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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245326 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 03/04/2020 |
| NAME OF PROVIDER OF SUPPLIER ROSE OF SHARON A VILLA CENTER | | STREET ADDRESS, CITY, STATE, ZIP 1000 LOVELL AVENUE ROSEVILLE, MN 55113 | |
| 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 | <p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and document review the facility to report allegations of abuse to the state agency (SA) and failed to thoroughly investigate the allegation. Findings include: R3's admission Minimum Data Set ((MDS) dated [DATE], indicated he had intact cognition. A significant change MDS dated [DATE], indicated R3 was independent with activities of daily living. R3's care plan dated 12/31/19, identified a behavior of spitting in trash cans throughout the facility. No other behaviors were identified on the the care plan. R4's annual MDS dated [DATE], indicated he had intact cognition and was independent in the facility. R4's care plan dated 1/14/20, identified a potential to demonstrate or demonstrates abusive behaviors. The following behaviors had been observed: Yelling with profane language, making a fist and standing close to staff's face during time of agitation and observed kicking the wall or hitting furniture when angry. The care plan identified the following goal: R4 would not threaten, scream or curse at other residents, visitors or staff. A facility document titled Report of Resident Grievance/Complaints dated 1/7/20, indicated on 1/3/20, at 3:15 p.m. R3 reported to the facility social worker (SW)-A a concern with another resident. The report indicated R3 reported concerns with his room mate (R4). R3 reported his room mate yelled and became physically intimidating. R3 stated he did not feel safe and was concerned about the situation becoming violent. The report indicated R3 was moved to another room on 1/6/20. During interview on 3/4/20, at 11:47 a.m. SW-A stated R3 had sought her out and asked for a room change due to concerns about his room mate. SW-A stated R3 had been spending more time in the day room because he didn't want to disturb R4. SW-A said the conflicts between R3 and R4 had been random. SW-A stated R4 told her he was afraid he would react violently to his room mate. At 12:46 p.m. R3 stated when he shared a room with R4 he felt like he couldn't do anything at all. R3 stated he would talk on the phone and R4 would get mad and slam drawers. R3 stated he would use the bathroom in the hallway so he wouldn't bother R4 and stated, I was afraid of him. At 2:13 p.m. the administrator stated the way the report was worded, potentially it should have been reported to the SA. The administrator stated because she had spoken to SW-A and R3 had denied R4 being physically aggressive with him she didn't make a report to the SA, even though the medical record lacked evidence of further conversation or follow up with R3. The administrator stated based on the statement made by R3 in the report, the allegations should have been reported to the SA. A facility policy titled Abuse, Neglect, Exploitation, Mistreatment and Misappropriation of Resident Property dated 11/28/2017, indicated it was the practice of the facility to support a; residents, staff, families in reporting any suspected acts of abuse. The facility defined abuse as the willful infliction of injury, unreasonable confinement, intimidation or punishment. Verbal abuse described as oral, written or gestured language. The policy directed staff to report allegations of abuse to the SA within two hours and complete and investigation of the allegation.</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.