

Electronically delivered

July 20, 2023

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

Re: Reinspection Results

Event ID: 7HG712

Dear Administrator:

On May 16, 2023 survey staff of the Minnesota Department of Health - Health Regulation Division completed a reinspection of your facility, to determine correction of orders found on the survey completed on March 23, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumalu Fiske Downing

Health Regulation Division Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us



Electronically delivered July 20, 2023

Administrator Martin Luther Care Center 1401 East 100th Street Bloomington, MN 55425

RE: CCN: 245272

Cycle Start Date: March 23, 2023

Dear Administrator:

On May 30, 2023, we notified you a remedy was imposed. On May 16, 2023, June 22, 2023 and June 28, 2023 the Minnesota Departments of Health and Public Safety completed revisits to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of June 16, 2023.

As authorized by CMS the remedy of:

• Mandatory denial of payment for new Medicare and Medicaid admissions effective June 23, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of April 12, 2023, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from June 23, 2023 due to denial of payment for new admissions. Since your facility attained substantial compliance on June 16, 2023, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded. However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Region V Office may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumalu #3ke-Downing

Health Regulation Division Telephone: (651) 201-4112

Email: Kamala.Fiske-Downing@state.mn.us



Electronically delivered April 12, 2023

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

RE: CCN: 245272

Cycle Start Date: March 23, 2023

Dear Administrator:

On March 23, 2023, a survey was completed at your facility by the Minnesota Departments of Health and Public Safety, to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), as evidenced by the electronically attached CMS-2567 whereby corrections are required.

ELECTRONIC PLAN OF CORRECTION (ePoC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved.

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

The state agency may, in lieu of an onsite revisit, determine correction and compliance by accepting the facility's ePoC if the ePoC is reasonable, addresses the problem and provides evidence that the corrective action has occurred.

If an acceptable ePoC is not received within 10 calendar days from the receipt of this letter, we will recommend to the CMS Region V Office that one or more of the following remedies be imposed:

- Denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417);
- Civil money penalty (42 CFR 488.430 through 488.444).
- Termination of your facility's Medicare and/or Medicaid agreement (488.456(b)).

DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by an "F"and/or an "E" tag), i.e., the plan of correction should be directed to:

Pete Cole, RN Unit Supervisor
Metro Team C District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: peter.cole@state.mn.us
Office/Mobile: (651) 249-1724

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or

Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE THIRD OR SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

If substantial compliance with the regulations is not verified by June 23, 2023 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b).

In addition, if substantial compliance with the regulations is not verified by September 23, 2023 (six months after the identification of noncompliance) your provider agreement will be terminated. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

INFORMAL DISPUTE RESOLUTION (IDR) / INDEPENDENT INFORMAL DISPUTE RESOLUTION (IIDR)

In accordance with 42 CFR 488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:

Nursing Home Informal Dispute Process Minnesota Department of Health Health Regulation Division P.O. Box 64900 St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: https://mdhprovidercontent.web.health.state.mn.us/ltc_idr.cfm

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable electronic plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04 8.html

Please note that the failure to complete the informal dispute resolution process will not delay the dates

specified for compliance or the imposition of remedies.

Questions regarding all documents submitted as a response to the Life Safety Code deficiencies (those preceded by a "K" tag), i.e., the plan of correction, request for waivers, should be directed to:

William Abderhalden, Fire Safety Supervisor Deputy State Fire Marshal Health Care/Corrections Supervisor — Interim Minnesota Department of Public Safety 445 Minnesota Street, Suite 145 St. Paul, MN 55101-5145

Cell: (507) 361-6204

Email: william.abderhalden@state.mn.us

Fax: (651) 215-0525

Feel free to contact me if you have questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumala Fiske-Downing

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us



Electronically delivered April 12, 2023

Administrator
Martin Luther Care Center
1401 East 100th Street
Bloomington, MN 55425

Re: State Nursing Home Licensing Orders

Event ID: 7HG711

Dear Administrator:

The above facility was surveyed on March 20, 2023 through March 23, 2023 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule and/or statute of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is <u>only a suggestion</u> and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the order within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html. The State licensing orders are delineated on the Minnesota Department of Health State Form and are being delivered to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.

THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact:

Pete Cole, RN Unit Supervisor
Metro Team C District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: peter.cole@state.mn.us

Office/Mobile: (651) 249-1724

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

Please feel free to call me with any questions.

Sincerely,

Kamala Fiske-Downing

Minnesota Department of Health

Kumala Fiske Downing

Health Regulation Division

Telephone: (651) 201-4112 Fax: (651) 215-9697

Email: Kamala.Fiske-Downing@state.mn.us

PRINTED: 05/05/2023 FORM APPROVED OMB NO. 0938-0391

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			` '	TE SURVEY MPLETED
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E 041 SS=F	compliance with Apper Preparedness Requested during a survey. The facility The facility's plan of as your allegation of Department's accept enrolled in ePOC, year the bottom of the form. Upon receipt of an onsite revisit of you validate substantial regulation has been Hospital CAH and LCFR(s): 483.73(e) §482.15(e) Condition (e) Emergency and hospital must imple power systems base forth in paragraph (policies and procedura paragraphs (b)(1)(i) §483.73(e), §485.62(e) Emergency and ILTC facility CAH are emergency plant this section.	on for Participation: standby power systems. The ement emergency and standby sed on the emergency plan set (a) of this section and in the lures plan set forth in (ii) of this section.	E 0	141			5/12/23
LABORATOR'	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	VATURE		TITLE		(X6) DATE

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.

Electronically Signed

04/20/2023

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED			
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	must be located in a requirements found Code (NFPA 99 and Amendments TIA 1 12-5, and TIA 12-6) and Tentative Interior 12-2, TIA 12-3, and when a new structure or building 482.15(e)(2), §483. §485.542(e)(2) Emergency general [hospital, CAH and the emergency powand [maintenance] Health Care Facilities Safety Code. 482.15(e)(3), §483. (3),§485.542(e)(2) Emergency general LTC facilities] that into power emergency for how it will keep operational during the evacuates. *[For hospitals at §4 REHs at §485.542(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(e)(2-2, TIA 12-3, TIA 12-4, TIA, Life Safety Code (NFPA 101 m Amendments TIA 12-1, TIA TIA 12-4), and NFPA 110, re is built or when an existing is renovated. 73(e)(2), §485.625(e)(2), tor inspection and testing. The LTC facility] must implement ver system inspection, testing, requirements found in the es Code, NFPA 110, and Life 73(e)(3), §485.625(e) tor fuel. [Hospitals, CAHs and naintain an onsite fuel source by generators must have a plan emergency power systems he emergency, unless it				

