STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245630	A. BUILDING _____ B. WING _____	**05/05/2020**

NAME OF PROVIDER OF SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP
ST THERESE TCU NORTH LLC	**3300 OAKDALE AVENUE 4TH FLOOR ROBBINSDALE, MN 55422**

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 -** Few	**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 to report an allegation of abuse to the facility administrator and the State Agency (SA) for 1 of 3 residents (R1). In addition, the facility failed to thoroughly investigate the allegation reviewed for abuse. Findings include: R1's admission Minimum Data Set ((MDS) dated [DATE], indicated R1 had intact cognitive and R1 required physical assistance of one to two staff with bed mobility, transfer, and toileting. A facility reported incident, submitted 4/22/20, at 8:51 p.m. indicated R1 had reported to the nurse that a nursing assistant (NA)-A came into the room, took phone from her and hung it up, told her it was time to eat. In addition, R1 had reported on 4/19/20, she was fearful of the NA-A and did not like her demeanor and she looked mean. On 5/5/20, at 12:20 p.m. R1 was observed seated in her wheelchair in her room. When approached R1 was noted to be well groomed, petite, and had a left leg above the knee [MEDICAL CONDITION]. R1's back was noted to be rounded causing a hunched over appearance. When asked about the allegation R1 stated This happened about three weeks ago and was the first weekend I was here. She (NA-A) came to my room and took my phone and hung it up while I was still talking to my son and even my son was listening on the other side and told me I was going to eat. I was very fearful of her and she was a big and mean looking person and I am this little person and would not have a chance. She was mean and the man she was with they were arguing in the room and I just did not feel safe. I told the head nurse about it that evening but she did work again with me. I did not sleep that night and did not even eat. My son called to complain about it. When asked if this staff had abused her, R1 stated I would not say she physically abused me but emotionally she did because I was not able to sleep. On 5/5/20, at 12:33 p.m. the facility executive director (ED) stated R1's incident happened around the same time when R2 had a complaint about NA-A. The ED stated since the two incidences happened at around the same time with the same staff, NA-A was suspended pending the investigation, however NA-A was eventually terminated. The ED stated she was not made aware of R1's allegation until 4/22/20, and on the same day NA-A had been allowed to work in the facility before the investigation was completed. The ED acknowledged the staff who were aware of the allegation had not reported it immediately per the facility policy and as such R1 and other residents in the facility were not protected. The ED also verified after she was made aware no other residents in the facility had been interviewed as the alleged perpetrator had worked on 4/22/20, before she was suspended. A facility policy titled Freedom from Abuse, Neglect and Exploitation, dated 11/27/2018, directed employees when they become aware of abuse they were required to report immediately to the administrator or their designee and then the facility was to report to the state and law enforcement as appropriate. Also the policy directed the administrator and appropriate personnel were to promptly and thoroughly investigate reports of abuse. In addition, the policy directed staff, in the instance of alleged abuse, the facility was to protect the residents from the alleged offender and the alleged perpetrator was to immediately be removed so the resident is safe from further abuse and/or retaliation.

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.