

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245511	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 05/29/2020
NAME OF PROVIDER OF SUPPLIER CENTRACARE HEALTH - MONTICELLO		STREET ADDRESS, CITY, STATE, ZIP 1013 HART BOULEVARD MONTICELLO, MN 55362	
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 failed to ensure allegations of abuse and neglect were reported immediately (within two hours) to the State Agency (SA) for 1 of 3 residents (R1) reviewed for abuse. Findings include: R1's [DIAGNOSES REDACTED]. R1's quarterly Minimum Data Set ((MDS) dated [DATE], indicated R1 had severely impaired cognition and a communication deficit. R1's MDS further indicated he was totally dependent upon staff for bed mobility and transfers. A facility incident report dated 5/14/20, indicated an allegation of verbal abuse from staff towards R1 occurred at the facility on 5/10/20, at 3:30 p.m. The report further indicated the allegation was not reported to the SA until 5/14/20, at 5:45 p.m., four days after the allegation On 5/28/20, at 1:32 p.m. an interview was conducted with registered nurse (RN)-A. RN-A stated she was involved with the investigation process for all allegations of suspected or reported abuse in the facility. RN-A stated on 5/14/20, NA-B reported to her that NA-A had used profanity towards R1, and that during R1's shower on 5/10/10, the shower head may have bumped or hit R1 in the head. RN-A stated she immediately filled the vulnerable abuse report to the SA. RN-A stated NA-A should have reported this allegation immediately. RN-A stated once she was informed of the allegation, a facility investigation was started. On 5/28/20, at approximately 2:21 p.m. an interview was conducted with the administrator. The administrator stated she expected allegations of abuse were reported immediately, but no later than two hours. The administrator stated failure to report alleged abuse could result in additional abuse towards residents if the report or allegation was not immediately reported. The facility policy Abuse Prevention/Vulnerable Adult Plan revised 4/19, directed it is the responsibility of the Centracare Health-Long Term Care Facilities to report suspected or actual abuse immediately to Minnesota Department of Health (MDH)/ The Office of Health Facility Complaints (OHFC) via secure website. The policy further directed failure of staff to report suspected/actual incidents of maltreatment is considered reason for disciplinary action up to and including termination.</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.