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	COM	E SURVEY PLETED
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NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	
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Based on interview and document review, the facility failed to test their Emergency Power Supply System (EPSS) per NFPA 99 (2012 edition), Health Care Facilities Code, section 6.4.4.1.1.3, and NFPA 110 (2010 edition), Standard for Emergency and Standby Power Systems, section 8.4.9, 8.4.9.1, and 8.4.9.2. This deficient finding could have a widespread impact on the residents within the facility. Findings include: On 3/21/23, between 9:30 a.m. and 1:00 p.m., it was revealed by a review of available documentation that the facility could not provide documentation showing the facility's Emergency Power Supply System (EPSS) was tested for at least four hours within the last 36 months. An interview with the director of environmental services verified these deficient findings at the time of discovery.	E Tag (K918) Generator Load Bank testing will be scheduled and completed before dicertain. The preventative maintenance tract system was updated to ensure Loa Testing is scheduled by regulation of forward and will be monitored by the Quality Assurance Performance Improvement (QAPI) Committee. The measures that will be taken to deficiency does not reoccur is a fact review of the Emergency Generato Policy. The person responsible for compliating the director of environmental service. Date Certain: 5/12/2023	king d Bank moving e ensure cility r

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING) CON	(X3) DATE SURVEY COMPLETED	
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F 554 SS=D	as your allegation of Departments accepenrolled in ePOC, yat the bottom of the form. Your electron be used as verifical Upon receipt of an onsite revisit of you validate that substate regulations has been Resident Self-Adm CFR(s): 483.10(c)(f) The medications if the indefined by §483.21 this practice is clinically the practice is clinically the process of the facility formedications that we for 3 of 3 residents self-administration. Findings include: R29's quarterly Mind 1/4/23, indicated R29's Self Administration.	acceptable electronic POC, an ir facility may be conducted to antial compliance with the en attained. in Meds-Clinically Approp 7) right to self-administer nterdisciplinary team, as (b)(2)(ii), has determined that	F 5	F554 Corrective action: R29- Voltarer removed and stored in the med cart. R 20- Nystatin powder was and stored in the medication ca The Triamcinolone cream was rand stored in the medication ca Nystatin powder was removed a destroyed. Corrective Action as it applies to residents: All residents currently will have their SAM assessment plan reviewed for appropriatene	ication removed rt. F53- removed rt, the and other on SAM t and care	5/12/23

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE (X3) DATE (X3) DATE (X3) DATE (X4) MULTIPLE CONSTRUCTION (X4) DATE (X4) MULTIPLE CONSTRUCTION (X5) DATE (X6) MULTIPLE CONSTRUCTION (X6) DATE (X6) MULTIPLE CONSTRUCTION (X6) DATE (X6) MULTIPLE CONSTRUCTION (X6) DATE (E SURVEY IPLETED				
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F 554	sodium gel 1% (mer pain from arthritis), topically four times. During observation was lying in bed, sinher bed. A tube of within reach on R29 When interviewed stated the diclofenathe room, and this a.m. R29 stated should trained medication gel to apply to both administered at 8 a TMA-A acknowledge sodium gel on R29 R29's medications in the medication cand further stated to leave medication in R20's quarterly MD had severe cognitive supervision for eating staff for transfers, and the room, and the medication of the spine of the spine), insome spinal fractures and spinal	6/22/22, indicated diclofenace dication used to relieve joint apply to bilateral knees a day for knee pain. on 3/20/23 at 2:00 p.m., R29 tiling up with her tray table over diclofenac sodium gel 1% was 9's tray table. on 3/20/23 at 2:00 p.m., R29 ac sodium gel was often left in time since approximately 11:30 e would have found it on the ext scheduled administration. on 3/20/23 at 2:10 p.m., aide (TMA)-A stated R29 had knees for pain, to be a.m. and 12 p.m. on her shift. ged she left the diclofenace is tray table and stated all were supposed to be secured art and not left in the room, he facility policy was to never a the rooms.		interventions. All resident roor residents that are not able to self-administer meds were at ensure medications are not bedside. Self-Administration of policy was reviewed and was Staff responsible for administ medications and treatments were-educated on the Self Administer Medication policy and that meare not permitted to be left unthe resident bedside. Residen program, medication(s) must in a locked box/locked nights at the resident bedside. Date of Completion: 5/12/23 Recurrence will be prevented observational room audits will completed to ensure medicat left at bedside unsecure. 3 ray observational room audits will completed weekly for 4 week random observational room accompleted weekly for 4 week the audits will be brought to the committee meeting for review recommendations. The Correction will be monito Unit Managers and Director of Designee.	idited to eing left at of Medication revised. ering vere nistration of edications is ecured at and drawer) by: Random I be ions are not indom I be secured tand drawer) by: Random I be ions are not indom I be indications. The ions are not indications indica	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	TIPLE CONSTRUCTION ING	` '	(X3) DATE SURVEY COMPLETED	
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F 554	(difficulty swallowing R20's CAA dated 7 for cognitive loss/durinary incontinent psychotropic drug R20's care plan undependent on staff emotional, and into ADL self-care deficient and impaired mobis self-transferring to communication deimpairment and work her call light. Interventions in call for pain medicarelated to diabetes hip. Interventions in call for pain medicarepositioning when R20's physician or R20 received nystagroin/abdomen related to safely a medications/productions/p	7/15/22, indicated R20 triggered ementia, communication, se, mood and behaviors, falls, use, and pain. dated, indicated R20 was to meet her social, physical, ellectual needs. R20 had an cit related to weakness, pain, lity with a history of the toilet. R20 also had a ficit related to a hearing ould yell "help" instead of using ventions included reminding light. R20 also had pain, spinal stenosis, and her right included encouraging R20 to ation and assistance with in pain. ders dated 6/3/20, indicated atin powder to her ated to a rash.		554		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	9:00 a.m., a bottle R20's nightstand. Fishould not have be have a SAM assessafe to self-administ R53's quarterly MD had severe cognitive supervision for eating personal hygiene another ADLs. R53's diagnoses in disorder, hallucinate related to health demonitoring for charmonitoring includes a self-care deficit remood problem relations included and interventions included the communication, ADR53's SAM dated 4 for cognitive loss/diagrams and inability to recognitive preference assessment also in representative preference assessment also in representative preference.	ded offering support and needed. /15/22, indicated R53 triggered ementia, visual function, DL function, and behaviors. 1/18/22, indicated R53 was				

	TEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING (X3)		(3) DATE SURVEY COMPLETED			
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NAME OF PROVIDE				STREET ADDRESS, CITY, STATE, ZIP 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	CODE	
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R53's R53 r 0.1% indica nystat cream mouth During tube of 10/24 of nys R53's During R53 w in from cream table, 7/31/2 R53 s medic During 11:55 be left a SAM reside RN-E asses medic	ted the facility and the assessment. physician or eceived trians (an anti-inflation that R53 in powder (an observation) and observations and a bottle 2, was on R53 tation powder and a bottle 2, was on R53 tated she did ations were an observations were an observations were an observation and a bottle 2, was on R53 tated she did ations were an observation and a bottle 2, was on R53 tated she did ations were an observation and a bottle 2, was on R53 tated she did ations were an observation and a bottle 2, was on R54 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an observation and a bottle 2, was on R55 tated she did ations were an o	ders dated 12/19/22, indicated acinolone acetonide cream mmatory). R53's orders lacked a had a physician order for anti-fungal) or miconazole at a fungal infection in the acetonide cream; expiration as bedside table, and a bottle are expiration 7/31/22, was on the extreme with a bedside table are considered to her bed. The property of the extreme with a bedside table and a bottle are considered to her bed. The property of the expiration of the extreme with a bedside table and a possible of the expiration of the		554		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	O) DATE SURVEY	
	245272	B. WING _		C 03/23/2023
	ΓΕΝ		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
resident had complewas determined to medications, especially Self Adr (SAM) policy dated assessment was to who requested to a the direct supervision medications permit were to be left at the medications were respiration date. Reasonable Accommodation of CFR(s): 483.10(e)(s) §483.10(e)(s) The reservices in the faciliac accommodation of preferences except endanger the health other residents. This REQUIREMENT by: Based on observative review, the facility fineeds by ensuring of 5 residents (R11) Findings include: R11's quarterly Min 2/13/23, indicated Findings include: R11's quarterly Min 2/13/23, indicated Findings include:	eted a SAM assessment and be safe to self-administer ially in the memory care unit. ministration of Medications 6/17, indicated a SAM be completed for any resident dminister medications without on of a nurse. Only ted for self-administration e resident's bedside and not to be retained after their modations Needs/Preferences 3) right to reside and receive ity with reasonable resident needs and when to do so would nor safety of the resident or NT is not met as evidenced sion, interview, and document ailed to accommodate resident call light were accessible for 5 p. R20, R53, R61, R426). imum Data Set (MDS) dated assistance with all other ing (ADLs).	F 55		ch
KTTS Care Area As	sessment (CAA) dated			
	Continued From paresident had complete was determined to medications, especially assessment was to who requested to a the direct supervision medications were nexpiration date. Reasonable Accommendations were nexpiration date. Reasonable Accommendations were nexpiration date. Reasonable Accommendation of preferences except endanger the health other residents. This REQUIREMENT by: Based on observation review, the facility fineeds by ensuring of 5 residents (R11). Findings include: R11's quarterly Mine 2/13/23, indicated Findings include: R11's quarterly Mine 2/13/23, indicated Findings include:	PROVIDER OR SUPPLIER LUTHER CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 resident had completed a SAM assessment and was determined to be safe to self-administer medications, especially in the memory care unit. The facility Self Administration of Medications (SAM) policy dated 6/17, indicated a SAM assessment was to be completed for any resident who requested to administer medications without the direct supervision of a nurse. Only medications permitted for self-administration were to be left at the resident's bedside and medications were not to be retained after their expiration date. Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to accommodate resident needs by ensuring call light were accessible for 5 of 5 residents (R11, R20, R53, R61, R426).	PROVIDER OR SUPPLIER LUTHER CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 resident had completed a SAM assessment and was determined to be safe to self-administer medications, especially in the memory care unit. The facility Self Administration of Medications (SAM) policy dated 6/17, indicated a SAM assessment was to be completed for any resident who requested to administer medications without the direct supervision of a nurse. Only medications permitted for self-administration were to be left at the resident's bedside and medications were not to be retained after their expiration date. Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) §483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to accommodate resident needs by ensuring call light were accessible for 5 of 5 residents (R11, R20, R53, R61, R426). Findings include: R11's quarterly Minimum Data Set (MDS) dated 2/13/23, indicated R11 had moderate cognitive deficits, was independent with eating and required extensive assistance with all other activities of daily living (ADLs).	PROVIDER OR SUPPLIER 245272 B. WINS STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 SUMMARY STATEMENT OF DETICIENCIES (EACH DETICIENCY WIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 resident had completed a SAM assessment and was determined to be safe to self-administer medications, especially in the memory care unit. The facility Self Administration of Medications (SAM) policy dated 6/17, indicated a SAM assessment was to be completed for a nurse. Only medications permitted for self-administration were to be left at the resident's bedside and medications were not to be retained after their expiration date. Reasonable Accommodations Needs/Preferences CFR(s): 483.10(e)(3) The right to reside and receive services in the facility with reasonable accommodation of resident needs and preferences except when to do so would endanger the health or safety of the resident or other residents. This REQUIREMENT is not met as evidenced by. Based on observation, interview, and document review, the facility failed to accommodate resident meeds by ensuring call light were accessible for 5 of 5 residents (R11, R20, R53, R61, R426). Findings include: R11's quarterly Minimum Data Set (MDS) dated 2/13/23, indicated R11 had moderate cognitive deficits, was independent with eating and required extensive assistance with all other activities of daily living (ADLs). Date of Completion: 5/12/23

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		` ,	(X3) DATE SURVEY COMPLETED	
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F 558	function, urinary in psychotropic med R11's care plan unself-care deficit an history of falls with Interventions incluted the call light for as related to poor ball items within his recall for assistance oxygen therapy relaterventions included insomnia, and deput During an intervied 6:10 p.m., R11 was room. A bedside the between him and draped across the of R11's reach. During an intervied nursing assistant was not within R1 important for all recall lights so they to know where the could not see it.	d R11 triggered for visual acontinence, falls, and lication use. Indated, indicated R11 had a and limited mobility weakness, a arib fracture, and blindness. Ided encouraging R11 to use asistance. R11 also had a fall lance and an unsteady gait. Ided keeping frequently used each and encouraging R11 to each encouraging		Recurrence will be prevented observational audits will be ensure call lights are within residents. 3 random observational completed weekly for then 2 random observational completed weekly for 4 week the audits will be brought to committee meeting for revier recommendations. The Correction will be monitured unit Managers and Director Designee.	conducted to reach of ational audits r 4 weeks, al audits will be the QAPI ew and further tored by: The	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	TE SURVEY MPLETED
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F 558	for cognitive loss/durinary incontinent psychotropic drug R20's care plan undependent on stafe emotional, and intexperiencing flash occurred in her life dementia. Interver with reassurance R20 had an ADL sweakness, pain, a history of self-tranhad a communical impairment and wher call light. Interexperiencing inclusions inclusions inclusions inclusions inclusions inclusions inclusions in the responsitioning where incontinence. Interespositioning where incontinence. Interespositioning where incontinence. Interespositioning where incontinence incontinence incontinence incontinence. Interespositioning where incontinence incon	7/15/22, indicated R20 triggered dementia, communication, ce, mood and behaviors, falls,		58		

