| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENNTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | **245183** | A. BUILDING _____ B. WING _____ | **04/01/2020** |

| NAME OF PROVIDER OF SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP |
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| **NORTH RIDGE HEALTH AND REHAB** | **5430 BOONE AVENUE NORTH NEW HOPE, MN 55428** |

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) |
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| F 0623<br><br>**Level of harm -** Minimal harm or potential for actual harm<br><br>**Residents Affected -** Few | **Provide timely notification to the resident, and if applicable to the resident representative and ombudsman, before transfer or discharge, including appeal rights.**<br>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**<br>Based on interview and document review, the facility failed to ensure a proper discharge process was followed to include written notification of the reason for discharge, a discharge location and appeal rights to include the number for the ombudsman for 1 of 3 residents (R1) who left the facility during COVID-19, and was not allowed to return to the facility.<br>Findings include: The Ombudsman (OMB) was interviewed via telephone on 3/30/20, at 2:32 p.m. and explained R1 called OMB and informed OMB R1's family member (FM)-A was outside of the facility on 3/21/20. R1 left the facility to bring FM-A one basket of laundry and then attempted to enter the facility though the front door, however was told to use the back door by nursing staff. At that time when R1 reached the back door, R1 was told she would not be allowed back into the facility. OMB indicated she spoke to the facility administrator and was told all residents received a policy that included if a resident left the facility for a nonessential reason it would be considered an against medical leave (AMA) discharge and the resident would not be allowed back into the building. OMB stated when R1 was immediately discharged from the facility R1 called a cab due to not having a ride and/or a place to go. OMB indicated R1 had the cab take her to the hospital as the facility did not inform R1 of her appeal rights and/ or OMB contact information. OMB identified she requested a copy of the facility policy that included AMA discharge for unapproved leave of absence (LOA), however the administrator had not responded to her request. R1's quarterly Minimum Data Set ((MDS) dated [DATE], identified R1 had intact cognition and [DIAGNOSES REDACTED]. R1's Covid-19 Resident, Family and Visitor Education effective 3/20/20, identified education was provided to R1 regarding only have FM-A drop items off at the front desk and R1 would pick them up from there. R1 indicated understanding she was only to leave the facility for a medical necessary appointment. R1's Progress Note (PN) dated 3/21/20, at 5:30 p.m. indicated R1 was found packing clothing into two bags, when asked R1 reported FM-A was coming to pick up the clothing for laundering. R1 was educated of quarantine process, however stated she was just dropping clothes off. R1 was seen a few minutes later in wheelchair headed to the elevator. Once at the reception area it was noted a truck left the parking lot and R1 was not seen. Staff walked outside and looked around R1 was not seen. At 6:06 p.m. the PN indicated staff called FM-A who indicated R1 had been around the building and insisted R1 was back in the building while FM-A was at the laundry mat. FM-A further indicated R1 was aware not to leave the building. The PN indicated 15 minutes after speaking with FM-A R1 returned to the facility. Staff told R1 she could not return to the facility and was given her medications per physician orders. R1's Order Summary Report dated 3/31/20, included the following orders: -Order dated 3/20/20, indicated leave of absence are not approved except for emergency care and [MEDICAL TREATMENT]. If the resident insists please review Risk and Benefits and inform them, and or their family they will not be able to return to the community. This only applies during the national emergency for the Covid-19 pandemic; -Order dated 3/21/20, indicated Okay to discharge resident will all medications following LOA in the wake of Covid-19. R1's Notice of Immediate Intent to discharge date d 3/21/20, identified the letter was formal notification to discharge R1 on 3/21/20, due to previous conduct of R1 and her posed a threat to the safety and health of other individuals in the facility. The administrator was interviewed on 3/31/20, at 10:40 a.m. and explained the facility had a standing order for residents from their medical director that indicated any resident who left the facility without approval would not be able to return to the facility due to the Covid-19 pandemic. The administrator stated R1 was educated and after leaving the facility without approval on 3/21/20, R1 was immediately discharged . The administrator indicated the staff on duty did not issue the immediate discharge notice at the time of discharge and further explained it was mailed to FM-A the following day. FM-A was interviewed via telephone on 4/1/20, at 11:53 a.m. and stated R1's care while at the facility was poor and the staff were unprofessional. Registered Nurse (RN)-A was interviewed via telephone 4/1/20, at 1:17 p.m. and explained R1 indicated she was going to go outside to drop off laundry to FM-A and come back, however recalled R1 did not come back inside immediately. RN-A stated after looking outside FM-A was called who indicated R1 was still at the facility. RN-A stated 15 to 20 minutes later R1 came back to the facility and indicated she got lost around the buildings and was unable to find her way back inside. RN-A indicated the staff had walked around the building and did not believe that part of the story. RN-A stated the administrator was called and was directed to discharge R1 since residents were not allowed out of the building that meant they were automatically discharged . RN-A indicated she discharged R1 with her medications and thought FM-A was coming back to pick up R1, however did not verify. RN-A stated there was not discharge form to give to R1, however said R1 was given a copy of her medication list and instructions. The facility Transfer and/ or Discharge F622, F623 Policy effective 1/2020, indicated the facility would provide a resident with a 30 day written notice of an impending transfer or discharge when specific criteria had not been reached. The policy included a resident would remain in the facility unless the safety of individuals in the facility was endangered due to clinical or behavioral status and/or the health of individuals in the facility would otherwise be endangered. The policy indicated the resident and/ or representative would be provided with the following information within the notice in writing and language and manner they understand prior to transfer. The reason for the discharge, location the resident was discharged to, a statement of the resident's appeal rights including the name, address and telephone number of the entity which receives such requests, the name, address and telephone number of the OMB. |

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.