

Department of Health & Human Services
Centers for Medicare & Medicaid Services

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245544	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 06/01/2021
NAME OF PROVIDER OR SUPPLIER Victory Health & Rehabilitation Center		STREET ADDRESS, CITY, STATE, ZIP CODE 512 49th Avenue North Minneapolis, MN 55430	
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 - Immediate jeopardy to resident health or safety 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** 32982</p> <p>Based on observation, interview, and document review, the facility failed to ensure 1 of 1 resident (R2) who was not allowed to have smoking materials did not have access to them. In addition, the facility failed to ensure 1 of 1 resident (R1) who was identified as independent to smoke was smoking in an appropriate area and these smoking practices constituted an Immediate Jeopardy (IJ) for R2 and R1.</p> <p>The IJ began on 5/27/2021, at 8:40 a.m. when R2 and R1 were noted to be smoking in their rooms and the interim director of nursing (DON) and administrator were notified of the IJ on 5/27/21, at 3:30 p.m. The immediate jeopardy was removed on 6/1/21, at 11:50 a.m. after the facility had implemented an acceptable removal plan. However, noncompliance remained at the lower scope and severity level of D, isolated with no actual harm with potential for more than minimal harm.</p> <p>Findings include:</p> <p>R2</p> <p>R2's diagnoses included dementia with behavioral disturbances, bipolar disorder and open angle glaucoma obtained from the MDS dated [DATE]. In addition, the MDS identified R2 had moderately impaired cognition.</p> <p>R2's care plan dated 3/12/21, indicated R2 was a modified smoker and directed the staff to ensure smoking supplies were stored with the smoking monitor/activities monitor/activities department. The care plan identified staff were to instruct R2 about smoking risks and hazards, staff were to instruct R2 about the facility policy on smoking: locations, times, safety concerns and the staff were to notify the charge nurse immediately if it was suspected R2 had violated facility smoking policy.</p> <p>R2's Smoking Safety Assessment - HDGR dated 4/18/21, identified R2 was cognitively intact but the facility was to store tobacco products and fire materials. The assessment however, did not give any explanation for why R2 had modified smoking interventions despite being cognitively intact. The assessment further indicated R2 understood and signed the smoking policy.</p> <p>(continued on next page)</p>		

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.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER
REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 5/27/21, at 9:32 a.m. R2's room was noted to have a profound fresh odor of cigarette smoke. During the observation, the window was observed approximately one inch wide open. R1 was observed at the time seated on the wheelchair which was parked in between the two beds in the room. R1's bathroom door located to the right when entering the room was observed to be shut. During the observation, the two beds in R1's room were observed with mattresses and linen on them, also the privacy curtains, books and magazine were observed in the room which were inflammable.</p> <p>On 5/27/21, at 9:33 a.m. as AD was entering R2's room, she stated R2 was one of the residents who was not supposed to have any smoking materials on him as he was supervised during smoking. AD then went into R2's room and right away stated It smells like cigarettes in here. AD then opened the bathroom door and went into the bathroom and stated you do have ashes in the garbage and loose tobacco. AD then approached R2 and handed him the facility smoking policy and stated You can't borrow and smoke in your room. AD then asked R2 if he had any cigarettes and a lighter and R2 stated no. AD then asked for permission to search the drawers, asked if they was anything in the wallet and she got a lighter out of the wallet. In the bathroom wall above the garbage can was a mounted plastic napkin dispenser with paper napkins, two boxes of gloves above the sink and shaving cream on the sink to the left of the faucet.</p> <p>During a follow up interview on 5/27/21, at 11:32 a.m. AD stated she did not know how R2 had gotten the cigarette to smoke in his room as R2 was a modified smoker and thus was not supposed to have a lighter or cigarettes on him. AD stated for R1, he was independent with smoking and did leave the facility to the community to obtain his smoking materials. AD stated nursing completed the smoking assessments and a modified smoker was someone who was considered not safe holding onto cigarettes or lighter, may drop the cigarette or was not able to light up or hold the cigarette. AD stated the smoking assessments were completed upon admission, quarterly and as needed by nursing. AD indicated then she would be update the resident category and the resident smoking list accordingly for her staff who monitored smoking. AD stated she did not know how the categories were determined and how or if the residents were observed during the assessment. AD further stated in the past when there was a questionable incident of a resident being identified as smoking in the rooms which had not occurred in a while, she and the social worker or the staff who noticed the smell would go to the room to do a room search and would remove the smoking materials to make sure the resident was safe.</p> <p>R1</p> <p>R1's diagnoses included tobacco use, alcohol use, opioid abuse, and peripheral vascular disease obtained from the quarterly Minimum Data Set (MDS) dated [DATE]. In addition, the MDS identified R1 had intact cognition.</p> <p>R1's care plan dated 3/21/21, identified R1 was an independent smoker. The care plan directed staff to instruct R1 about smoking risks and hazards, to instruct resident on the facility policy on smoking: locations, times, safety concerns and to notify the charge nurse immediately if it was suspected resident had violated facility smoking policy.</p> <p>R1's Smoking Safety Assessment - HDGR dated 1/18/21, indicated R1 was cognitively intact and independent with smoking. The assessment further indicated R1 understood and signed the smoking policy.</p> <p>(continued on next page)</p>		