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F 558	open; her blinds wo off. R26 walked to and tell R26 "Don't in here!" R20 turned in R26's room. R26 under her nightstart to call staff for assis administrator enter R20 and asked R2 The administrator R26's bed and left R53's quarterly ME had severe cognitive supervision for eat personal hygiene a other ADLs. R53's care plan unpotential for alterator related to health demonitoring for chart function, especially memory recall, and a self-care deficit mood problem related to health demonitoring for chart function, especially memory recall, and a self-care deficit mood problem related to health demonitoring for chart function, especially memory recall, and a self-care deficit mood problem related to health demonitoring for chart function, especially memory recall, and a self-care deficit mood problem related to health demonitoring for chart function, especially memory recall, and a self-care deficit mood problem relations included demential hallucinations, and R53's CAA dated 4 for cognitive loss/d communication, All During an observation at 1:51 p.m. R53 s	rom the door. R26's door was ere closed, and the lights were R20's bed causing R20 to turn come in here! You can't come in here! You was unable in its tance. At 6:54 a.m., the red R26's room, said hello to in here! You can't he red R26's room, said hello to in here! You can't he red R26's room, said hello to in here! You can't he red R26's room, said hello to in here! You can't he red R26's room, said hello to in here! You can't he red R26's room, said hello to in here! You can't he red R26's room, said hello to defering support and in here! You can't come in here! You can't		58			

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F 558	was "always" wrap stated she wished contacting someor the previous day b	age 13 each. R53 stated the call light ped around the grab bar. R53 she "had some manner of e," and had yelled for "a while" efore someone came to help stated yelling doesn't always	F 5	58			
	of Alzheimer's, hear theumatoid arthritists. R61's care plan into "Be sure call light into use it for assistation on 3/2 the recliner chair in	ervention dated 6/23/21 stated s within reach and encourage nce as needed". 20/23, at 1:17 p.m. R61 sat in her room calling out for					
	not in reach of R61 During Interview or stated R61 call light reach" and verified Observation on 3/2 the recliner chair in	n 3/20/23 at 1:20 p.m., NA-C nt "should have been with her in it was not in reach of R61. 22/23, at 9:40 a.m. R61 sat in her room with call light I of resident bed. Call light was					
	During interview or registered nurse (Final was not in reach of accessibility is "for During interview or stated she was the	n 3/22/23 at 9:40 a.m., RN)-D confirmed the call light f R61 and stated call light					

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F 558	stated "it is important safety". R426's admission R426 had intact continuous assistant R426's diagnoses incontinence, seizu disorder, and deprimentation of the same series of the same	ght within reach of R61. NA-D ant she has it close for her MDS dated 3/14/23, indicated agnition was independent for tal assistance for dressing and ce for all other ADLs. included diabetes, urinary ures, dementia, schizoaffective		DEFICIENCY)				
	needs to be repositue to pain. During interview at 1:33 p.m., R426 when the floor, under reach. R426 states	to call for assistance when she itioned and/or wants medication and observation on 3/21/23 at as in bed and her call light was her bed, not within R426's ther call light was on the floor						
	out of her reach ar her bed.	nd asked for it to be placed on						

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 656	provide as a result recommendations. findings of the PAS rationale in the resident's resident's represent (A) The resident's resident resident community was as local contact agency entities, for this purities, for this puriti	ces the nursing facility will of PASARR If a facility disagrees with the ARR, it must indicate its ident's medical record. with the resident and the stative(s)-goals for admission and potential for acilities must document int's desire to return to the sessed and any referrals to cies and/or other appropriate	F 6	F656			
	review the facility facomprehensive asscare plan was com (R11) who was legared. Findings include: R11's quarterly Min 2/13/23, indicated legared facility, was independent of the comprehensive asscare plan was legared.	ailed to ensure a sessment and person-centered pleted for 1 of 1 residents ally blind. Sessment and person-centered pleted for 1 of 1 residents ally blind. Session of 1 residents ally blind. Session of 1 residents all other are session of 1 residents and assistance with all other		Corrective Action: R11's care reviewed and updated to inclindividual preferences for planersonal items, room arrange assistance needed with writte communications and prefere personal interactions r/t his because the communication of the com	ude his cement of ement, en nces for other plans was nt. Staff		

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MARTIN	LUTHER CARE CEN	ΓER			401 EAST 100TH STREET BLOOMINGTON, MN 55425		
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F 656	blindness, insomnia R11's Care Area As 11/16/22, indicated function, urinary incomposed process R11's care plan und to be notified and in Interventions include monthly activity cal legally blind and und for pain related to a Non-pharmacologic walking/ambulation was non-ambulator care plan also indice function related to a Interventions include -Administering eye -Scheduling consult practitioner as need -Monitoring and rece function including prediction including predictions cataracts, color dis environmental (por color scheme), cho use mag glass [ma etc." -Monitor/report acu R11's ability to perf double vision, tunno vision"Tell where you are consistent."	cluded heart failure, legal a, and depression. ssessment (CAA) dated R11 triggered for visual continence, falls, and cation use. dated, indicated R11 preferred nyited to larger group activities. ded providing R11 with a endar although R11 was able to read. R11 was at risk a fall with a rib fracture. Cal interventions included and reading although R11 by and was legally blind. R11's cated R11 had impaired visual being legally blind. ded the following: medications as ordered tations with the eye		556	plan were re-educated that care planust be individualized, and persor centered to meet their needs ident the comprehensive assessments. residents care plans of those who legally blind were reviewed to ensuare individualized based on the assessment and resident preferencare. Date of Completion: 5/12/23 Recurrence will be prevented by: Fare plan audits will be completed ensure the care plan is individualized in the completed weekly for 4 weeks, the random care plan audits will be completed weekly for 4 weeks, the random care plan audits will be completed weekly for 4 weeks. Results of the will be brought to the QAPI comminmenting for review and further recommendations. The Correction will be monitored built Managers and Director of Nur Designee.	ified in All are they ces for and and to ed and or care. In 2 mpleted audits thee they are the are they are the are they are the	

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F 656	F 656 Continued From page 18 individual preferences for the placement o personal items, how R11 preferred his roo			556			
	arranged, R11's ne communications, o	eed for assistance with written or R11's preferences for ons as they related to his					
	During an interview on 3/20/23 at 6:09 p.m., R11 was sitting in his room in a recliner with a padded arm brace on his right arm and wrist. R11 stated he attempted to put the brace on but because it had multiple straps and he was unable to figure it out. R11 stated there were instructions posted on his wall, however, because he was blind, they were not helpful. R11 also stated he occasionally got frustrated during meals because some staff						
	assist him to cut it was often new star passed down." A behavior horizontal between	e his food is on his plate or up. R11 stated because there ff, the "messages don't get edside table was to R11's left, him and his bed. A tape player and a speaker and his cell					
	phone were beyon	d it, out of R11's reach. R11's draped across the opposite end					
	9:07 a.m., R11 statank in the corner moved next to his used it for five moway. R11 had elected	tion and interview on 3/22/23 at ted he wished the large oxygen of his room was removed or TV. R11 stated he had not on this and it was always in his stronic devices plugged into an ow bench behind the tank, bult to access.					
	assistant (NA)-G s Kardex to know ho	w on 3/22/23 at 11:03 nursing stated the NAs used a resident's low to care for them. NA-G also staff in the memory care unit					

