STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245556	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes of Bloomington	9889 Penn Avenue South Bloomington, MN 55431

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Coordinate assessments with the pre-admission screening and resident review program; and referring for services as needed. Based on interview and document review, the facility failed to notify the county (designated State Mental Health Authority - SMHA) for 1 of 1 resident (R11) with new onset of mental illness. Findings include: R11's 6/23/23, Initial Pre-admission Screening (PAS), did not identify a diagnosis of mental illness and did not indicate the need for a Level II (PASARR) to be completed. R11's 8/31/23, Provider Order identified R11 was to receive olanzapine (treats schizophrenia and bipolar disorder) 1.25 milligrams (mg) at night and 1.25 mg as needed for anxiety/paranoia and lack of redirection. R11's 2/3/25, Significant change Minimum Data Set (MDS) assessment identified R11 was dependent on staff for cares and activities of daily living (ADLs). R11 had a diagnoses of dementia, anxiety, depression, and a psychotic disorder other than schizophrenia, and took antipsychotics on a routine and as needed (PRN) basis. R11 was severely cognitively impaired and had disorganized thinking that would come and go with change in severity, and had little interest or pleasure in doing things and felt down, depressed and hopeless two to six days during the 14-day assessment period. R11's undated, current diagnosis list identified R11 received a new diagnosis of unspecified psychosis not due to a substance or known physiological condition on 2/16/24. R11's medical record lacked any indication that the county (SMHA) had been notified since the new onset of R11's mental illness. Interview on 4/2/25 at 11:35 a.m., with social service designee identified she was aware R11 had a newly evident diagnosis of psychosis to support R11's dementia. She identified she was not directed to contact the designated-state mental health authority and never thought to do that. Interview on 4/3/25 at 10:09 a.m., with the administrator indicated it was expected the facility would file a Level I to the county for all admissions and if a Level II was needed the facility would follow the recommendations. If a resident was identified to have a newly evident diagnosis of a mental illness the facility would resubmit a Level I PASARR for recommendations. (continued on next page)

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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245556	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes of Bloomington	9889 Penn Avenue South Bloomington, MN 55431

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 0644 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Review of July 2024 Pre-admission Screening and Resident Review (PASRR) Policy identified the facility would evaluate mental disorders and/or intellectual disability upon admission to the facility. A Level II would be referred to the state-designated authority when a resident had a newly evident or serious mental disorder, exhibit behavioral, psychiatric, mood related, or had a significant change in status.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245556	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes of Bloomington	9889 Penn Avenue South Bloomington, MN 55431

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. Based on interview and document review, the facility failed to ensure as-needed (PRN) antipsychotic medications (group of medications used to treat psychosis) were limited to 14 days of use or re-evaluated by the medical provider to ensure necessity and reduce the risk of complication for 1 of 5 residents (R26) reviewed for unnecessary medication use. Findings include: R26's admission Minimum Data Set (MDS) assessment, dated 3/9/25, indicated R26 had moderately impaired cognition with no hallucinations or delusions, no behaviors and no rejection of care. R26 required supervision from staff for activities of daily living (ADLs). The MDS indicated R26 diagnoses included: anxiety, depression, generalized weakness, and mild cognitive impairment of uncertain or unknown etiology, R26's Order Summary Report, printed 4/2/25, indicated R26 had an order for 50 milligrams (mg) quetiapine fumarate (antipsychotic medication) by mouth as needed for agitation started on 3/3/25. The report included a section titled End Date that did not include a date for this order. R26's Medication Administration Record (MAR) for the months of March and April, printed 4/1/25, indicated R26 received the PRN quetiapine with the order date 3/3/25, three times during this period. During an interview on 4/2/25 at 10:07 a.m., consulting pharmacist (CP)-A stated he reviewed resident's orders monthly, which included reviewing for 14 day end dates on PRN antipsychotic medications. CP-A stated he sent over a pharmacy recommendation on 3/11/25, for an end date on the PRN quetiapine order. Director of nursing (DON) verified the order for PRN quetiapine was active and did not have the required 14 day stop date. Both CP-A and DON acknowledged PRN antipsychotic medications were to be limited to 14 days. On 4/2/25 at 11:32 a.m., DON provided a copy of the pharmacy review. DON stated the doctor addressed it today and discontinued the medication. DON verified it had not been addressed prior to surveyor bringing to their attention. During a follow up interview on 4/3/25 at 10:03 a.m., DON stated the expectation was when the orders were put in for a PRN antipsychotic, a 14-day end date would be entered also as this was part of processing the order. A facility policy titled Psychotropic Medication Use Policy, dated 3/2025, indicated Anti-psychotics: may only be used for 14 days. If the prescribing practitioner wishes to write a new order for the PRN anti-psychotic the resident must first be evaluated.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245556	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes of Bloomington	9889 Penn Avenue South Bloomington, MN 55431

