STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245338	A. BUILDING _____ B. WING _____	07/31/2020

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ST JOHNS LUTHERAN HOME	901 LUTHER PLACE ALBERT LEA, MN 56007

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 0609 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure allegations of verbal and physical abuse were reported to the administrator and State Agency (SA) in accordance with established policies and procedures, for 3 of 3 (R1, R2, and R3) residents reviewed for allegations of resident abuse. Findings include: R1's Admission [DIAGNOSES REDACTED]. R1's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R1 had a brief interview for mental status (BIMS) score of 4, indicating severe cognitive deficit. The MDS indicated R1 required total assistance of 1-2 staff with all activities of daily living (ADL's). The MDS further indicated R1 exhibited symptoms of physical behaviors. Review of the current plan of care printed 7/30/20, indicated R1 has altered thought process due to dementia, [MEDICAL CONDITION], displays obsessive type behaviors, aggressive behaviors towards others, and cognitively vulnerable. R2's Admission [DIAGNOSES REDACTED]. R2's quarterly MDS assessment dated [DATE], indicated R1 had a BIMS score of 15, cognitively intact. The PHQ-9 depression severity score of 9 indicated moderate to moderately severe depression and did not have any behaviors. Further, R1 required limited to extensive assistance with all ADL's. Review of the current plan of care printed 7/30/20, indicated R2 was demanding, critical, rude, and condescending to staff due to adjustment disorder, anxiety, major [MEDICAL CONDITION] and refuses care. R3's Admission [DIAGNOSES REDACTED]. R3's quarterly MDS assessment dated [DATE], indicated R3 has a BIMS score of 5, indicating severe cognitive deficit. Further, R3 required limited to extensive assistance with all ADL's. Review of the current plan of care printed 7/30/20, indicated R3 as having alteration in thought process due [MEDICAL CONDITION] dementia, and vulnerable related to physical and cognitive impairments. During an interview on 7/30/20, at 11:48 a.m. nursing assistant (NA)-A stated NA-B was directly observed by NA-A physically and verbally abusing numerous residents. NA-A stated it is mostly with low cognitive ability residents. NA-A stated she reported this a few months ago to the director of nursing (DON) but nothing was ever done. Last week she called and reported it to the facility administrator. NA-A further stated she has directly observed and heard the verbal and physical abuse continue almost on a daily basis since she reported it to the DON. NA-A stated she has not reported any of the incidents of ongoing abuse to anyone. NA-A acknowledged she is a mandatory reporter but she did not report her concerns. During a telephone interview on 7/30/20, at 3:19 p.m. the DON stated she received a text message from NA-A on 4/28/20, at 8:27 p.m. describing direct observation of resident physical and verbal abuse by NA-B. DON stated she did not immediately start an investigation but rather the next morning she talked with both NA-A and NA-B. DON stated she did not document the conversations or the interviews with residents on the South Unit. DON stated she did not remove NA-B from the unit until an investigation was completed. DON stated she did not report this to the facility administration. DON stated she did not report the allegation to the police or SA. DON further stated the interdisciplinary team was not notified. During a telephone conversation on 7/30/20, at 4:06 p.m. the DON requested a meeting with the surveyor to learn what and when issues or concerns should be reported to SA. Interview with the DON on 7/31/20, at approximately 9:20 a.m. confirmed the facility failed to report the above allegation of resident abuse immediately to the administrator and SA after the incident occurred. DON indicated all staff are trained on policy and procedures for reporting allegations of abuse and neglect. DON stated this was a learning experience. The facility's Freedom from Abuse, Neglect, Misappropriation, and Exploitation Pathway Health education dated 2017, and Vulnerable Adult Law and Policy revised 2018, indicated the purpose of the policy and education was to ensure all incidents of alleged or suspected abuse/neglect were promptly investigated and reported. The policy directed staff to notify the administrator immediately of any incidents of resident abuse, alleged or suspected abuse and report suspected abuse to the office of health facility complaints (OHFC) not later than 2 hours after forming the suspicion of abuse. The facility's Vulnerable Adult/Abuse Binder reporting procedure for alleged resident abuse, last revised 8/19, directed supervisors and/or staff to first, remove the abusing staff member from the resident and report it immediately to the director of nursing or the facility administrator and second, report the abuse to law enforcement and the SA.
