

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245546	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER MISSION NURSING HOME		STREET ADDRESS, CITY, STATE, ZIP 3401 EAST MEDICINE LAKE BOULEVARD PLYMOUTH, MN 55441	
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 0585 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Honor the resident's right to voice grievances without discrimination or reprisal and the facility must establish a grievance policy and make prompt efforts to resolve grievances.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on interview and document review, the facility failed to ensure a written response was provided for a voiced grievance of missing property for 1 of 1 residents (R2) reviewed for grievances. Findings include: R2's annual Minimum Data Set (MDS), dated [DATE], indicated R2 was cognitively intact. R2 required extensive staff assist with dressing and personal hygiene. R2's care plan, revised 3/17/20, indicated R2 was independent with dressing and personal hygiene but required additional assistance during times of increased weakness. R2 required one staff for transfers and ambulation. During an interview on 5/5/20, at 12:29 p.m. R2 stated his leather coat was stolen approximately one to two months ago. R2 stated he reported the missing leather coat to social worker (SW)-A, and that SW-A did not follow up with him. R2 stated he also reported to SW-A, he knew who took the leather coat, he gave SW-A the name of that person. R2 reported the leather coat has not been returned to him. During an interview on 5/5/20, at 1:53 p.m. SW-A stated she spoke with R2 regarding his missing leather coat. SW-A stated she went to his room and was able to locate the missing leather coat, I went down to his room to help him find it (the leather coat), I think so. I think I found it. SW-A stated, when a concern is brought to her by resident, family or staff member, she will assist with filling out a report unless she is able to resolve the situation. SW-A stated, if she is able to resolve the situation, she does not complete a report. If I don't fill out a grievance form, I try to remember to document it in the progress notes. SW-A stated she does not keep a log of reports, but keeps all completed and in-process grievance reports in a folder. The facility did not provide a grievance form for R2's report. During an interview on 5/5/20, at 3:30 p.m. the administrator stated he was not sure of how SW-A is tracking grievances except that, she keeps them in a folder by the year. The administrator stated he is made aware of all the grievances and is not aware of R2's missing leather coat. During an interview on 5/5/20, at 3:44 p.m. the director of nursing (DON) stated grievances are managed by the department manager based on which department the grievance is related to. The DON stated missing items are managed by social services department. The DON stated she was not aware of R2's missing leather coat. During an interview on 5/7/20, at 8:00 a.m. the DON stated that R2's missing leather jacket had been found hanging in the laundry area yesterday. The DON stated the laundry staff told her the leather jacket had been hanging in the laundry for over a month. The facility's grievance policy and procedure, Grievance Procedure for Residents and Families, revised November 2019 indicated the Director of Social Services is designated as the Grievance Officer. Residents/families/other representatives are encouraged to speak directly with any department manager about a concern in their respective area. This list of department managers to speak with, is posted on each floor. Residents are also encouraged to attend Resident Council if they have any general concerns. If a resident/family/representative want to speak to someone outside of the nursing home, such as the Ombudsman, they are directed to where that is posted or given a copy of the list. Social Service will ensure that Administrator is apprised of any concerns. If resident complete a grievance form, the forms will be kept with Social Service Director for a minimum of three years. The facility's policy and procedure with subject: Resident personal belongings dated April 2009, reviewed June 2018 indicated the procedure would be if the resident reports they are missing a personal item they are encouraged to fill out a missing property form. If unable to complete the form they can report it to Social Services, Nursing or any staff member. The policy further indicated if the item is on the personal property sheet or ownership can be proven, administration will review and replace at Administrator's discretion.</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.