

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245460	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 07/21/2020
NAME OF PROVIDER OF SUPPLIER JONES HARRISON RESIDENCE		STREET ADDRESS, CITY, STATE, ZIP 3700 CEDAR LAKE AVENUE MINNEAPOLIS, MN 55416	
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. Based on interview and document review, the facility failed to ensure an allegation of potential sexual abuse was reported to the State Agency (SA) within two hours, as required, for 1 of 1 residents (R1) whose allegations were reviewed. Findings include: According to Nursing Home Incident Reporting (NHIR) form, a report was submitted to the State Agency (SA) on 7/13/20, at 11:41 a.m. The report indicated on 7/10/20, at 8:00 a.m., R1 alleged sexual assault on Monday or Tuesday of that week. The report indicated an investigation was initiated, the family and nurse practitioner were informed. Additionally, the report indicated the writer attempted to submit the report on 7/10/20, at 6:45 p.m., however, the submission was not successful. During interview on 7/21/20, at 12:05 p.m. social services (SS)-A stated a report of alleged sexual abuse would need to be reported to the SA within two hours after being made aware of an allegation. SS-A was unsure why R1's NHIR report to the SA was not submitted within two hours. During interview on 7/21/20, at 12:23 p.m. registered nurse (RN)-A stated a report needed to be made to the SA within two hours if there was serious bodily injury. If no serious bodily injury then the report needed to be made to the SA within 24 hours. During interview on 7/21/20, at 2:46 p.m. facility administrator and director of nursing (DON) stated in the event of an allegation of abuse, they would follow their policy. If serious bodily injury then report to SA within two hours and 24 hours for all others. Administrator and DON were not aware the report needed to be made to the SA within two hours if the alleged violation involves abuse without serious bodily injury. Facility policy titled Investigation and Report of Suspected Abuse/Neglect, dated 2/19, indicated 1.) The report will be made online to Office of Health Facility Complaints (OHFC) immediately, but not later than 2 hours if the event results in serious bodily injury and/or abuse. 2.) If the event does not result in serious bodily injury and/or abuse, the report will be made not later than 24 hours.		
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.