

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

Printed: 05/20/2025
Form Approved OMB
No. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245564	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED 04/17/2024
NAME OF PROVIDER OR SUPPLIER Browns Valley Health Center		STREET ADDRESS, CITY, STATE, ZIP CODE 114 Jefferson Street South Browns Valley, MN 56219	
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 0684 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	<p>Provide appropriate treatment and care according to orders, resident's preferences and goals.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** 37905</p> <p>Based on observation, interview and document review, the facility failed to ensure proper wheelchair positioning was implemented for 1 of 1 residents (R4) observed to have concerns with positioning. In addition, the facility failed to comprehensively assess and implement interventions for 1 of 1 residents (R16) observed with edema (excess of watery fluid collection in tissues of body).</p> <p>Findings include:</p> <p>POSITIONING</p> <p>R4's annual Minimum Data Set (MDS) dated [DATE], identified R4 had severe cognitive impairment with diagnoses which included: dementia, arthritis, and low back pain. Indicated R4 used a wheelchair with substantial/maximal assistance to wheel 50 feet, and was dependent to wheel 150 feet.</p> <p>R4's care plan dated 4/17/24, identified R4 required a Hoyer (mechanical) lift to transfer, a manual wheelchair with interventions that included: needed assistance with wheelchair, clear obstacles from pathway, and staff to propel from one destination to another.</p> <p>During an observation on 4/15/24 at 4:31 p.m., R4 was dressed in street clothes and seated in manual wheelchair in the Coliseum sitting area. R4 wore slipper socks and R4's feet dangled from the wheelchair seat, approximately five to six inches off the floor with her toes pointed down. R4's wheelchair had no foot pedals and R4's feet could not reach the floor. At 6:01 p.m., R4 was observed in her wheelchair in the Coliseum sitting area. R4's feet continued to dangle from the wheelchair seat, approximately two inches from the floor, while her toes pointed down towards the floor. At 7:46 p.m., R4 was observed in her wheelchair in the Coliseum sitting area, while her feet continued to dangle above the floor approximately two inches.</p> <p>During an observation on 4/16/24 at 11:52 a.m., R4 was dressed in street clothes seated in a manual wheelchair in the Coliseum sitting area. R4's stocking covered toes were observed to touch the floor by the tips of the toes, while the rest of R4's feet dangled off the floor. At 1:21 p.m., R4 was observed in the wheelchair in the Coliseum sitting area. R4's stocking covered feet were observed to dangle from the floor one to two inches above the floor. R4 began to propel herself slowly around the area in her wheelchair, using her hands on the wheels.</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 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/16/24 at 2:40 p.m., nursing assistant (NA)-A stated R4 used her hands to propel her wheelchair however it went slowly. NA-A indicated R4 had never used wheelchair pedals and felt R4's feet would not sit flat on the floor. NA-A indicated she was not aware if R4 had ever been assessed for wheelchair positioning.</p> <p>During an interview on 4/16/24 at 3:56 p.m., licensed practical nurse (LPN)-C stated R4 required a Hoyer for transferring and used a wheelchair for mobility. LPN-C confirmed R4's feet dangled from the wheelchair above the floor, and indicated R4 used the tips of her toes while propelling the wheelchair and did not use foot pedals on her wheelchair. LPN was unsure if R4 had been assessed for wheelchair positioning by therapy and stated R4 had not had a therapy evaluation recently. LPN-C stated it was important for R4's feet to be supported in her wheelchair for good positioning.</p> <p>During an observation on 4/17/24 at 7:14 a.m., R4 was dressed in street clothes seated in her wheelchair, R4's right foot dangled above the floor, while R4's left toes were touching the floor. At 12:47 p.m., R4 was in wheelchair at table in the dining room. R4's left toes were touching the floor by the tips, while R4's right toes rested on the bottom of the table stand.</p> <p>During an interview on 4/17/24 at 1:03 p.m., certified occupational therapist assistant (COTA)-A confirmed COTA-A had worked with R4 previously related to her shoulder however it had been over a year ago. COTA-A stated for wheelchair assessments, they looked for proper fit, sitting balance, posture, safety and mobility. COTA-A stated R4 did not use foot pedals due to contractions in both knees and ankles and confirmed R4's feet barely touched the floor. COTA-A indicated when a resident's feet dangled above the floor, staff just needed to ensure the resident was safe and it did not cause pressure on their legs. COTA-A indicated improper positioning could cause discomfort for the resident. COTA-A stated COTA-A had never observed R4 propel herself in her wheelchair using her feet, just her arms. COTA-A stated they could do an assessment for a different wheelchair for R4, as R4's wheelchair could not be lowered.