

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  05/16/2022
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)
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Timely report suspected abuse, neglect, or theft and report the results of the investigation to proper authorities.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> 44650</p> <p>Based on interview and document review, the facility failed to ensure allegations of abuse were reported immediately, but no later than two hours, to the State Agency (SA) for 3 of 3 residents (R1, R2, R3) reviewed for abuse.</p> <p>Findings include:</p> <p>R1's quarterly Minimum Data Set (MDS) dated [DATE], indicated R1 had moderate cognitively impairment.</p> <p>R1's Diagnosis List obtained on 5/16/22, indicated R1's diagnosis included peripheral artery disease, COPD, depression, alcohol, and opioid abuse. R1 had a below the knee right leg amputation.</p> <p>R1's Care Plan obtained on 5/16/22, indicated R1 had a history of aggressive behaviors towards others.</p> <p>R2's quarterly MDS dated [DATE], indicated R2 was cognitively intact.</p> <p>R2's Diagnosis List obtained on 5/16/22, indicated R2's diagnosis included heart disease, chest pain, and diabetes. R2 had bilateral above the knee leg amputations.</p> <p>R2's Care Plan obtained on 5/16/22, indicated R2 had a history of aggressive behaviors towards others.</p> <p>R3's significant change MDS on 4/2/22, indicated R3 was cognitively intact.</p> <p>R3's Diagnosis List obtained on 5/16/22, indicated R3 diagnosis included diabetes, heart failure, PTSD.</p> <p>R3's Care Plan obtained on 5/16/22, indicated R3 had a history of aggressive behaviors towards others.</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
-----------------------------------------------------------------------	-------	-----------

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  05/16/2022
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)		
<p>F 0609</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>On 4/28/22, at 9:15 a.m. the SA received a facility reported incident of resident-to-resident abuse when three residents (R1, R2, R3) engaged in a physical altercation. The report incident details indicate the incident occurred on 4/27/22, at approximately 7:30 p.m. The incident was reported to the SA 11 hours and 45 minutes after the incident occurred.</p> <p>On 5/16/22, at 11:20 a.m. the administrator was interviewed. The administrator stated she had heard about the altercation when R1 wanted a cigarette back from R2. R1 and R2 argued then R1 knocked the cigarette out of R2's hand. The administrator stated R2 and R3 then left the facility grounds. The administrator stated when R2 and R3 returned to the facility, there was a second confrontation and fight between R1, R2, and R3. The administrator stated R1 and R3 were roommates, and R3 was moved to a different room. The administrator stated the facility had contacted her about the incident on 4/27/22, but she was told it was a verbal confrontation. The administrator stated the next day she found out it was a physical altercation.</p> <p>On 5/16/22, at 12:33 p.m. the administrator was interviewed again and stated she had attempted to submit the incident on 4/27/22, at approximately 8:30 p.m. to the SA, but she was having computer problems and the report did not go through. The administrator stated the following morning she submitted it after realizing she had not gotten a confirmation of her submission to the SA.</p> <p>The facility's Abuse Investigation Policy updated on 9/4/20, indicated abuse was to be reported to the SA immediately, but no later than 2 hours after the allegation was made.</p>		