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	Procure food from sources approved or considered satisfactory and store, prepare, distribute and serve food in accordance with professional standards. Based on observation, interview, and document review, the facility failed to ensure monitoring and timely removal of facility food stored in refrigerators and freezers was completed to reduce the risk of foodborne illness. This had the potential to affect approximately 20 residents who consumed meals from the third-floor kitchen, and all residents in the facility who received meals from the main facility kitchen. Findings include: During the initial tour with the assistant dietary director (DA)-A on 3/31/25 at 12:30 p.m., the following foods were found in the walk-in refrigerator and freezer of the main facility kitchen. -One opened container sealed with plastic wrap; ranch dressing labeled use by 3/27/25. -One opened container of Chow Mein noodles with an expiration date of 3/4/25. -One opened container of Pace salsa with a use by date 3/8/25. -One single container of chocolate ice cream dated 8/12/24. During the walk through DA-A removed the expired food. DA-A stated the cooks were supposed to go through the refrigerator and freezers daily. After the initial walk-through, evening cook (C)-A confirmed the cooks are suppose to check both the refrigerator and the freezer for expired dates daily. During a tour of the Crossway kitchen on 4/1/25 at 12:16 p.m., the following foods were found in the refrigerator. -One multi-use grape juice container for the unit dispenser which expired 6/24. -Plastic container with dozens of single use cream cheese, undated. -Plastic container with dozens of single use creamers, undated. -Four packs of pancakes and two packs of waffles, unlabeled. -Cocktail sauce expired 9/24. During an interview on 4/1/25 at 12:16 p.m., Crossway server (DA)-B stated the process was to check for expired foods daily, however was unsure about the process of pancakes, waffles, cream cheese, or creamer. The pancakes and waffles were brought up from the main freezer every day and kept for about two days on the unit. DA-B confirmed the pancakes and waffles in the refrigerator were unlabeled, and indicated servers were responsible for checking the snack cart. DA-B confirmed there was no process for documenting how or when the snack cart was checked for expiration dates. (continued on next page)

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	245556	A. Building B. Wing	04/03/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Presbyterian Homes of Bloomington	9889 Penn Avenue South Bloomington, MN 55431

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 0812 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Many	During an interview on 4/1/25 at 12:41, DA-A stated kitchen supervisors conducted audits on each floor. DA-A confirmed that DA-B did come down to ask what she should do with the unlabeled items. DA-A stated that DA-B should throw the unlabeled items away. During an interview on 4/1/25 at 12:49, DA-B stated no one told them what they should do with unlabeled food. During an interview on 4/1/25 at 12:54 p.m., kitchen supervisor (DA)-D confirmed the unit refrigerator had pancakes and waffles that were not labeled. The food was removed and placed on a cart to take back to the main kitchen. The expired juice was taken out of the garbage and the expired date was confirmed with the supervisor as 6/24 and placed on the cart. DA-D confirmed there was no process for single use cream cheese and creamers that are undated and placed on the cart. During an interview on 4/2/25 at 8:21 a.m., per-diem Crossway server (DA)-C stated the process was to take food from the main kitchen freezer, place a label with a use by date, and then bring food to the unit. The food should be used within three days. DA-C confirmed pancakes and waffles came from the main kitchen freezer. DA-C opened the refrigerator and confirmed 1.5 packages of pancakes were in the refrigerator. One package was opened, and both were unlabeled. DA-C brought up one package of pancakes that was on the counter opened without a date, but confirmed the package was taken from the freezer that morning and had a label completed and ready to be placed on the package. DA-C stated the packages in the refrigerator must have been there from the server on 4/1/25. The facility's undated Labeling and Dating Policy indicated foods that are not marked will be discarded. The facility's Safe Food Storage Policy, dated 4/2019 directed staff to label, date, and properly cover all foods items upon opening of package.