STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245363	A. Building B. Wing	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aicota Health Care Center	850 Second Street Northwest Aitkin, MN 56431

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 0570 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Assure the security of all personal funds of residents deposited with the facility. 49877 Based on interview and document review, the facility failed to consistently provide a surety bond (a written agreement to guarantee payment of another company's obligation under a separate contract) to protect the account balance of the resident trust fund. This had the potential to affect 26 of 26 residents at the facility who have a trust account. Findings include: Review of the facility Trust-Current Account Balance report dated 1/17/25, identified 26 current resident trust accounts were managed by the facility. The sum of all 26 resident trust accounts on 1/17/25 totaled $3,142. 09. During interview on 1/16/25 at 3:03 p.m., revenue cycle manager (RCM) confirmed having partial responsibility for managing the resident trust fund account and was unaware of a surety bond. During interview on 1/17/24 at 12:40., business office manager (BOM) confirmed having the primary responsibility of managing the resident trust fund account. BOM was unsure of the amount of the surety bond or how to locate the surety bond. BOM stated the administrator would provide the surety bond shortly. A Merchants Bonding Company Resident Trust Fund Surety Bond notarized on 1/17/25 and effective from 1/1/25 to 1/1/26 was provided on 1/17/25. A request for the surety bond effective prior to 1/1/25 was requested but not received. A policy Trust Fund dated 5/10/24, identified a primary purpose was to comply with applicable regulatory agency rules. The policy did not address surety bonds.

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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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure each resident receives an accurate assessment. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47263 Based on interview and document review the facility failed to ensure submitted Minimum Data Set (MDS) assessments were accurate and/or comprehensive for 35 out of 54 residents (R2, R3, R4, R5, R6, R7, R9, R11, R13, R14, R17, R20, R21, R24, R25, R26, R28, R29, R31, R32, R33, R34, R35, R36, R38, R39, R42, R43, R44, R47, R48, R49, R50, R152. R204) reviewed for MDS accuracy. Findings include: The following resident's MDS assessments indicated restraints were being utilized in MDS section P-Restraints: -R3's admission MDS assessment dated [DATE], Section P indicated restraint use. -R5's admission MDS assessment dated [DATE], Section P indicated restraint use. -R6's annual MDS assessment dated [DATE], Section P indicated restraint use. -R7's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R9's significant change MDS assessment dated [DATE], Section P indicated restraint use. -R11's annual MDS assessment dated [DATE], Section P indicated restraint use. -R13's significant change MDS assessment dated [DATE], Section P indicated restraint use. -R14's significant change MDS assessment dated [DATE], Section P indicated restraint use. -R17's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R20's admission MDS assessment dated [DATE], Section P indicated restraint use. -R21's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R24's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R25's annual MDS assessment dated [DATE], Section P indicated restraint use. -R26's admission MDS assessment dated [DATE], Section P indicated restraint use. -R28's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R29's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R31's quarterly MDS assessment dated [DATE], Section P indicated restraint use. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-R32's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R33's annual MDS assessment dated [DATE], Section P indicated restraint use. -R34's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R36's significant change MDS assessment dated [DATE], Section P indicated restraint use. -R38's annual MDS assessment dated [DATE], Section P indicated restraint use. -R39's annual MDS assessment dated [DATE], Section P indicated restraint use. -R42's admission MDS assessment dated [DATE], Section P indicated restraint use. -R43's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R44's quarterly MDS assessment dated [DATE], Section P indicated restraint use. -R47's admission MDS assessment dated [DATE], Section P indicated restraint use. -R48's admission MDS assessment dated [DATE], Section P indicated restraint use. -R49's admission MDS assessment dated [DATE], Section P indicated restraint use. -R50's admission MDS assessment dated [DATE], Section P indicated restraint use. -R204's admission MDS assessment dated [DATE], Section P indicated restraint use. The following resident's MDS assessments lacked BIMS scores in section C - Cognition: -R4's quarterly MDS assessment dated [DATE], did not include a BIMS score. -R8's quarterly MDS assessment dated [DATE], did not include a BIMS score. -R13's significant change MDS assessment dated [DATE], did not include a BIMS score. -R14's significant change MDS assessment dated [DATE], did not include a BIMS score. -R24's quarterly MDS assessment dated [DATE], did not include a BIMS score. -R33's annual MDS assessment dated [DATE], did not include a BIMS score. -R34's quarterly MDS assessment dated [DATE], did not include a BIMS score. -R35's quarterly MDS assessment dated [DATE], did not include a BIMS score. -R36's significant change MDS assessment dated [DATE], did not include a BIMS score. (continued on next page)