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F 676	During an interview registered nurse (R reference the reside in their closet to know and/or what their properties of the resident Kardex to reflect the res	or a long time and were idents. on 3/22/23, at 11:22 a.m., N)-E stated staff would ent's Kardex which was posted by how to care for them references were. on 3/22/23, at 12:22 p.m., DS coordinator was enting resident care plans and a was pulled from the care plan ent's needs. on 3/23/23 at 11:07 a.m., build update resident care current status during the assessment or as needed. For a long time and were identified the care plan ent's needs. on 3/21/23, at 12:22 p.m., DS coordinator was enting resident care plan ent's needs. on 3/23/23 at 11:07 a.m., build update resident care enting the assessment or as needed. For a long time and were entity in the care plan entity in the care plan entity in the comprehensive entity in the comprehensive entity abilities in activities of entity in activities of entity in activities of entity abilities in activities of entity abilities. This		676			5/12/23

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F 676	living, including the of this section §483.24(b) Activiti The facility must paccordance with pactivities of daily living grooming, and orange with pactivities of daily living grooming, and orange with pactivities of daily living grooming, and orange walking, such as a section of the se	es of daily living. Frovide care and services in aragraph (a) for the following ving: iene -bathing, dressing, all care, bility-transfer and ambulation,	F 6	76		
	Based on interview review, the facility assistance for 2 of failed to provide so resident (R87) revision (R87) revision (ADL). Findings include: R72's admission (R72's admission (R72's admission (R72's admission) (R72's admiss	w, observation, and document failed to provide shaving f 2 residents (R72, R78), and cheduled baths for 1 of 1 iewed for activities of daily Minimum Data Set (MDS) dated R72 had moderate cognitive red extensive assistance with daily living (ADLs), and had		Corrective action: R72 and hair removed. R87 received 3/22/23 the day after he mode action as it applies residents: The policies for A and bathing/showering were remain current. All nursing re-educated on the policies facial hair and bathing.	d a shower on oved rooms. es to other AM, HS cares e reviewed and staff were	
		of diabetes type II and urinary		Date of Completion: 5/12/23	3	

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C 1401 EAST 100TH STREET BLOOMINGTON, MN 55425		
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F 676	self-care deficit ar staff member to constant member to constant of the staff member to constant of the staff member to constant of the staff member, and had staff member, and had staff member, and had staff member, and had staff member to constant of the staff member, and had staff member to constant of the staff member, and had staff member to constant of the staff member to co	dicated R72 had an ADL and required assistance from one complete personal hygiene. In on 3/20/23, at 3:37 p.m. R72 along chin hairs approximately In on 3/21/23, at 2:55 p.m. R72 along chin hairs approximately In and interview on 3/22/23, at had long chin hairs after r by facilty staff that morning, sire to have long chin hairs to however the facility failed to		Recurrence will be prevente observational audits will be ensure the facial hair and be completed according to the 3 random observational audit completed weekly for 4 week random observational audit completed weekly for 4 week the audits will be brought to committee meeting for revier recommendations. The Correction will be monitured Unit Managers and Director Designee.	completed to athing is plan of care. dits will be eks, then 2 s will be eks. Results of the QAPI ew and further itored by: The	

1 ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245272	B. WING		O :	C 3/23/2023
	PROVIDER OR SUPPLIER		•	STREET ADDRESS, CITY, STATE, ZIP 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	CODE	
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F 676	heart doesn't pumproducing sympton breath, fatigue, swand chronic obstrugroup of diseases and breathing-relations and breathing and interview 87's shower task record (EMR), indishowers since additional another on 3/13/23. During an interview 87 stated staff refreevening (3/20/23), his new diagnosis did not offer to was bath. R87 further state to liet and they use my urinal on respectively. The toilet and they use my urinal on respectively.	ronic condition in which the p blood as well as it should ms such as shortness of vollen legs, and rapid heartbeat) active pulmonary disease (a that cause airflow blockage ated problems). Indicated R87 had an ADL and required assistance from one showers, personal hygiene and as in the electronic medical icated R87 received two mission, one on 2/27/23 and 3. In w on 03/21/23, at 8:31 a.m. R used to shower him Monday his usual shower day due to of pneumonia. R87 stated staff sh him up or give him a sponge stated, "I even needed to use refused to bring me. I had to my own." In and interview on 3/22/23, at as in the same dirty shirt covered esterday. R87 stated staff had washed him up, since he		76		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER	ΓER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 676	reprot anytime a sh A facility policy titled 10/21, indicated the	ge 23 lower or bath is missed. d, "AM Cares", revised on staff should shave women's ir. A policy on bathing was not	F 6	76	
F 677 SS=D	S483.24(a)(2) A resout activities of dail services to maintain personal and oral harmonic review review the facility facommunicate effect a non-English spear communication. Findings include: R51's quarterly Min 2/1/23, indicated mather preferred languated mather preferred languated mather preferred languated mather massistance and transfers, and eating, toileting and R51's care plan upon utilize Vietnamese times, use interpretal barriers but lacked services were required.	sident who is unable to carry y living receives the necessary of good nutrition, grooming, and tygiene; NT is not met as evidenced If the control of the could tively to 1 of 1 resident (R51), king resident, reviewed for Imum Data Set (MDS) dated oderate cognitive impairment, age was Vietnamese and interpreter for communication. dicated no behaviors, R51 of two staff for bed mobility assistance of one staff for	F 6	F677 Corrective action: Staff caring for R51 were re-educated to utilize R51's communication book or utilize interpret services to communicate effectively. Corrective action as it applies to other residents: All non-English speaking residents were reviewed to ensure ther are interventions in place to communicate effectively. The interpreter services policy was reviewed and remains current. All staff were re-educated on utilizing communicate with those residents who are non-English speaking. Date of Completion: 5/12/23 Recurrence will be prevented by: Rand observational audits will be completed the ensure staff are utilizing the individualized.	e ate cy

