

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245585</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/28/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>TRAVERSE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>303 SEVENTH STREET SOUTH WHEATON, MN 56296</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 <b>F 0609</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
<p><b>Level of harm - Minimal harm or potential for actual harm</b></p> <p><b>Residents Affected - Few</b></p>	<p><b>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on interview and document review, the facility failed to ensure incidents of potential abuse were immediately reported to the State Agency (SA), no later than 2 hours, allegations of abuse for 1 of 3 residents (R1) reviewed for allegations of potential abuse. Findings include: R1's quarterly Minimum Data Set (MDS) assessment dated [DATE], indicated R1 had [DIAGNOSES REDACTED]. R1's MDS further indicated he was cognitively intact and required extensive assistance of two staff with activities of daily living (ADL's). R1's care plan printed 4/27/2020, indicated R1 had impaired vision and mobility limitation. R1's care plan indicated a goal to minimize the risk for abuse by staff encouraging R1 to express his concerns or desires. R1's care plan interventions indicated staff to report VA's per policy and annual training to be completed by all associates. On 4/27/2020, at 3:11 p.m. nursing assistant (NA)-A stated she was working the night shift on the 4/8/2020, until 4:00 a.m. and had passed water between 2:00 a.m. and 3:00 a.m. when R1 asked if his light was on. NA-A informed R1 that the light was not on. NA-A stated that shortly after that R1's light came on and NA-B answered the light. NA-A stated she continued to pass water down the hallway, when she heard NA-B yelling. NA-A stated after she heard NA-B yelling, she heard registered nurse (RN)-A telling NA-B that she had to accept that R1 had called her a [***] , and NA-B stated no one was going to call her a [***] . On 4/27/2020, at 2:46 p.m. NA-B stated on 4/8/2020, she had answered R1's call light. R1 had asked her if the call light was working, then called her a [***] telling her to get in the room. NA-B stated she told R1 that she did not want him to talk to her like that and left the room to go tell the nurse. NA-B admitted she was upset when she spoke with R1 and RN-A stated she would go talk to R1. RN-A told me I had to brush it off. On 4/27/2020, at approximately 3:00 p.m. RN-A stated she was working on 4/8/2020, when NA-A reported to her that she heard yelling down the hallway. RN-A stated she talked to R1 and he stated that NA-B was yelling at him. RN-A confirmed she needed to talk to R1 twice during the night about the event, and completed all of his cares for the remainder of the shift, instead of having NA-B complete his cares. She confirmed the allegation of verbal abuse, occurred prior to NA-A shift ended at 4 a.m. RN-A stated staff yelling at a resident was abuse and she had notified the director of nursing sometime towards the end of her shift. On 4/27/2020, at 3:53 p.m. director of nursing (DON) stated RN-A called her at home at 4:30 a.m. to report the potential abuse. DON stated she was aware the report to the SA was filed at 6:30 a.m. and stated she had not investigated the timeline of the mornings events with the staff involved. DON stated her expectations were that all allegations of abuse would be reported to her or the administrator immediately. Review of policy title Freedom from Abuse, Neglect, and Exploitation revision date of 4/2020, indicates on page five under investigation that: any person who knows or has reasonable cause suspect that a resident has been or is being abused, neglected, or exploited shall immediately report such knowledge or suspicion to the administrator. The administrator, DON, or designee will notify the appropriate regulatory, investigative or law enforcement agencies immediately, in accordance with state regulations.</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.