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F 0641 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	-R38's annual MDS assessment dated [DATE], did not include a BIMS score. -R43's quarterly MDS assessment dated [DATE], did not include a BIMS score. -R152's admission MDS assessment dated [DATE], did not include a BIMS score. -R204's admission MDS assessment dated [DATE], did not include a BIMS score. On 1/17/25, the MDS coordinator was not available for interview. During an interview on 1/17/25 at 12:46 p.m., the director of nursing (DON) stated the facility was a restraint free facility and indicated restraints were not being utilized with any of their residents. There should not be any residents with a current MDS assessment coded with restraint use. The Cogntive section should be completed everytime a MDS assessment is due. All resident's should have a BIMS score each time their MDS data is due and submitted.

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	Ensure that the resident and his/her doctor meet face-to-face at all required visits. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47263 Based on interview and record review the facility failed to ensure provider required regulatory visits occurred face to face for 33 out of 54 residents (R1, R3, R4, R6, R7, R9, R10, R11, R12, R13, R14, R15, R16, R17, R18, R19, R21, R23, R24, R25, R27, R28, R30, R31, R32, R33, R34, R35, R39, R43, R44, R45, R49) reviewed for regulatory visit compliance. Findings include: On 1/21/25, the facility provided documentation which identified the following residents as having received regulatory visits via telemedicine [a visit conducted via audio and sound by a provider located in a different location] instead of required in person visits on the following dates: R1's quarterly MDS assessment dated [DATE], indicated R1 was cognitively intact with diagnoses of coronary artery disease, and heart failure. R1 had regulatory visits via telehealth on 8/2/24, and 12/22/24. R3's admission MDS assessment dated [DATE], indicated R3 was cognitively intact with diagnoses of wedge compression fracture of fourth lumbar vertebra and atrial fibrillation. R3 had a regulatory visit via telehealth on 12/18/24. R4's quarterly MDS assessment dated [DATE], indicated R4 did not have a cognitive assessment completed. R4's diagnoses included atrial fibrillation, coronary artery disease, hypertension, and renal insufficiency. R4 had regulatory visits via telehealth on 8/2/24 and 12/18/24. R6's annual MDS assessment dated [DATE], indicated R6 had moderate cognitive impairment with diagnoses of post-traumatic osteoarthritis, right ankle and foot and heart failure. R6 had regulatory visits via telehealth on 8/2/24, and 12/18/24. R7's quarterly MDS assessment dated [DATE], indicated R7 had moderate cognitive impairment with the diagnoses of atrial fibrillation, hypertension, and depression. R7 had regulatory visits via telehealth on 11/22/24, and 12/18/24. R9's significant change MDS assessment dated [DATE], indicated R9 had mild cognitive impairment with diagnoses of left femur fracture and hypertension. R9 had a regulatory visit via telehealth on 12/18/24. R10's quarterly MDS assessment dated [DATE], indicated R10 had moderate cognitive impairment with diagnoses of hypertension, CVA, aphasia, and dementia. R10 had regulatory visits via telehealth on 8/2/24, and 12/18/24. R11's annual MDS assessment dated [DATE], indicated R11 had moderate cognitive impairment with diagnoses of stroke, cancer, and hypertension. R11 had a regulatory visit via telehealth on 12/18/24. (continued on next page)

