

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 245276	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 03/17/2020
NAME OF PROVIDER OF SUPPLIER MAPLEWOOD CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 1900 SHERREN AVENUE MAPLEWOOD, MN 55109	
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 0622 Level of harm - Minimal harm or potential for actual harm Residents Affected - Few	Not transfer or discharge a resident without an adequate reason; and must provide documentation and convey specific information when a resident is transferred or discharged. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and document review, the facility failed to ensure minimum required information was provided to a receiving healthcare facility to ensure a safe transition of care for 1 of 1 resident (R1) who was transferred to the hospital and subsequently admitted to the hospital. Findings included: R1's Minimum Data Set (MDS) identified severe cognitive impairment. The face sheet identified R1 had [DIAGNOSES REDACTED]. R1's physician orders [REDACTED].>90% ([MED]gen saturation rate over 90), with order date 3/13/20, and start date [DATE]. Medications included, [MEDICATION NAME] sulfate nebulization solution (2.5 mg/3ml) 0.083% 3 ml inhale orally via nebulizer every 4 hours as needed for SOB (shortness of breath); wheezing with order date 3/13/20, and start date 3/13/20, and, Ipratropium-[MEDICATION NAME] solution 0.5-2.5 (3) ml/3ml 3 ml inhale orally every 4 hours as needed for SOB; wheezing R1's care plan indicated R1 had, Decline in ADL evidenced by [MEDICAL CONDITION] with intervention of, Extensive A1 (assist of 1) R1 had Alteration in my cardiac status related to [MEDICAL CONDITION] and hypertension with intervention of, Monitor for signs of fatigue. R1's progress note dated 3/11/20, at 4:04 indicated, At 03:15 resident was found shaking and not responding very clearly when asked how she is feeling. 02 sat was 53% (goal was over 90)with pulse of 113. 2-3 liters of [MED]gen was started, but could go beyond 83 ([MED]gen saturation rate). 911 was called. EMS (emergency medical services) arrived and transferred the resident to the hospital with the required documents including bed hold policy. Family was notified. A report from EMS dated 3/12/20, indicated that when EMS arrived R1 had a thready pulse (weak, fast, irregular), was unresponsive and had a very high fever. The report indicated the nurse had not checked R1's temperature or any vital signs and did not provide any report to the EMS, or provide paperwork that would assist in the transition of care, including normal activities of daily living care needed. When interviewed on 3/17/20, at 3:09 p.m. the director of nursing (DON) stated vital signs should be taken and an assessment completed with any change of condition, this information should be communicated to EMS and a transfer form should be sent with that includes current vital signs, resident condition and information needed for continuity of care. This was missed for R1. A policy was requested, but no provided by the facility.		

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.