

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER <b>245276</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED <b>05/26/2020</b>
NAME OF PROVIDER OF SUPPLIER <b>MAPLEWOOD CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP <b>1900 SHERREN AVENUE MAPLEWOOD, MN 55109</b>	
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  <b>Level of harm - Minimal harm or potential for actual harm</b>  <b>Residents Affected - Some</b>	<p><b>Ensure that a nursing home area is free from accident hazards and provides adequate supervision to prevent accidents.</b></p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b></p> <p>Based on observation, interview, and document review, the facility failed to ensure an unsupervised exit had a functioning alarm system to alert staff of potential elopement. This had the potential to impact 7 of 9 residents (R1, R2, R3, R5, R6, R7, and R8) reviewed who were at risk for elopement. Findings include: R1's quarterly Minimum Data Set (MDS), dated [DATE], included severe cognitive impairment with [DIAGNOSES REDACTED]. R1's Social Service Data Collection (SSDC), dated 4/24/20, included, R1 was at risk of elopement due to cognitive deficits, had a prior history of successful elopements, wandering and exit seeking behavior. R1's care plan (CP), last updated 5/5/20, indicated R1 would wander the unit and would exit seek and attempt to leave the unit. This behavior increased in the early evening as R1 would become more agitated. R2's quarterly MDS, dated [DATE], included, severe cognitive impairment with [DIAGNOSES REDACTED]. R2's SSDC, dated 5/21/20, included, R1 was at low risk of elopement due to a previous unsuccessful attempt at elopement from the memory care unit and cognitive deficits. R2's CP last updated 5/21/20, indicated R2 had been exit seeking on the day of admission. R3's quarterly MDS, dated [DATE], included, R3 was cognitively intact, but had a [DIAGNOSES REDACTED]. R3 had made previous unsuccessful attempts at leaving the unit and was considered at low risk of elopement. R3's CP, last revised 5/18/20, indicated R3 had exit seeking behavior at times and had eloped off the secure unit. R5's quarterly MDS, dated [DATE], included, severe cognitive impairment with a [DIAGNOSES REDACTED]. R5's SSDC, dated 3/4/20, included R5 had a history of [REDACTED]. R5 had cognitive impairments and [DIAGNOSES REDACTED]. R5's CP further indicated a move to the secure memory care unit due to wandering out in the community at a previous (assisted living facility). R5 had two elopement attempts at the facility: one was due to staff mistaking him as a visitor and let him off unit and one time R5 got on the elevator. R6's quarterly MDS, dated [DATE], included moderately impaired cognition with a [DIAGNOSES REDACTED]. R6's SSDC, dated 4/9/20, included, R6 had a dementia diagnosis, cognitive deficits and had desired or threatened to leave the facility. R6's CP, last updated 5/22/20, indicated R6 was living on the secure unit (due to) wandering. R7's quarterly MDS, dated [DATE], included, severe cognitive impairment with a [DIAGNOSES REDACTED]. R7's SSDC, dated 5/6/20, included R7 was at low risk of elopement due to cognitive deficits, dementia diagnosis, and wandering. R7's CP, last reviewed 5/7/20, included, Resident is on a secure memory care unit. She does exit seek on the unit. Has short and long term memory loss. Resident has eloped off the memory care unit. R8's quarterly MDS, dated [DATE], included, moderate cognitive impairment and was independent in walking in room and in corridor and in locomotion on and off the unit. R8's Social Service prn (as needed) Data Collection, dated 10/1/19, indicated R8 had eloped from the facility using the bus and went to a family member's home. R8's CP, last revised 3/25/20, directed staff, History of attempts to leave facility unattended. Resident has had incidents of leaving the facility with intentions of not returning and discharging (against medical advice). Resident has returned each time with the encouragement and assistance of staff. On 5/21/20, at 4:15 p.m. the social service director (SSD) tested door alarms by opening doors on the first floor. There was no audible or visual alert when the northwest door was opened by the SSD. The SSD and the receptionist confirmed that the door did not alert. The SSD reported the door should be alarmed to notify staff when the door was opened. The door opened to the yard, which was not fenced in. On 5/21/20, at 4:23 p.m. maintenance (MA) was observed with SSD. SSD opened the door and there was no visual or audible alarm. MA placed a key in the red alarm box in the upper corner of the door and reported the door alarm was not turned on. SSD opened the door and a loud alarm sounded. MA reported he was not aware of any routine monitoring to ensure door alarms were functioning. MA reported the two maintenance staff, MA and the director were the only ones who had a key to the door alarm. On 5/21/20, at 4:30 p.m. the administrator reported the door alarm should be functioning to alert staff when the door was opened. The administrator was not aware of a system in place to monitor door alarm functioning. The Daily Maintenance log, April and May 2020, revealed there was no monitoring of door alarm functioning on the first floor. The Wandering and Elopement policy, undated, indicated maintenance would monitor all wander guard door alarm system doors on a scheduled basis to ensure their functioning and maintain a written documentation. A Description of Daily Maintenance Duties checks, undated, directed staff to check the Northwest exit door - Check operation and make sure the alarm box works and check the alarm panel at the HUC (health unit coordinator) desk to make sure it alarmed. and Southwest exit door - Check operation and check the alarm panel at the HUC desk to make sure it alarmed. and Alley exit door - Check operation and make sure the alarm box works and check the alarm panel at the HUC desk to make sure it alarmed. 76</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.