</p> <p>EDEMA</p> <p>R16</p> <p>R16's significant change MDS dated [DATE], identified R16 was cognitively intact and had diagnoses which included: heart failure, hypertension, chronic kidney disease and diabetes mellitus. Identified R16 was dependent on staff assistance for dressing and putting on/taking off footwear.</p> <p>R16's care plan dated 4/17/24, identified R16 was at risk for shortness of breath, edema or chest pain related to congestive heart failure. Interventions included to monitor for signs and symptoms of heart failure, which included edema. Indicated R16 required assistance with dressing, with interventions which included assist of one with putting on knee high socks in morning (AM) and removing at bed time (HS). To do while in bed or recliner.</p> <p>R16's Weekly General Observation Results assessments reviewed from 1/18/24 to 4/12/24, identified the following:</p> <p>-1/18/24-pedal edema (swelling from fluid gathered in feet and lower legs) present -yes, right lower extremity, edema-2+ (numbered pitting edema scale which identified indentation and depth, with rebound time, scale of 1-4), left lower extremity edema-2+.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>-1/24/24-pedal edema present-yes, right lower extremity edema-2+, left lower extremity edema-2+.</p> <p>-2/7/24, area blank related to edema, not assessed.</p> <p>-2/14/24-pedal edema present-yes, bilateral extremities-3+.</p> <p>-2/21/24-area blank related to edema, not assessed.</p> <p>-3/14/24-pedal edema present-yes, bilateral extremities-3+.</p> <p>-3/20/24-area blank related to edema, not assessed.</p> <p>-3/29/24- pedal edema present-yes, right lower extremity edema-2+, left lower extremity edema-2+.</p> <p>-4/12/24-pedal edema present-yes, right lower extremity edema-1+, left lower extremity edema-1+.</p> <p>R16's progress notes reviewed from 1/23/24 to 4/17/24, identified on 2/25/24, R16 was admitted to hospital related to decline in health condition with CHF and renal failure.</p> <p>R16's primary care physician (PCP)-A's progress note dated 4/9/24, identified R16 had recovered from the serious illness he had. Progress note identified extremities had no clubbing (enlargement of ends) or cyanosis (bluish discoloration). R16's progress note lacked information if R16 had edema present or there was treatment for R16's edema.</p> <p>During an interview on 4/15/24 at 2:06 p.m., R16 stated he did have edema and swelling. R16 indicated the staff did not want to apply his stockings any more as they were tight and too small. R16 stated he liked to wear them, however was unable to get to town to purchase new ones. R16 was wearing regular black socks, and no compression stockings during observation, and his feet and ankles appeared slightly swollen.</p> <p>During an observation and interview on 4/16/24 at 11:18 a.m., R16 was in the common area seated in his wheelchair participating in exercise activity. R16 wore sandals with regular black socks. At 1:29 p.m., R16 was in his room in his wheelchair reading. R16 stated he did have some swelling of his feet and ankles today. R16's feet appeared to have some indentation where the sandal straps were across the tops of his feet. R16 stated he did not wear his shoes since they were too tight and they were stored on a small shelf on a table next to his chair.</p> <p>During an interview on 4/16/24 at 2:53 p.m., NA-A stated night staff assisted him with dressing in the morning since he usually woke up around 4 a.m. NA-A stated R16 did not ask for his knee high socks any more and was not certain why.</p> <p>During an interview on 4/16/24 at 4:19 p.m., LPN-C stated R16 wore compression stockings and the night shift usually applied them. LPN-C indicated the stockings were important to help with edema and circulation. LPN-C stated it would have been identified on R16's care guide (care plan) for the nursing assistants or the treatment administration record (TAR) if the nurses were to apply the compression stockings. LPN-C stated it might have been on the night shifts TAR. At 4:32 p.m., LPN-C confirmed R16 did not have compression stockings on and confirmed R16 had 3+ edema of his feet and ankles.</p> <p>(continued on next page)</p>		

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<p>F 0684</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During an interview on 4/17/24 at 1:14 p.m., director of nursing (DON) confirmed residents feet should not dangle above the floor while in wheelchairs. DON indicated she became aware of the concern with R4's wheelchair positioning yesterday and stated they noticed R4 had a different wheelchair cushion in her wheelchair. They placed R4's old cushion back in her wheelchair yesterday and thought that was helpful. DON indicated the facility's usual process was to have therapy assess residents for proper fitting wheelchairs. DON stated it was important to have proper fitting wheelchairs to prevent injury. DON confirmed R4's feet dangled off the floor and indicated it could cause R4 pain and R4 did not have any where to rest her feet.