

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  245229	(X2) MULTIPLE CONSTRUCTION A. Building B. Wing	(X3) DATE SURVEY COMPLETED  03/27/2025
NAME OF PROVIDER OR SUPPLIER  Friendship Village of Bloomington		STREET ADDRESS, CITY, STATE, ZIP CODE  8130 Highwood Drive Bloomington, MN 55438	
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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>Ensure residents do not lose the ability to perform activities of daily living unless there is a medical reason.</p> <p><b>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</b> Based on observation, interview, and document review, the facility failed to ensure activities of daily living (ADLs) were completed, including shaving for 1 of 1 resident (R22) reviewed for grooming.</p> <p>Findings include:</p> <p>R22's annual Minimum Data Set (MDS) dated [DATE], indicated R22 had severe cognitive impairment, required partial to moderate assistance with personal hygiene including shaving, and did not exhibit rejection of care. R22's diagnoses included Alzheimer's, dementia, lack of coordination, and need for assistance with personal cares.</p> <p>R22's care plan dated 2/25/25, indicated R22 had an ADL self-care deficit related to diagnoses and impaired balance. The care plan instructed staff to assist R22 with personal hygiene and cares.</p> <p>R22's [NAME] printed 3/25/25, indicated R22 required assistance with cares and instructed staff to keep his routine as consistent as possible.</p> <p>R22's shaving task dated 2/24/25 through 3/24/25 indicated, Resident *MUST* be shaved. A check mark was documented once each day under the Yes column.</p> <p>R22's March 2025, treatment administration record (TAR) indicated, Document if resident was shaved . A check mark and yes or Y was documented twice a day each day in March through day shift on 3/25/25.</p> <p>During observation and interview on 3/24/25 at 1:38 p.m., R22 stated he preferred to be clean shaven and usually shaved every day. R22 had several day's growth of facial hair.</p> <p>During observation on 3/25/25 at 1:05 p.m., R22 was sitting in the dining room eating lunch. R22 was not shaved and had a several day's growth of facial hair.</p> <p>During interview on 3/25/25 at 2:36 p.m., nursing assistant (NA)-A stated NAs were responsible to assist residents with shaving per their preferences. If a resident preferred to shave daily, the NAs would assist the resident as needed. NA-A stated R22 could shave himself but needed assistance with set up and he did like to shave every day. NA-A stated the NAs had a task sheet on their iPad that they would sign off when specific tasks were completed. NA-A stated tasks should not be signed off as completed if not actually done.</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 0676</p> <p>Level of Harm - Minimal harm or potential for actual harm</p> <p>Residents Affected - Few</p>	<p>During interview on 3/25/25 at 2:58 p.m., registered nurse (RN)-A stated NAs were responsible to complete showers and other personal cares such as shaving with the residents, and they should be signing the task off when completed. RN-A confirmed there was a task in R22's TAR for the nurse to sign off to ensure R22 was shaved and could not explain why it was signed off when R22 had not been shaved. RN-A stated occasional residents would refuse some cares and that refusals should be documented as such in the TAR.</p> <p>During interview on 3/25/25 at 3:07 p.m., director of nursing (DON) stated expectation tasks should only be signed off as completed if actually done otherwise refusals or other reasons not completed should be documented. DON further stated expectation R22 would be clean shaven per his preference, but thought there might have been an issue with his shaver.</p> <p>Facility policy Activities of Daily Living (ADLs), Supporting dated March, 2018, indicated residents will be provided with care and services appropriate to maintain their ability to perform ADLs. Those residents who were unable to perform ADLs independently would receive services necessary to maintain good grooming and personal hygiene.</p>		