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R12's quarterly MDS assessment dated [DATE], indicated R12 had severe cognitive impairment with diagnoses of atrial fibrillation and hypertension. R12 had a regulatory visit via telehealth on 11/18/24. R13's significant change MDS assessment dated [DATE], indicated R13 was cognitively intact with diagnoses of cerebrovascular accident, aphasia, and depression. R13 had regulatory visits via telehealth on: 8/2/24, and 11/22/24. R14's significant change MDS assessment dated [DATE], indicated R14 had severe cognitive impairment with diagnoses of dementia and cancer. R14 had a regulatory visit via telehealth on 12/18/24. R15 significant change MDS dated [DATE], indicated R15 had severe cognitive impairment with diagnoses of dementia and cancer. R15 had a regulatory visit via telehealth on 12/18/24. R16's quarterly MDS assessment dated [DATE], indicated R16 had severe cognitive impairment with diagnoses of Alzheimer's disease and atrial fibrillation. R16 had regulatory visit via telehealth on 12/18/24. R17's quarterly MDS assessment dated [DATE], indicated R17 had mild cognitive impairment with diagnoses of dementia and hypertension. R17 had a regulatory visit via telehealth on 11/22/24. R18's quarterly MDS assessment 11/4/24, indicated R18 had moderate cognitive impairment with diagnoses of CVA, hypertension, aphasia, hemiplegia, and seizure disorder. R18 had a regulatory visit via telehealth on 12/18/24. R19's quarterly MDS assessment dated [DATE], indicated a cognitive assessment was not completed. R19 had the diagnosis of hemiplegia and hemiparesis following cerebral infarction affecting left non-dominant side. R19 had a regulatory visit via telehealth on 12/18/24. R21's quarterly MDS assessment dated [DATE], indicated R21 was cognitively intact with diagnoses of cancer, hypertension, congestive heart failure, diabetes, and Parkinson's disease. R21 had a regulatory visit via telehealth on 12/18/24. R23's quarterly MDS assessment dated [DATE], indicated R23 had severe cognitive impairment with diagnoses of Alzheimer's disease, hypertension, anxiety, and depression. R23 had a regulatory visit via telehealth on 12/18/24. R24's quarterly MDS assessment dated [DATE], indicated a cognitive assessment was not completed. R24's diagnoses included cerebrovascular accident, traumatic brain injury, seizure disorder, hypertension, aphasia, and dementia. R24 had a regulatory visit via telehealth on 11/22/24. R25's annual MDS assessment dated [DATE], indicated R25 had moderate cognitive impairment with diagnoses of coronary artery disease, hypertension, and dementia. R25 had a regulatory visit via telehealth on 12/18/25. R27's quarterly MDS assessment dated [DATE], indicated R27 was cognitively intact with the diagnoses of cerebrovascular accident, hemiplegia, dementia, asthma, and depression. R27 had a regulatory visit via telehealth on 12/18/24. (continued on next page)