F 0610 **Level of harm** - Minimal harm or potential for actual harm **Residents Affected** - Many	**Respond appropriately to all alleged violations.** **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to conduct an investigation of an allegation of possible verbal and physical abuse for 3 of 3 residents (R1, R2, and R3) reviewed for allegations of abuse. Findings include: R1's Admission [DIAGNOSES REDACTED]. R1's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R1 had a brief interview for mental status (BIMS) score of 4, indicating severe cognitive deficit. The MDS indicated R1 required total assistance of 1-2 staff with all activities of daily living (ADL's). The MDS further indicated R1 exhibited symptoms of physical behaviors. Review of the current plan of care printed 7/30/20, indicated R1 has altered thought process due to dementia, [MEDICAL CONDITION], displays obsessive type behaviors, aggressive behaviors towards others, and cognitively vulnerable. R2's Admission [DIAGNOSES REDACTED]. R2's quarterly MDS assessment dated [DATE], indicated R1 had a BIMS score of 15, cognitively intact. The PHQ-9 depression severity score of 9 indicated moderate to moderately severe depression and did not have any behaviors. Further, R1 required limited to extensive assistance with all ADL's. Review of the current plan of care printed 7/30/20, indicated R2 was demanding, critical, rude, and condescending to staff due to adjustment disorder, anxiety, major [MEDICAL CONDITION] and refuses care. R3's Admission [DIAGNOSES REDACTED]. R3's quarterly MDS assessment dated [DATE], indicated R3 has a BIMS score of 5, indicating severe cognitive deficit. Further, R3 required limited to extensive assistance with all ADL's. Review of the current plan of care printed 7/30/20, indicated R3 as having alteration in thought process due [MEDICAL CONDITION] dementia, and vulnerable related to physical and cognitive impairments. During an interview on 7/30/20, at 11:48 a.m. nursing assistant (NA)-A stated NA-B was directly observed by NA-A physically and verbally abusing numerous residents. NA-A stated it is mostly with low cognitive ability residents. NA-A stated she reported this a few months to the director of nursing (DON) but nothing was ever done. Last week she called and reported it to the facility administrator. NA-A further stated she has directly observed and heard the verbal and physical abuse continue almost on a daily basis since she reported it to the DON. NA-A stated she has not reported any of the incidents of ongoing abuse to anyone. NA-A acknowledged she is a mandatory reporter but she did not report her concerns. During a telephone interview on 7/30/20, at 3:19 p.m. the DON stated she received a text message from NA-A on 4/28/20, 8:27 p.m. describing direct observation of resident physical and verbal abuse by NA-B. DON stated she did not immediately start an investigation but rather the next morning she talked with both NA-A and NA-B. DON stated she did not document the conversations or the interviews with residents on the South Unit. DON stated she did not remove NA-B from the unit until an investigation was completed. DON stated she did not report this to the facility administration. DON stated she did not report the allegation to the police or SA. DON further stated the interdisciplinary team was not notified. During a telephone conversation on 7/30/20, at 4:06 p.m. the DON requested a meeting with the surveyor to learn what and when issues

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.

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F 0610 **Level of harm -** Minimal harm or potential for actual harm **Residents Affected -** Many	(continued... from page 1) or concerns should be reported to SA. Interview with the DON on 7/31/20, at approximately 9:20 a.m. indicated all staff are trained on policy and procedures for reporting allegations of abuse and neglect. DON stated this was a learning experience. The facility's Freedom from Abuse, Neglect, Misappropriation, and Exploitation Pathway Health education dated 2017, and Vulnerable Adult Law and Policy revised 2018, indicated the purpose of the policy and education was to ensure all incidents of alleged or suspected abuse/neglect were promptly investigated and reported. The policy directed staff to notify the administrator immediately of any incidents of resident abuse, alleged or suspected abuse and report suspected abuse to the office of health facility complaints (OHFC) not later than 2 hours after forming the suspicion of abuse. The facility's Vulnerable Adult/Abuse Binder reporting procedure for alleged resident abuse, last revised 8/19, directed supervisors and/or staff to first, remove the abusing staff member from the resident and report it immediately to the director of nursing or the facility administrator and second, report the abuse to law enforcement and the SA.