</p> <p>During an interview on 4/16/24 at 4:52 p.m., director of nursing (DON) confirmed R16 had never had an order for compression stockings. DON confirmed R16 had 2-3+ edema now. DON indicated it would have been helpful for R16 to wear compression stockings to decrease swelling. DON stated she had assisted to apply R16's knee high stockings on, however it was not easy to apply them. DON stated she would have to discuss with PCP-A to obtain an order for them. DON stated R16 had a type of compression knee high stockings in his drawer. At 5:27 p.m., DON stated she contacted PCP-A, and indicated PCP-A was not aware R16 wore compression stockings, and wanted R16 measured for Job stockings by therapy. DON stated she would have expected the nurses to notify PCP-A that R16 had edema and was wearing compression stockings. DON stated it was important to obtain R16's measurements for correct fit for R16's edema. DON indicated she was not sure if any nursing staff were aware R16's knee high stockings were actually compression stockings. On 4/17/23 at 10:31 a.m., DON indicated she had contacted R16's family member and was informed R16 purchased those stockings over the counter himself.</p> <p>On 4/17/24 at 11:53 a.m., a phone call and message was left to PCP-A for interview. No return call was received.</p> <p>The facility policy titled Adaptive And Positioning Equipment dated 11/2023, identified the facility would provide equipment that allowed residents to achieve their highest most practicable level of function. The policy procedure identified nursing would make referral to occupational therapy (OT) or physical therapy (PT) for wheelchair positioning, seating assessment or other adaptive equipment recommendation. OT/PT staff would conduct the assessment and make a recommendation for wheelchair modification and/or equipment. Nurse manager documented equipment use in care plan. Nursing and/or OT department (dept.) observed appropriateness of continued use of equipment.</p> <p>The facility policy titled Application & Removal Of Compression Stockings/Support Hose dated 1/2014, identified application and removal of compression stockings/support hose was done in accordance with the physician's plan of care. Continuous assessment/monitoring of the lower extremities should always accompany the changing of compression stockings/support hose. This included swelling, color changes, temperature changes, presence of pain, areas of constriction, or skin abrasions. The policy procedure included to check the care plan for any specific client instructions.</p>		

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<p>F 0851</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Many</p>	<p>Electronically submit to CMS complete and accurate direct care staffing information, based on payroll and other verifiable and auditable data.</p> <p>37905</p> <p>Based on interview and document review, the facility failed to submit complete and accurate direct care staffing information, including information for licensed practical nursing staff, based on payroll and other verifiable and auditable data, during 1 of 1 quarters reviewed (Quarter 1), to the Centers for Medicare and Medicaid Services (CMS) according to specifications established by CMS. This deficient practice had the potential to affect all 27 residents residing in the facility.</p> <p>Findings include:</p> <p>Review of the Payroll Based Journal Report (PBJ) [NAME] Report 1705 D identified the following dates triggered for review: 10/01/23, 10/03/23, 10/07/23, 10/08/23, 10/10/23, 10/12/23, 10/14/23, 10/15/23, 10/17/23, 10/21/23, 10/22/23, 10/23/23, 10/26/23, 10/28/23, 10/29/23, 10/31/23, 11/04/23, 11/05/23, 11/10/23, 11/11/23, 11/12/23, 11/14/23, 11/17/23, 11/18/23, 11/19/23, 11/21/23, 12/02/23, 12/03/23, 12/09/23, 12/10/23, 12/12/23, 12/19/23, 12/23/23, 12/24/23, 12/29/23, 12/30/23, and 12/31/23, for failure to have licensed nurse coverage 24 hours per day.</p> <p>Review of staffing schedules from 10/1/23 thorough 12/31/23, identified the facility had ten staff identified to have worked: registered nurse (RN)-A, RN-B, RN-C, Licensed Practical Nurse (LPN)-A, LPN-B, LPN-C, LPN-D, LPN-E, director of nursing (DON) and assistant director of nursing (ADON) on each of the above dates listed. In addition, review of staff's time cards from 10/1/23 through 12/31/23, on the above-mentioned dates identified licensed nursing staff had worked.</p> <p>Review of the facility's staffing schedules and time cards identified a discrepancy with the PBJ report.</p> <p>During an interview on 4/15/24 at 6:20 p.m., administrator confirmed the above findings and stated licensed staff had worked on the dates mentioned above. In addition, administrator indicated the PBJ report was inaccurate and was aware of the issues. Administrator stated the LPN staff and trained medication aides (TMAs) were not coded correctly, and the facility knew how to fix the issues going forward.</p> <p>Review of the facility policy titled Payroll Based Journal (PBJ) dated 4/1/19, identified PBJ was CMS's mandatory electronic submission for long-term care of each care center's staffing information based on payroll data. The facility would use PBJ data to assure the delivery of quality of care to assure compliance with regulatory requirements. The policy identified the facility would gather complete and accurate direct care staffing information and the facility's Employment System Department (ESD) would review all PBJ data for accuracy and submit prior to the CMS mandated deadline.</p>		