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	R28's quarterly MDS assessment dated [DATE], indicated R28 was cognitively intact with diagnoses of hemiplegia and hemiparesis following cerebral infarction affecting right dominant side. R28 had a regulatory visit via telehealth on 11/22/24. R30's quarterly assessment dated [DATE], indicated R30 had severe cognitive impairment with diagnoses of hypertension, benign prostatic hyperplasia, dementia, and Parkinson's disease. R30 had a regulatory visit via telehealth on 12/18/24. R31's quarterly MDS assessment dated [DATE], indicated R31 was cognitively intact with diagnoses of atrial fibrillation, heart failure, hypertension, and peripheral vascular disease. R31 had a regulatory visit via telehealth on 11/22/24. R32's quarterly MDS assessment dated [DATE], indicated R32 had moderate cognitive impairment with diagnoses of hypertension, CVA, aphasia, and dementia. R32 had a regulatory visit via telehealth on 8/2/24. R33's annual MDS assessment dated [DATE], indicated a cognitive assessment was not completed. R33 had diagnoses of renal insufficiency, diabetes, Alzheimer's disease, and depression. R33 had a regulatory visit via telehealth on 12/18/24. R34's quarterly MDS assessment dated [DATE], indicated a cognitive assessment was not completed. R34's diagnoses included hypertension, diabetes, and Parkinson's disease. R34 had a regulatory visit via telehealth on 12/18/24. R35's quarterly MDS assessment dated [DATE], indicated a cognitive assessment was not completed. R35's diagnoses included end stage renal disease, Alzheimer's disease, and anxiety disorder. R35 had a regulatory visit via telehealth on 12/18/24. R39's annual MDS assessment dated [DATE], indicated R39 had severe cognitive impairment with diagnoses of congestive heart failure, dementia, and atrial fibrillation. R39 had a regulatory visit via telehealth on 12/18/24. R43's quarterly MDS assessment dated [DATE], indicated a cognitive assessment was not completed. R43 had the diagnoses of neurocognitive disorder with Lewy bodies and coronary artery disease. R43 had a regulatory visit via telehealth on 12/18/24. R44's quarterly MDS assessment dated [DATE], indicated R44 had severe cognitive impairment with diagnoses of osteoarthritis and chronic pain. R44 had a regulatory visit via telehealth on 12/18/24. R45's quarterly MDS assessment dated [DATE], indicated R45 had moderate cognitive impairment with diagnoses of atrial fibrillation, multiple rib fractures, and a seizure disorder. R45 had a regulatory visit via telehealth on 12/18/24. R49's admission MDS assessment dated [DATE], indicated R49 was cognitively intact with diagnoses of Staphylococcal arthritis, left knee and seizure disorder. R49 had a regulatory visit via telehealth on 12/18/24. (continued on next page)

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F 0712 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Some	During an interview on 1/17/25 at 12:46 p.m., the director of nursing (DON) stated the facility had started to do Telehealth visits back in August of 2024, when they switched to the Twin Cities Physician Group. The DON confirmed telehealth was being utilized at the facility to complete required provider regulatory visits. During an interview on 1/17/25 at 4:30 p.m., the Twin Cities Physician group vice president of operations confirmed their group provided telehealth services at the facility and stated they primarily used telehealth for regulatory visits. During an interview on 1/21/25 at 10:30 a.m., the medical director confirmed they were utilizing telehealth visits to perform provider regulatory visits. The MD explained they sent a registered nurse to the facility who was trained to operate telehealth equipment and perform assessments like auscultation of heart and lung when needed. The MD indicated they believed the telehealth visits were complaint with federal regulations. The facility policy Telehealth dated 5/1/2020, indicated the Twin Cities Physicians provided HIPPA compliant interactive audio/video telehealth visits at their facility. The policy did not address federal regulation requirements for in-person provider regulatory visits at long term care facilities. The Centers for Medicare & Medicare Services (CMS) memo Ref: QSO-22-15-NH & NLTC & LSC issued 4/7/22, identified long term care regulatory visits could no longer be conducted via telehealth as of 30 days from the issuance of the memo.