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<p>F 0689</p> <p>Level of Harm - Immediate jeopardy to resident health or safety</p> <p>Residents Affected - Few</p>	<p>On 5/27/21, at 8:40 a.m. R1 was found to have a strong fresh odor of cigarette smoke in his room. During the observation, the window in R1's room was observed to be slightly open approximately one inch wide and below the window on the heat register was a small black fan that was running.</p> <p>-At 8:43 a.m. surveyor reported to registered nurse (RN)-A the cigarette smell in R1's room and RN-A stated he was going to go to the room to check.</p> <p>-At 8:44 a.m. RN-A was observed to exit R1's room and stated he was going to check with the facility assigned smoking monitor to find out if R1 was supposed to have cigarettes and a lighter on him as most residents at the facility were not allowed to keep them in their rooms. RN-A stated R1's room had cigarette smoke smell but he had not searched the room because R1 had denied smoking in the room and he had not removed the smoking materials from the room. RN-A stated residents were not allowed to smoke in the rooms due to safety issues as there were residents who used oxygen in the same hallway and in the facility. RN-A further stated when residents were found smoking in their rooms, the smoking materials were supposed to be removed from the room and handed to the smoking monitor, and then the staff were supposed to get another nurse or social worker to search the room.</p> <p>RN-A was never observed to find another nurse or social worker to search the room but continued to pass the morning medications.</p> <p>On 5/27/21, at 8:52 a.m. surveyor went and got the activities director (AD) who upon going into the bathroom verified the fresh cigarette smoke smell. AD then approached R1 who was seated on the wheelchair in the room watching television and asked R1 if he had been smoking in the bathroom and R1 stated am going to be honest with you I smoked one. AD then went over the facility smoking policy and rules with R1 and informed R1 it was not safe to smoke in the room for safety as there were other residents at the facility who used oxygen and nursing home fires happened very easily. AD then searched R1's room after receiving permission from him and she obtained two packs of [NAME] brand cigarettes with one and two cigarettes remaining in each of the packs and two lighters. AD then informed R1 she was going to have the social worker follow up with him afterwards.</p> <p>On 5/27/21, at 8:54 a.m. AD stated yes you were right he is one of the independent smokers and now we will re-assess him. We will take the smoking materials when they are caught smoking in their rooms and the residents will be provided the smoking materials at the smoking assigned times.</p> <p>On 5/27/21, at 3:06 p.m. licensed practical nurse (LPN)-A stated the items in the bathrooms and residents rooms which included mattresses and linens, privacy curtains, books and magazine were inflammable.</p> <p>During a review of the List of Current Smokers updated 5/25/21, it was revealed R1 was identified as Independent able to smoke independently and R2 was Modified and smoking materials were handed out to the resident. The list identified some residents as S and they were to be supervised by staff. In addition, the list indicated all residents smokers were determined by smoking assessments completed on admission, quarterly or as needed by the nurses. The list did not indicate how a resident category was determined and if the nurses had observed residents to complete the assessment.</p> <p>(continued on next page)</p>		

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F 0689 Level of Harm - Immediate jeopardy to resident health or safety Residents Affected - Few	<p>During interview on 5/28/21, at 7:59 a.m. with the the interim director of nursing (IDON) and the facility administrator, the IDON stated both of them had just assumed the roles in the last two days and directed the surveyor to the activities assistant (AA) on the expectation with residents managing smoking materials.</p> <p>During interview on 5/28/21, at 8:03 a.m. AA stated a modified smoker was a resident who the facility held their smoking materials, provided it to them at the smoking times, would light it up for them and watch them. AA then stated for Independent smoker the resident was able to keep their smoking materials on them and would smoke during the designated smoking times. AA also stated R2 was not supposed to have a lighter or cigarette on him. AA further stated the smoking policy had been reviewed with all the residents who smoked in the building and residents knew they were not allowed to smoke in their rooms. AA further stated residents who smoked in their rooms was a big safety issue.</p> <p>The facility Smoking policy updated 1/4/21, indicated the facility policy was to provide a safe environment for the residents and the goal was to keep residents safe. The policy also indicated the following:</p> <p>D. The facility will hold all smoking materials and hand out at designated smoking times at designated smoking area for the resident safety.</p> <p>E. Residents may not share, sell, give, borrow, or loan cigarettes to other residents or staff. Only a designated staff person will and/or can purchase cigarettes for residents. Residents are not allowed to accept or to give money, bank cards, or credit cards to other non-designated staff persons for any purpose . The policy did not address that residents were not allowed to smoke in the building, and there was no violation provision for residents who violated the facility smoking policy. In addition, the policy did not indicate there were independent smokers and that they were allowed cigarettes and a lighter(s) in their possession in the room.</p> <p>IJ removal:</p> <p>The IJ began on 5/27/21, and was removed on 6/1/21, after it was verified the facility had removed R1's and R2's cigarettes and lighters from the rooms; all residents who smoked were re-educated on the facility smoking policy; smoking assessments were completed for R1, R2 and care plans were updated. Also R1 and R2 cigarettes and light were held by the smoking monitor moving forward and all the residents who smoked were re-assessed and their care plans were updated accordingly. The facility policy was revised to include violation provisions for residents who violated the smoking policy. In addition, the facility implemented education for smoking aides and nursing staff immediately on the revised smoking policy and all the residents who had been identified to smoke were educated on the revised smoking policy and were to sign an acknowledgement of understanding the smoking policy.</p>		