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				1401 EAST 100TH STREET		
MARTIN LUTHER CARE CENTER			BLOOMINGTON, MN 55425			
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F 677	Continued From pa	age 24	F 6	577		
	•	ords in Vietnamese.		communication tools develop	oed for the	
	When interviewed with FM-F on the p communicate with utilize a language li	on 3/20/23, at 6:33 p.m. FM-E hone, stated staff cannot R51 in her language, does not ine, and asks family to (R51), "For critical things."		resident. 3 random observational will be completed weekly for then 2 random observational completed weekly for 4 weekly for 6 weekly for 4 weekly for 6 weekly fo	tional audits 4 weeks, I audits will be ks. Results of the QAPI	
	wall across from action front entry displayed language line number indicated the number day, seven days a way when observed on	3/21/23, at 9:39 a.m. trained		The Correction will be monited Unit Managers and Director Designee.	•	
	in English if she ha forehead and state	MA)-A fed R51 and asked R51 d pain. R51 touched her d, "Yes." TMA-A did not utilize resource book to identify pain.				
	nursing assistant (I not communicate was for help or could reknow how long it was on the phone. NA-Aup in the mornings want to get up, but last asked, did not	on 3/22/23, at 7:54 a.m. NA)-A stated when staff could with R51, staff asked the family quest an interpreter but did not ould take to get an interpreter A stated staff did not get R51 anymore because R51 did not did not know when R51 was ask himself, and did not know ote on the wall which instructed in the mornings.				
	nurse (RN)-A and Neeplaced dirty linenget R51 up in her canother sign indica	3/22/2, at 8:55 a.m. registered NA-A repositioned R1 and s. A sign on the wall indicated thair for breakfast daily and ted place walker near the s a hand-written list of a few				

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F 677	written in English as not visible from R55 few common phras in larger print. RN-A had pain and asked zero to five. R51 indasked again and R5 time. RN-A did not resource book with assess her pain. When interviewed of stated R51 understood wall to aid in commutilized family to he dental, and when the staff asked family to further stated she of understood the que assessment did not indicated two differed R51's facial expressionmetimes. When interviewed of who also works as R51's family member when R51 would not communication resource with R51 to explain. When observed an 9:02 a.m. licensed RN-A observing, per by wrapping both an hugging position are	ge 25 In the wall to use with R51 Ind Vietnamese. The print was It's bed, however, there were a les posted on the wall written A asked R51 in English if she It R51 to rate it on a scale of dicated five the first time. RN-A 51 indicated three the second use the communication R51 to more accurately on 3/22/23, at 8:55 a.m. RN-A lood some communication with It point to the phrases on the unication. RN-A stated staff Ilp schedule appointments, like here were medication changes of explain them to R51. RN-A lid not know for certain if R51 estion about pain, and the pain it seem accurate as R51 ent pain ratings, so staff used sions to assess pain on 3/22/23, at 8:55 a.m. NA-A, a TMA, stated staff had given ers medication to administer of take it and had not used the ource book to communiate the medications to R51. d interviewed on 3/22/23, at practical nurse (LPN)-A with erformed a pain assessment rms around the body in a lid swaying the body side to 51, "Pain?" R51 replied yes.		77			

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F 677	LPN-A stated she was understood the question of the interviewed stated pain assessment. LPN-A stated them asked R51, "Five, in LPN-A acknowledge understood the pain "Sometimes we can and sometimes we can and sometimes into assessments." LPN acquire a facial griph but did not know he LPN-A stated staff request an interpret staff. LPN-A further language line and call an interpreter of didn't have a blue growth when interviewed stated pain assessment. RN-B R51 about her pain would provide a gointerview and had nor the communicate assessment. When interviewed social worker (SW) specific list of interviewed in the medical stated in the medical staff.	vas not sure the resident estion, so LPN-A used a which LPN-A held up five to each finger while counting to a stated, "Yes." and uncertainty if R51 assessment and stated, as the family to assess the pain expreters come for general N-A further stated staff could maces chart to assess pain, bow to teach R51 to use it. could ask the family for help or ter from the social services a stated the facility had a colue phones staff could use to however, didn't know why R51		77			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 677	should have been in back-up plan for continterpreter was not daughter as an interpreter to ensur appropriately to R5 spoke, "Sometimes wrong, sometimes wrong, sometimes totally off track, and communication boostated the interpret use the communication book was located in R51's room for all swould work with an and pictures for R5 medication administ not indicated it was stated sometimes I when asked. When observed on communication reswith names of different activities, and word in both English and When interviewed on communication during practitioner (communication during communication with the interviewed on the	munication and the phone in the room. SW-A stated her immunication when the available was to utilize R51's erpreter, but preferred a formal re information was shared 1. SW-A stated when R51 sher yes/ no answers can be she can talk about something mumbles." "We have a restrained SW staff how to ation resource book with R51, in given activity staff some at to communicate with R51, in given activity staff some at to communicate with R51, in given activity staff some at to communicate with R51, in given activity staff some at to activity staff some at the nightstand drawer in staff to utilize. SW-A stated interpreter to develop words 1's medication list and stration but nursing staff had a problem. Additionally, SW-A R51 did not answer questions 3/22/23, at 11:56 a.m. the ource book contained pictures rent foods, pictures of different is and pictures to describe pain Vietnamese.		77		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	` '	TE SURVEY MPLETED
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communicate in Vieto simple one-sente interpreter further serespond to staff who with her. When interviewed the interpreter, R51 the time and would mornings like she was answer to no she was R51 stated she had sometimes the pair scale of zero to ten R51 stated staff do resource book with of the questions as instead looked away. When interviewed a stated staff could the resource book with communicate with communicate with consistent with her increased cognitive explained R51 did communicate with to talk to her. The Interpreter Serindicated interpreter promote optimal companion of the Civil American Disabilities state laws that additional state laws that addit	etnamese, but R51 preferred to etnamese and responded best ence or yes/no questions. The stated R51 often chose not to een they tried to communicate on 3/22/23, at 10:00 a.m. with I stated she is hungry most of like to get out of bed in the used to, but then changed her would not like to get out of bed. In o pain at the time, but in was up to a rating of ten on a set, in her head, knees, or legs. The ses not use the communication her. R51 did not answer some sked through the interpreter,				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		(X3) DATE SURVEY COMPLETED	
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	S483.25(c) Mobility §483.25(c)(1) The fresident who enters range of motion do range of motion under condition demonstr of motion is unavoid §483.25(c)(2) A resemble motion receives apprevent further deceives appropriate assistance to maintain	facility must ensure that a the facility without limited es not experience reduction in ess the resident's clinical ates that a reduction in range	F 68	38		5/12/23
	This REQUIREMENT by: Based on observatoreview, the facility for limited mobility and received appropriate improve mobility for reviewed for mobility. Findings include: R78's admission M 2/28/23, indicated From one staff memory included from one staff memory included diagnoses which in due to inhalation of	y is demonstrably unavoidable. NT is not met as evidenced ion, interview, and document ailed to ensure a resident with on a walking program e assistance to maintain or 1 of 1 residents (R78) by. Inimum Data Set (MDS), dated R78 had mild cognitive delimited physical assistance aber for most activities of daily ing walking, and medical cluded aspiration pneumonial food or fluids, adult failure to of weight loss, decreased		F 688 Corrective Action: F78- dischard on 4/11/23. Corrective action as it applies to residents: All residents on ambour programs will have charts audit ensure that all walking program recommendations have been a care plans and that care plans followed so residents receive the therapies The policy for ambulating restorative nursing program we reviewed and remain current. A staff were re-educated on the refollow individualized walking program.	o other ulation ted to the are he required ation and ere to he ed to	