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F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Ensure that the facility has sufficient staff members who possess the competencies and skills to meet the behavioral health needs of residents. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47263 Based on observation, interview, and document review, the facility failed to ensure non-pharmacological interventions were attempted prior to the administration of psychotropic medications [mood altering medications] for 1 of 6 residents (R252) reviewed for psychotropic medications. Findings include: R252's admission Minimum Data Set (MDS) dated [DATE], did not include a cognitive assessment. R252's Section I Active Diagnoses included: cerebrovascular accident (CVA), hemiplegia, anxiety, hallucinations, attention deficit disorder, and depression. Section E -Behaviors indicated R252 experienced hallucinations and delusional thinking and exhibited behaviors which included: physical and verbal symptoms directed towards others one to three times during the assessment period. Part E0500 indicated the behaviors put the resident at significant risk for physical illness/harm, significantly interfered with resident's care, and significantly impacted the resident's participation in activities and social interaction. R252's Care plan last reviewed on 1/14/25, included the following focus, goal, and interventions: -Focus: the resident uses anti-anxiety medications related to anxiety disorder. Goal: R252 will be free from discomfort or adverse reactions related to anti-anxiety therapy. Interventions: give antianxiety medications as ordered by physician. Monitor for side effects and effectiveness. -Focus: R252 is on sedative/hypnotic therapy d/t hallucinations/delusions: diphenhydramine use. Goal: resident will be free of any discomfort or adverse side effect. Intervention: administer -Focus: Behavior management r/t anxiety dx evidenced by anger, decreased mood, irritability, paranoia, hallucinations, delusional thoughts, physical aggression, verbal aggression. Goal: R252 will respond well to pscyh med use with no increase in behaviors/symptoms through next review. Interventions: included non-pharmacological interventions and instructed staff to document effectiveness of interventions. R252's care plan lacked evidence that R252's use of antipsychotic medications had been incorporated into R252's plan of care. The care plan also lacked evidence of direction for non-pharmacological interventions to be attempted prior to the administration of as needed (PRN) psychotropic medications. R252's Orders Summary Report Dated 1/17/25, and Medication Administration Record for the Month of January 2025, (documented dates 1/1 - 1/17/25) included the following orders for psychotropic medications: -diphenhydramine HCl Injection Solution (Diphenhydramine HCl) Inject 50 mg intramuscularly every 8 hours as needed for Hallucinations related to other hallucinations (R44.2) Mix Benadryl and Haldol together- give injection along with Ativan Injection (B52 Shot). Ordered: 1/11/25 no stop date. (continued on next page)

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F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-If B52 injection (Benadryl, Haldol, Ativan) is given, vitals should be monitored every 2 hours for 6 hours. -Haldol injection Solution 5 MG/ML Inject 5 mg intramuscularly every 8 hours as needed for hallucinations related to other hallucinations (R44.2). Mix Benadryl and Haldol together- give injection along with Ativan Injection (B52 Shot). Order renewed 1/11/25 no stop date. -Ativan injection solution 2 MG/ML (lorazepam) Inject 2 mg intramuscularly one time only for hallucinations until 1/7/25. To be given as part of B52 shot. Reordered: 1/11/25 no stop date. -haloperidol Oral Tablet 5 MG (Haloperidol) Give 5 mg by mouth every 4 hours as needed for restlessness, agitation related to restlessness and agitation (R45.1) for 3 Days Ordered 1/15/25. -Haldol Oral Tablet 2 MG (Haloperidol) Give 2 mg by mouth every 6 hours as needed for hallucinations. Start date: 1/10/25 discontinued: 1/15/25. -Haldol Oral Tablet 2 MG (Haloperidol) Give 2 mg by mouth every 6 hours as needed for hallucinations. Start date: 1/3/25 discontinued: 1/10/25. -Lorazepam SoluTab Give 0.5 mg by mouth every 4 hours as needed for anxiety and shortness of breath. Start date: 1/16/25. -clonazepam oral tablet 1 mg (Klonopin) give 1 mg by mouth every 12 hours as needed for anxiety/behaviors related to anxiety disorder unspecified (F41.9). ensure 4 hours between schedule dose and prn dose. Start Date; 1/11/25 -D/C Date- 1/15/25. -clonazepam oral tablet 1 mg (Klonopin) give 1 mg by mouth every 4 hours as needed for anxiety/behaviors related to anxiety disorder unspecified (F41.9). for 3 days. Start date: 1/15/24. R252's Medication Administration Record indicated the following PRN medications were administered to R252 between 1/2/25 and 1/17/25: -haloperidol Oral Tablet 5 MG (Haloperidol). Two doses on 1/16/25. -Haldol 2mg every 6 hours PRN. Doses were administered on: 1/3/25, 1/4/25, 1/6/25, 1/7/25, 2 doses 1/8/25, 2 doses 1/9/25, 2 doses 1/10/25, 1/12/25, 2 doses 1/14,25, and 1/15/25. -Ativan Injection Solution 2 MG/ML (Lorazepam) Inject 2 mg intramuscularly: one dose was administered on 1/7/25. -lorazepam soluble tab 0.5 mg as needed at bedtime PRN. Doses were administered on: 1/16/25 and two doses 1/17/25. -clonazepam oral tablet 1 mg give 1 mg by mouth every 12 hours as needed for anxiety/behaviors. Doses were administered on: 1/3/25, 1/4/25, 1/5/25, 1/7/25, two doses 1/8/25, 1/9/25, two doses 1/10/25, two doses 1/11/25, 1/13/25, and two doses 1/14/25. (continued on next page)

