

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245514	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2020
NAME OF PROVIDER OF SUPPLIER MALA STRANA CARE & REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP 1001 COLUMBUS AVENUE NORTH NEW PRAGUE, MN 56071	
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 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>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 (R2) reviewed for falls. Findings include: R2's significant change Minimum Data Set ((MDS) dated [DATE], indicated R2 was severely cognitively impaired and required assistance of one staff member for bed mobility transfers, dressing and toileting. R2's MDS indicated R2 did not walk in her room, and had not fallen since the previous MDS dated [DATE]. R2's care plan with reviewed date 3/23/20, indicated R2 was at risk for falls, had a history of [REDACTED]. The care plan directed staff to, Follow resident specific fall prevention plan: call light and personal items within reach; ensure proper footwear; keep living area free from clutter; stop sign on bedroom wall and bathroom door; pillows along wall when in bed; bed at chair height with w/c beside with brakes locked while in use. R2's care plan also indicated staff were to place a soft touch call light by R2's hip when in bed., and to line up pillows along the wall side of the bed. R2's undated, untitled, nursing assistant care sheet indicated R2 frequently self transferred and bed was to be at wheelchair height. On [DATE], at 7:45 a.m., a dietary staff member called licensed practical nurse (LPN)-A to R2's room. R2 was laid diagonally across the bed with her legs between the bed and the wall. There were two pillows at the top of bed. The call light was not on the top of the bed, but rather on the right side of the bed partially covered by the top sheet. LPN-A moved R2's roommate's recliner out of the way and pulled R2's bed diagonally away from the wall. R2 stood part way up. LPN-A assisted R2 back into bed and pushed the bed back to the wall. LPN-A adjusted the pillows under R2's head. LPN-A asked R2 how she was doing. R2 responded, not very good, and asked to go to the bathroom. LPN-A stated she would get a nursing assistant (NA) to take R2 to the bathroom. LPN-A called a NA and stayed with R2 until the NA arrived. On [DATE], at 8:26 a.m. R2 sat in a wheelchair, in front of the bed. R2's bed was several inches lower than it was earlier in the morning. The top of mattress was approximately two inches below the top of R2's knees. R2's call light was attached to bottom sheet, and hung approximately two inches past the bottom of the bed frame with part of the flat surface of the call light below the frame. On [DATE], at 10:05 a.m., LPN-B verified R2's call light was not within R2's reach and moved it to R2's chair with R2's permission. LPN-B verified R2's bed was not at wheel chair height. On [DATE], at 10:06 a.m., NA-B made R2's bed and adjusted the height of the bed so that the top of the mattress was at the height of R2's wheelchair seat. On [DATE], 10:19 a.m. NA-A stated R2 was not able to walk safely by herself. NA-A stated, We have to help her transfer and we catch her when we can. NA-A stated when R2 was in bed she would lower the bed as close to the floor as it would go. NA-A stated when R2 was in her wheelchair the bed was to be right at wheelchair level. NA-A stated she did not know of R2 tried to get out of bed on the left side when R2 was found earlier that morning. NA-A stated R2 liked to sleep on her left side. NA-A stated R2 only has two pillows and they were at the top of the bed when she entered the room when LPN-A asked for help. NA-A stated R2 was lying on them. NA-A stated she was not aware the pillows were to be placed along side the wall. On [DATE], at 10:22 a.m. NA-B said R2's call light should be on her chair when she is up or next to her in the bed. NA-B stated R2's bed was to be at wheelchair height. She explained that meant the top of the mattress was at the height of the seat of R2's wheel chair. NA-B stated this was when R2 was in bed or in her chair. NA-B stated R2's wheelchair was to be next to the bed so if R2 decided to get up it was right there. NA-B stated R2's bed was too low when she made it so she put it in the right position. On 4/ 23/20, at 12:57 p.m. The director of nurses (DON) verified the care plan and care sheets did not say when the bed was to be at wheelchair height. The DON verified care plan was to be followed for all fall interventions. Facility care Planning Policy dated 6/2019, indicated, The goal of the person centered, individualized care plan is to identify problem areas and their causes, and develop interventions that are targeted and meaningful to the resident.</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.