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F 688	accompanied by desymptoms, impaired cholesterol), schiz affects a person's clearly) and unspect R78's care plan in physical mobility rea nursing restorating plan indicated R78 ambulation in her from one staff ment two times a day. R78's ambulation in her from one staff ment two times a day. R78's ambulation indicated R78 had past nine days, on and 3/17/23. During observation was laying in bed, During observation was laying in bed, During an interview R78's family memfinished with physical walking her anymomultiple nurses to different answer enot walking R78. On the staff to walk we stated therapy wor further voiced con all of her gains from the staff to walk we stated therapy wor further voiced con all of her gains from the staff to walk we stated the staff to walk we staff to wa	nutrition, and inactivity, often ehydration, depressive ed immune function, and low ophrenia (a disorder that ability to think, feel, and behave edified dementia. dicated R78 had limited elated to weakness and was on we walking program. The care 8 was independent with room but needed assistance mber to ambulate on the unit, program documentation been walked 3 times in the ce a day on 3/14/23, 3/16/23, an on 3/20/23, at 6:49 p.m. R78 in her room alone. an on 3/21/23, at 2:56 p.m. R 78 without staff interaction. an on 3/20/23, at 6:15 p.m. ber (FM)-N stated R78 had cal therapy and nobody was one. FM-N stated she had asked walk R78 and had received a each time as to why they were one nurse stated R78 could ask ith her and another nurse ald need to be consulted. FM-N cerns R78 was going to, "lose m therapy" and was isolated to was not "allowed" to ambulate in			Date of Completion: 5/12/23 Recurrence will be prevented by: If chart audits will be completed to e staff are completing ambulation proper the care plan. 3 random audits completed weekly for 4 weeks, the random audits will be completed we for 4 weeks. Results of the audits brought to the QAPI committee me for review and further recommend. The Correction will be monitored to Unit Managers and Director of Numberignee.	nsure ogram will be eekly will be eeting ations.	

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F 688	Continued From pa	age 31	F 6	88			
	nursing assistant (I was able to ambula not in the hallway of "we only walk her in they use the Karde resident. The information pulled from the resident of the resident participating in a way being done, the resident participating in director of the stated, "Oh, I now," and indicated for the stated if a resident participating in the stated if a reside	on 3/22/23, at 12:22 p.m. RN)-G stated R78 was on a nd the expectation was the walk up and down the unit hall					

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F 689 SS=D	residents to achieve as long as possible should use the care and how often to an Free of Accident Harce of Accident Harce of Accident Harce (Section 1) (Section 1) (Section 2) (Section 3) (Section 3	e optimum ambulation function and the nursing assistance plan for instructions on how mbulate a resident. azards/Supervision/Devices (1)(2) Ints. Insure that - resident environment remains hazards as is possible; and resident receives adequate sistance devices to prevent of the interview, and document ailed to comprehensively implement intervention to for 1 of 1 residents (R26) who are ontinued to ambulate	F 6	F689 Corrective Action: ¿R26- A comfall assessment was completed plan was updated based off the the falls assessment. Corrective Action as it applies to residents: All residents for high falls will have their care plans reappropriate interventions. ¿Fall Risk-Post Fall policy was revised remains current. All nursing sta	and care results of other risk for eviewed for sed and ff will be		
	cognitive deficits. Fand required extendall other activities of required limited assist for very sical assist for very limited assist.	R26 was independent for eating sive assistance of one staff for of daily living (ADLs). R26 also sistance of one person		re-trained on the falls risk-post Date of Completion: 5/12/23 Recurrence will be prevented be chart audits will be completed to appropriate interventions determined the comprehensive assessment.	y: Random o ensure nined by		

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		245272	B. WING			03/2	23/2023
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MARTIN	LUTHER CARE CENT	ΓFD		1	401 EAST 100TH STREET		
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PRÉFIX TAG	Continued From particulating aphasia (alanguage and compared disease, demential diabetes, corns and painful raised bumpand toes, right and abnormal bend in the osteoarthritis (decreabnormalities of gas R26's Care Area As 8/9/22, indicated R2 loss/dementia, commincentinence, behavior and falls. R26's care plan undependent on staff physical, emotional enjoyed walking incommon around the unit. Into holding hands with self-care deficit related and aphasia. Intervassist of one in the walking R26 to and and ambulating with per day if she did not attempt to transfer memory and required.	a brain disorder affecting prehension), Alzheimer's with behavioral disturbance, a callosities (a thick, hard and b), pain in right and left feet left feet hammer toes (and he toes that can be painful), eased bone density), and	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)	I be n 2 ted audits tee	
	between surfaces. mobility related to d history of falls. Inter of one staff for loco although R26 did no plan also indicated deficit. R26 did not	R26 had limited physical lementia, weakness, and a rventions included assistance motion using a wheelchair, ot use a wheelchair. The care R26 had a communication speak and was unable to lown, making it difficult to know					

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 1401 EAST 100TH STREET BLOOMINGTON, MN 55425			
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F 689	related to confusion her safety needs an included anticipating when R26 is in bed with even floors free lighting, accessible and transferring R2 sitting in the lounger alteration related to R26's Nurse Report R26 was on a walk R26's Physical The Treatment dated 7/ referred to physical the previous week. R26's Physical The Treatment dated 7/ referred to physical the previous week. R26's Physical The dated 8/11/22, indicort touching assistal ambulation, and piece R26's quarterly Fall 1/27/23, indicated It total score greater "HIGH RISK" for poece R26's post-fall Fall 2/24/23, indicated It "HIGH RISK" for poece R26's task documer afall on 2/19/23, the R26 had "no fall in and decreased mure R26's task documer 3/21/23, indicated It R26's task documer 3/21/23, indicate	n. R26 was also at risk for falls in, impulsivity, being unaware of ind incontinence. Interventions in her needs, frequent checks it, providing a safe environment ite from clutter, adequate it call light, low positioned bed, it call light, low positioned bed, it call light, low positioned bed, it is a potential for mood in hallucinations. It Sheet undated, indicated in hallucinations in the rapy Evaluation and Plan of it is a potential for mood in hallucination in the rapy Evaluation and Plan of it is a potential for mood in hallucination in the rapy Evaluation and Plan of it is a potential for mood in hallucination in the rapy Discharge Summary in the rapy		689			

