

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245306	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/07/2020
NAME OF PROVIDER OF SUPPLIER ROCHESTER HEALTH SERVICES WEST		STREET ADDRESS, CITY, STATE, ZIP 2215 HIGHWAY 52 NORTH ROCHESTER, MN 55901	
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 staff failed to immediately report a significant injury of unknown origin to the administrator and failed to report to the state agency (SA) within two hours for 1 of 1 residents (R1) reviewed for an allegation of physical abuse. Findings include: R1's progress note dated 4/17/2020 included, Received a phone call from Social Worker (SW-A). She reported that resident has a bruise on her left lower abdomen quadrant. Resident reported she got this from her gait belt with therapy. Writer reported to the SW (social worker), the NOC (nocturnal) nurse noticed this last night and received a note to investigate this am. Per nursing when using the slide board for transfers when sliding from bed to wheelchair she hits the arm on her wheelchair during the slide. When she returns from [MEDICAL TREATMENT] I will observe her transfers and assess her bruise. Will talk with PT/OT (physical therapy/occupational therapy) too. R1's progress note dated 4/17/2020 included, Situation: Left lower quadrant large purple bruise 18cm x 12cm with a large lump 6cm x 7cm. She denies pain and no blood noted in stools and urine. Staff reported resident at times will hit her left side when transfer with the slide board from bed to chair. Background: resident goes to [MEDICAL TREATMENT] three times a week. During interview on 5/6/2020, at 2:07 p.m. the director of nursing (DON) indicated she found out about the bruising from the nocturnal nurse who wrote on a piece of paper to investigate the bruise on R1's abdomen and left the note in her box. The DON stated the nocturnal nurse did not document (the bruises) anywhere in the medical record. The DON stated the nocturnal nurse should have written a progress note and completed an incident report. The DON stated she (the nurse) was a PRN (as needed) staff so did not work for a week or two and stated she only worked twice a month. The DON stated she (the nurse) had worked here a long time and should have known better. The DON stated no one completed an incident report about the bruise. The DON verified she wrote out the measurements and put in the orders to monitor every shift on the TAR (treatment administration record) and ice to put on the area. The DON stated the night nurse should have called her during the night, from the measurements it was a significant bruise instead of leaving a note in her box. The DON stated the facility should have done an investigation in the two hours that was where we failed. The DON stated we felt we knew how it happened so we did not report. The DON stated in my head we had enough documentation to determine that the bruise was from the self-transferring, but this was not determined within two hours of the nurse noticing the bruise. The DON stated the abuse policy indicated to report significant injuries of unknown origin within the two hours to state agency. During interview on 5/6/2020, at 3:32 p.m. the administrator stated if there was an injury unknown origin we would submit to OHFC (Office of Health Facility Complaints) within the two hour timeframe or as soon as we are aware. The administrator indicated she was made of aware of the bruising when [MEDICAL TREATMENT] called and talked to the DON around 10:00 a.m. During interview on 5/7/2020, at 11:35 a.m. registered nurse RN-A Indicated R1 had reported bruising on left lower quadrant happened with therapy. RN-A indicated had witnessed R1 self-transfer a lot and always brushed against the side rail. RN-A indicated had left a note for the DON to investigate the bruise. RN-A was not sure if a progress note addressing what was reported from R1. RN-A indicated protocol would be to investigate upon finding a bruise of unknown origin and to let the DON know. RN-A confirmed did not investigate the bruise because felt it was not a new bruise. RN-A indicated the bruise was dark red in color. RN-A stated would report any suspected abuse as a mandated reported but did not report this bruise other than the note to the DON. The Abuse Prevention Policy and Procedure dated 3/2018 included, Abuse Policy Requirement: It is the policy of the facility to report all abuse, neglect, misappropriation of property of residents, exploitation and mistreatment of [REDACTED]. It is also the policy of the facility to report all reportable incidents as identified by state and federal guidelines. The administrator will report to the state alleged abuse resulting in bodily injury (this includes sexual assault) within 2 hours of the allegations.</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.