

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245623</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>04/06/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>INTERLUDE RESTORATIVE SUITES UNITY</b>		STREET ADDRESS, CITY, STATE, ZIP <b>520 OSBORNE ROAD NORTHEAST FRIDLEY, MN 55432</b>	
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 0689  <b>Level of harm</b> - Minimal harm or potential for actual harm  <b>Residents Affected</b> - Few	<b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b> <b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview and document review the facility failed to follow care planned interventions to reduce the risk for falls for 1 of 3 residents (R1) reviewed for falls. Findings include: R1's Comprehensive Nursing Data Collection dated 3/30/20, indicated he admitted to the facility on [DATE], and identified a history of falls prior to admission. The data collection indicated R1 admitted following a hospitalization for [MEDICAL CONDITION] resulting in left sided weakness. R1's care plan dated 3/30/20, identified a risk for falls. The care plan updated 4/1/20, directed staff to stay in R1's room while toileting. The care plan further identified a self care deficit and directed staff to transfer to wheel chair on right side with gait belt and pivot transfer. R1's nursing assistant (NA) care strip indicated, stay in room while on toilet. A facility Progress Note dated 3/31/20, indicated R1 was found on the floor in his bathroom at 8:00 p.m. by staff. The note indicated R1 attempted to self-transfer from the the toilet to his wheel chair due to waiting too long for staff to respond to the call light. A Resident Occurrence Report dated 3/31/20, indicated R1 attempted to self-transfer from toilet to wheel chair and was observed on the floor at 8:00 p.m The report indicated R1 was last observed by staff at 7:40 p.m. During observation on 4/3/20, at 9:24 a.m. R1 was in his bathroom, sitting on the toilet with no staff present in his room. At 9:27 a.m. NA-A entered R1's room and shut the door. At 9:29 a.m. NA-A left the room again and returned with incontinent briefs. When interviewed on 4/3/20, at 9:48 a.m. N-A stated she was not aware R1 had a fall on the 31st, nor was she aware he was not supposed to be left alone in the bathroom. NA-A reviewed the care strip and verified R1 was not supposed to be alone on the toilet. At 10:01 a.m. the director of nursing (DON) stated R1 had a fall while in the bathroom on 3/31/20. The DON stated when R1 pushed his call light button staff were assisting other residents. The DON stated staff answered the call light but had to go to another floor to get a mask and during that time R1 self-transferred, fell and hit his head. On 4/6/20, at 9:38 a.m. registered nurse (RN)- stated on 3/31/20, prior to the fall, staff had assisted R1 on to the toilet and left the room to assist another resident. RN-A stated the staff member that assisted R1 to the toilet went back to assist him but had to go upstairs to get a mask and when she returned she heard R1 fall. RN-A stated the intervention placed on the care plan and care strip was not to leave R1 alone when he was on the toilet and stated she expected staff to read the care strips every day to be aware of changes.		
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.