

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245637	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2020
NAME OF PROVIDER OF SUPPLIER NORRIS SQUARE		STREET ADDRESS, CITY, STATE, ZIP 6993 80TH STREET SOUTH COTTAGE GROVE, MN 55016	
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 0610 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Respond appropriately to all alleged violations.</p> <p>Based on interview and document review, the facility failed to thoroughly investigate allegations of abuse for 2 of 3 residents (R1 and R2) reviewed for abuse. Findings include: R1's resident occurrence report, dated 5/14/20, revealed R1 had a 10 cm (centimeter) scabbed scratch on her right forearm. R1 reported a staff member scratched her while trying to take her flashlight away from her. R1's nursing home incident report, dated 5/14/20, revealed R1's allegation was reported to the state agency on 5/14/20. R1's investigation report, dated 5/19/20, and supporting documents, revealed review of the following: a nurse practitioner progress note, dated 3/3/20; interview with R1's family member (F)-A, dated 5/18/20; body audit, dated 5/16/20; facility progress notes, dated 5/10/20 to 5/19/20; cognitive screening, dated 4/7/20; staffing email, dated 5/13/20; May 2020 medication and treatment record; resident occurrence report, dated 5/14/20; staff interviews, dated 5/14/20 thru 5/18/20; caregiver guide, dated 5/14/20 and 5/19/20; care plan last revised, 5/19/20; May 2020 resident room entrance log; and interview with R1, dated 5/18/20. There was no evidence the facility conducted interviews with other residents to determine if there were concerns similar to R1's allegation. R1's incident report submitted to state agency, dated 5/29/20, revealed R1 alleged one to two people came into her room and that she was slapped. R1 reported the alleged perpetrators took her oxygen tubing but then threw it back on her bed. R1 reported she did not feel safe at night. R1's investigation summary, dated 6/4/20, and supporting documents revealed review of the following: R1's progress notes, dated 5/29/20; staff interviews, dated 6/3/20 and 5/29/20; interview with R1, dated 5/29/20 and 6/2/20; interview with R1's family (F)-A and (F)-B, dated 5/28/20; resident occurrence report, dated 5/29/20; body audit, dated 5/30/20 and 5/29/20; and call light log, dated 5/28/20 and 5/29/20. There was no evidence the facility conducted interview with other residents to determine if there were concerns similar to R1's allegation. R2's occurrence report, dated 4/6/20, revealed R2 had a bruise on right eye fold, measuring 1 cm x 2 cm in size. R2's incident report, submitted to the state agency, dated 4/7/20, revealed R2 had a bruise on right eye fold, measuring 1 cm x 2 cm in size. R2 reported, he was hit by somebody he can't remember. R2's investigation summary, dated 4/10/20, and supporting documents revealed review of the following: care center VA (vulnerable adult) checklist for Minnesota, undated; order summary report, dated 4/7/20; pain assessment, dated 3/17/20; body audit, dated 4/5/20; R2's care plan, last revised 3/23/20; R2's progress notes, dated 4/4/20 through 4/6/20; and staff interviews, dated 4/7/20 and 4/8/20. There was no evidence the facility conducted interview with other residents to determine if there were concerns similar to R2's allegation. On 6/9/20, at 3:50 p.m. the administrator reported the facility did not always do interviews with other residents as part of an investigation of abuse or mistreatment. The administrator reported he would complete interviews with residents on R1's unit to determine if they had similar concerns. The administrator did not provide any additional evidence of interviews with other residents for R1's and R2's allegation, prior to submission of the investigation summary submitted to the state agency. The Vulnerable Adult Procedure, modified November 2019, directed staff, 5 Day Investigative Report must include the following information: c. Details of facility internal investigation including summary of information obtained from interviews of residents, staff and witnesses as appropriate.</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.