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F 0741 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	-clonazepam oral tablet 1 mg (Klonopin) give 1 mg by mouth every 4 hours as needed for anxiety/behaviors. Doses were administered on: 1/15/25, and two doses 1/16/25. R252's medical record lacked evidence to support staff had attempted non-pharmacological interventions prior to the administration of the psychotropic medications: Haldol, lorazepam, clonazepam, and Benadryl. . During an intermittent observation on 01/14/25 between 3:28 and 7:02 p.m., R252 was in bed intermittently making low volume non-distinguishable sounds. During an interview on 1/16/25 at 2:01 p.m., licensed practical nurse (LPN-B) stated when a resident had a medication like Ativan or Haldol, they would do an assessment on the resident to see what was going on before they gave the medication. If the resident could not speak, then they would base thier assessment to give on non-verbal cues. During an interview on 1/16/25 at 2:27 p.m., registered nurse (RN-B) stated for PRNs, if a resident had PRN medication like Haldol or Ativan ordered, they would give the PRN to the resident if they requested it. Likewise, if they assessed a resident and found they had symptoms of anxiety or behaviors that were uncomfortable or could become worse they would also give the PRN in that instance. During an interview on 1/17/25 at 8:06 a.m., (LPN-A) stated they did not have a specific place where they charted non-pharmacological interventions prior to administration of medications like Haldol or Ativan. LPN-A stated their practice was to make sure order parameters were met prior to administering PRN medications and they did try to do non-pharmacological interventions like essential oils when they could. During an interview on 1/17/25 at 12:23 p.m., (RN-A) stated R252's care plan did have non-pharmacological interventions however they would have to review to R252's chart to determine if interventions were being attempted prior to administration of psychotropics. During an interview on 1/17/25 at 1:29 p.m. the director of nursing (DON) stated they had reviewed R252's documentation and they had not found documentation of non-pharmacological interventions being attempted prior to administered doses of Haldol and lorazepam. The DON stated they had the expectation that staff would attempt non-pharmacologic interventions prior to administration of lorazepam or Haldol. The DON indicated they had discussed with staff that non-pharmacologic interventions prior to psychotropic drug administation should be included in the orders so it can be documented on. The facility policy Medications: Psychotropic Medications dated 12/23/24, indicated the facility would comply with state and federal regulations related to psychotropic medications and line item 19 indicated non-pharmacologic interventions should be attempted prior to the administration of PRN psychotropic medications.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245363	A. Building B. Wing	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aicota Health Care Center	850 Second Street Northwest Aitkin, MN 56431

