STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245485	A. BUILDING _____ B. WING _____	08/11/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
JOHNSON MEMORIAL HOSP & HOME	1290 LOCUST STREET DAWSON, MN 56232

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 0744 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Few	**Provide the appropriate treatment and services to a resident who displays or is diagnosed with dementia.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed ensure staff who cared for residents with dementia were appropriately trained prior to working with 2 of 2 residents (R2 and R10). Findings include: Review of state agency (SA) report dated 10/20/19 at 8:00 p.m., R2 reported she did not want nursing assistant (NA)-C to be in her room. NA-C had used a threatening tone towards her and tells her what to do. She was afraid of NA-C as she did not know what she would say or make her do and she made her feel stupid. NA-C's attitude and tone of voice was what had upset her. BIMS indicated severe cognitive impairment. Staff member was no longer working with the resident and was required to complete dementia training and provide a summary to the DON. The DON would perform audits with residents regarding the staff member. Review of the 10/24/19 Employee Counseling and Disciplinary Action identified NA-C received a written warning. Description of the problem identified R2 reported she did not want NA-C in her room and had described her as being bossy and telling her what to do. DON had reviewed the behavior report 9/21/19 to 10/21/19 and noted 4 incidents of behaviors, 3 were documented by NA-C. Further identified that 5 other residents reviewed had increased behavior documentation when NA-C provided cares. The DON identified a suspicious pattern of residents reacting negatively towards NA-C, much more frequently than other employees. Expected improvement and time frame identified NA-C would be required to attend the dementia education speaker training on 11/7/19 and submit a summary to the DON. The DON or designee would conduct audit interviews with residents to evaluate care and approach of NA-C. NA-C was to become aware of her approach towards residents and seek assistance from other employees in the event the resident is not responding well. DON and NA-C were to have follow up meetings weekly for 4 weeks. If NA-C's actions did not improve it would lead to a final written warning up to and including termination. Interview on 8/5/20 at 9:00 a.m., with DON identified that on 10/24/20, the date of the written warning, NA-C had submitted her resignation with 11/7/19 as her final working day. Since 11/7/19 was to be her last day of work, she did not attend the required dementia education. During her exit interview with human resources she decided to stay on as a very part time status. The next shift NA-C worked was 12/8/19. NA-C had not completed any dementia training and no audits had been performed. NA-C continued to work with R2. DON confirmed she should have ensured NA-C followed through with the education and auditing. Interview on 8/5/20 at 1:44 p.m., with R2's guardian identified that R2's dementia had progressed and it was now hard to talk with her. The facility had called and notified her of the incident on 10/20/19. She was informed they had addressed it and the NA was no longer providing care to R2. The guardian had no other concerns regarding R2's care. Interview on 8/5/20 at 2:24 p.m., with NA-C identified R2 would become upset in the afternoons and would yell at her whenever she entered the room. She was unable to care for R2 for awhile as a result. NA-C had been caring for R2 for the last 3 months. She had no additional training after the incident. She was aware of dementia care training at the facility, however had not been to one since the incident. On 8/5/20, SA received a report at 5:29 p.m., SA report identified at 3:10 p.m., R10 reported NA-C was fighting her to get her to change her pants and almost knocked her glasses off and almost pushed her over. NA-C was sent home pending investigation. The 5-day investigation submitted 8/6/20 at 3:44 p.m., identified R10's care plan intervention for [MEDICAL CONDITION] includes, calm unhurried approach, leave and come back later, and allow R10 to make decisions about her care. NA-C reported she had been trying to change R10's incontinent product quickly because R10 was fighting and scratching her. NA-C should have tried to allow R10 to make the choice of what type of pad to wear and NA-C could have left and returned later to try again. DON and administrator met with NA-C and she was given a final written warning. NA-C was to participate in and complete the dementia training on 8/10/20. She was to sign the JMHS Standards of Behavior. She was to have a second staff with her when entering R2 and R10's rooms. NA-C was to observe other staff with successful approaches and demonstrate back those approaches. Interview on 8/7/20 at 2:15 p.m., with DON identified NA-C was sent home on 8/5/20 due to the incident with R10. The administrator and the DON met with NA-C on 8/6/20. NA-C was to attend dementia training and needed to successfully complete that on 8/10/20 prior to working. If she failed to show up for the training she would not be allowed to work. She would then have to observe other staff with effective communication work with R2 and R10 and then she would have to demonstrate effective communication back. The DON planned to complete audits with residents and staff to assure performance improvement. Interview on 8/7/20 at 2:50 p.m., R10 identified the staff treat her well. Interview on 8/10/20 at 12:18 p.m. with NA-C identified R10 had been incontinent and she was attempting to assist her to change as her pants on 8/5/20, R10 did not want to change but her pants were visibly soiled. As she started to perform cares, R10 became upset and started pulling her hair and pulled her glasses off. She should have left but she did not want to leave her without pants on, so she continued to complete the cares. R10 then reported to the abuse to the nurse and she was sent home. NA-C confirmed she was to complete the dementia training later that day and would be observing effective communication and cares and have to demonstrate that back before she would be allowed to work with R2 and R10. Interview on 8/10/20 at 2:03 p.m., with DON identified her expectation was the care plan would be followed. NA-C could have left R10 safely and re-approached or asked for assistance from another staff. Interview on 8/10/20 at 2:25 p.m., with the administrator identified she had now been made aware of the failure to follow through with the performance improvement plan. This should not have been missed and the follow up education and audits should have occurred to prevent reoccurrence. The DON and herself had met with NA-C and there was now a plan in place to assure it would not reoccur. Her expectation was the care plan should have been followed.

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.