AP should have been suspended pending the investigation. Per staffing schedule and DON acknowledgement, the alleged perpetrator worked on 7/10/20, 7/12/20, and was scheduled to work the of the onsite investigation, 7/14/20. The facility policy titled Cassia Vulnerable Adult - MN, revised 10/31/19, indicated the investigation would include interviews with any potential witnesses to the incident and with the alleged perpetrator. It also indicated an employee alleged/suspected of abuse may need to relieve the individual of their duties without pay until the investigation is complete.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

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.