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 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Implement gradual dose reductions(GDR) and non-pharmacological interventions, unless contraindicated, prior to initiating or instead of continuing psychotropic medication; and PRN orders for psychotropic medications are only used when the medication is necessary and PRN use is limited. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 47263 Based on interview and document review the facility failed to ensure orders for PRN (as needed) psychotropic medication (mood altering medications) were time limited to 14 days for 2 of 6 residents (R29, R42). In addition, the facility failed to ensure provider assessment and documentation of rationale and duration of continuation of a psychotropic PRN medication beyond 14 days occurred for one of six residents (R29) reviewed for PRN psychotropic medication use. R29 R29's Minimum Data Set (MDS) dated [DATE], identified R29 was cognitively intact. R29's diagnoses included wedge compression fracture of second lumbar vertebra, congestive heart failure, major depression, anxiety disorder, intermittent explosive disorder. R29's Order Summary Report listed orders as of 1/2025, identified lorazepam solu tab give 0.5 mg by mouth every 4 hours as needed for anxiety ordered. Order date was 8/16/24, with no stop date. A document titled Order Number 280894 from the hospice agency documented the following hospice order dated 11/15/24: Pt appropriate to continue lorazepam 0.5 mg q 4 hours prn for anxiety/SOB. RNCM/hospice md to review in 60 days 1/14/25. An unrequested facility provided document titled PRN Medication Audit Report 12/1/24 to 1/17/25, indicated R29 had received Morphine PRN twice and had not received PRN Ativan during the reported time interval. R29's medical record and provided documentation lacked evidence to show R29's PRN Ativan had been reviewed between 8/16/24 and 11/15/24, nor was there documented rationale for a greater than 14 day order duration for PRN Ativan. During an interview on 1/17/25 at 12:15 p.m., the director of nursing (DON) stated PRN psychotropic medication should be reviewed every 14 days and indicated they were checking with hospice to determine if the hospice agency had a process in place to review R29's prn Ativan order every 14 days. During a follow-up interview on 1/17/25 at 4:29 p.m., the DON stated they had not been able to find evidence that PRN psychotropics were being reviewed every 14 days for order continuation or at an alternative interval determined by the provider. The facility policy Medications: Psychotropic Medications dated 12/23/24, indicated the facility would comply with state and federal regulations related to psychotropic medications and line item 18 indicated PRN psychotropic medications will be ordered for 2 weeks and only for specific clearly documented circumstances and will be re-evaluated if extension past 2 weeks is needed and documented rationale written by provider. 49878 (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245363	A. Building B. Wing	01/17/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Aicota Health Care Center	850 Second Street Northwest Aitkin, MN 56431

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F 0758 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	R42 R42's admission minimum data set (MDS) dated [DATE], identified severe cognitive impairment and diagnoses of traumatic subarachnoid hemorrhage with loss of consciousness, hypertension, post-traumatic stress disorder, bipolar disorder, dementia, depression, and type 2 diabetes. R42's orders dated 1/10/25 with no end date, identified lorazepam (anti-anxiety medication) oral tablet 1 milligram (mg) give 0.5 mg by mouth every 4 hours as needed (PRN) for anxiety. R42's care plan last revised on 11/27/24, identified resident as taking psychoactive medication related to dementia, and taking antidepressant medication related to dementia and bipolar disorder. Psychoactive medication informed consent form dated 11/1/24, identified R42's spouse consented to R42 receiving melatonin (sleep aid), Abilify (antipsychotic medication), memantine (dementia medication), and sertraline (antidepressant). During interview on 1/17/25 at 4:29 p.m., the director of nursing (DON) stated they had not been able to find evidence that PRN psychotropics were being reviewed every 14 days for order continuation or at an alternative interval determined by the provider. Facility policy Psychotropic Medications dated 5/23/24, stated PRN psychotropic medications will be ordered for 2 weeks and only for specific clearly documented circumstances and will be re-evaluated if extension past 2 weeks is needed and documented rationale written by provider.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245363	A. Building B. Wing	01/17/2025

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F 0851 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data. 49878 Based on interview and document review, the facility failed to timely submit staffing data for 2 of 4 quarters reviewed (quarter 1 and 2) to the Centers for Medicare and Medicaid Services (CMS) according to specifications established by CMS. The provider had implemented corrective action prior to the investigation, therefore, the deficiency was issued as past non-compliance. Findings include: Review of the Payroll Based Journal Report (PBJ) [NAME] Report 1705D for fiscal year 2024 quarter 1 (October 1- December 31) and fiscal year 2024 quarter 2 (January 1- March 31), identified no data had been submitted. During interview on 1/17/25 at 4:35 p.m., director of nursing (DON) stated it was their responsibility to send staffing data to CMS. DON further stated not being aware of submission failure until after an internal audit revealed the problem. DON identified an incorrect data file had been used for the submission of staffing data. DON reported the problem was addressed already and the correct file type was now used for submitting staffing data to CMS. The expectation was for staffing data to be submitted correctly each quarter before the deadline. It was important to ensure staffing data was submitted before the deadline because it could interfere with the facility's overall star rating and impact the accuracy staffing information being presented to CMS.