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F 689	R26 was sitting on a R19 slept in a reclir a magazine on the unsuccessful attemforward on the courstaff were present. back and forth multithe couch, adjusted forward on her left fand staring at the mithen walked across couch. R26 was we under her heals; the at the bottom that do continually attempted walked. At 6:36 p.m. weight back and for 6:37 p.m. R26 turns middle of the room, side of the first courarm, moving the chand forth on her feed 6:38 p.m., R26 sat No staff were preserocking back and for p.m. stood up. With R26 walked out of the around and grabbeed around ar	າ. ກ. ກ. ກ. ກ.		89		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 689	towards the couch "Help! Help! Help! Help! Help! Somebody help me [explictive] is this!" turned around and couch, with no stat began yelling againstanding, bent ove on the floor. At 6:4 (NA) came into the R26 to assist R19. holding the magaz the floor sweeper in the floor at her feether foot and NA-Fagainst the wall, an hallway away from walked down the hentered R53's room was asleep in bed to the middle of R5 wheelchair then at drawer, while no state to R53 in her bed to R56, "Don't come in here." R26 turned towards R53's closs administrator enter R26 and assisted I wander around R5 administrator left Foundament of the with her as she left 6:56 p.m., R26 prohallway away from dining room to ano staff passed R26 in to assist her or wall to a	age 36 able to lift. R26 turned back and R19 began screaming I need help over here! el God almighty what the R26 walked over to R19, walked back towards the first of present. At 6:45 p.m., R19 and picked up the magazine p.m., a nursing assistant of day room pushing a lift past R26 remained standing, ine. At 6:47 p.m., R26 grabbed andle and caused it to fall to the R26 kicked the handle with walked by, placed it back and continued to walk down the the day room. R26 then allway and at 6:50 p.m., an, whose door was open. R53 with the lights off. R26 walked back of the present. R26 walked back of the R53's room, said hello to R53's room. At 6:55 p.m., the red R53's room, said hello to R53's room. At 6:55 p.m., the red R53's room telling R26 to come of the present of t	F 6	89			

	EMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		` '	(X3) DATE SURVEY COMPLETED		
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F 689	NA-G stated R26 vanit and occasional when she wandered NA-G stated R26 vand was not a fall of and was not a fall of an another of any interview physical therapy (TD) state of 2022. PT-A state of 2022. PT-A state of any interview and know when the cause she was recent assessment assistance of one stated she was not and had not receive but would have expected any interview RN-G stated she to the facility's fall proposed any interview and transfers, but was impulsive. RN wander into other of the ard of any incided buring an interview and of any incided buring an inter	w on 3/22/23 at 11:03 a.m., walked around by herself on the ally needed to be redirected ed into other resident rooms. had not fallen for a long time risk. w on 3/22/23 at 11:22 a.m., RN)-E stated R26 ambulated dishe was not aware of any w on 3/23/23 at 10:56 a.m., (PT)-A and the director of dishey last saw R26 in August ed staff should have "eyes on en she was "up and around" sporadic and verified R26's tindicated R26 required limited staff for ambulating. The TD that aware of R26's fall on 2/19/23 ared a referral to re-evaluate her, pected to. w on 3/23/23 at 12:06 p.m. racked resident falls through or an unwitnessed fall while dining room. RN-G stated on an unwitnessed fall while dining room. RN-G stated R26 ance of one staff for ambulation it was difficult because R26 l-G further stated R26 used to resident rooms but had not		39		

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F 689	interventions after a fall. The DON also had not been referr 2/19/23, and though The facility Fall Preindicated to implement interventions/precastar" program if a retriggered a modera any history of falling be reviewed for all newly required interincluded a fall risk a ensure appropriate obtaining a therapy	care plan with appropriate assessing the cause of their stated she was surprised R26 red to PT after her fall on ht she should have been. Evention policy dated 3/20, nent appropriate fall utions including the "falling esident's fall risk assessment te to high risk or if they had g. Resident care plans were to falls and updated with any rventions. Post fall care assessment to identify and interventions were in place, revaluation and treatment and updated the resident's care	F 6	89		
F 698 SS=D	policy dated 3/20, in the root cause of the what immediate into implemented to avoid nature and to ensure of the changes being be included in the recommendation of the changes being be included in the recommendation of the changes being be included in the recommendation of the changes being be included in the recommendation of the changes being be included in the recommendation of the changes being	oid another fall of a similar re all staff on duty were aware ng made. Any changes were to resident's care plan and residents who eive such services, consistent andards of practice, the reson-centered care plan, and	F 6	98		5/12/23

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F 698	Continued From pa	age 39	F 6	898		
	•	NT is not met as evidenced				
	by:					
	Based on interview	v, observation and document		F698		
		ailed to assess and monitor for				
	· -	standard of practice before and		Corrective Action: R35's Dial		
		of 1 resident (R35) reviewed		treatment record and care pl		
	for dialysis care.			updated to include intervention and monitor for complication		
	Findings include:			port before and after dialysis	•	
	D25's face sheet n	rinted 2/22/22 included		Corrective Action as it applie	o to other	
	·	rinted 3/23/23, included tage renal disease,		Corrective Action as it applie residents: All resident's char		
		nal dialysis, pulmonary		who require dialysis were rev	•	
	-	fibrillation (irregular heart		ensure monitoring is in place		
	rhythm that can lea	id to blood clots in the heart),		complications before and aft	er dialysis.	
	,	xygen therapy due to		Dialysis policy was reviewed		
	respiratory failure.			current. Licensed nursing sta		
	Da Ela providar and	are printed 2/22/22 failed to		re-educated on the Dialysis	care policy.	
	-	ers printed 3/23/23, failed to sment of the dialysis port and		Date of Completion: 5/12/23		
		llowing the three times per		Date of Completion. 3/12/23		
	week hemodialysis	•		Recurrence will be prevented	d bv: Random	
				chart audits will be complete	•	
	R35's care plan da	ted 3/23/23, stated R35 had		the care plan addresses mor		
	_	d required assistance of two		complications r/t dialysis. 3 r		
		d transferring into his electric		audits will be completed wee	•	
		tion, R35 was scheduled for		weeks, then 2 random chart		
	dialysis three times	s per week.		completed weekly for 4 week		
	During interview wi	th R35 on 3/20/23 at 4:44p.m.,		the audits will be brought to to committee meeting for review		
	_	staff have not looked at his		recommendations.	, and idition	
	_	or after his three day per				
	week hemodialysis	appointments.		The Correction will be monited	•	
				Unit Managers and Director	of Nursing or	
	_	th registered nurse (RN)-D on		Designee.		
	•	m., RN-D stated the				
	-	irsing staff are to ensure the				
		ng is assessed before and session and to monitor R35 for				
	altor babli alaryolo (SSSSISII WIIM TO IIIOIIITOI I TOO IOI				1

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F 698	RN-D during review record (EMR) states seeing it in his EM During interview w (HUC)-G on 3/22/2 the facility would reassess and monitor expected the order HUC-G stated R35 order to assess the for complications. During interview w p.m., RN-E stated plan failed to indicated dialysis site and for During interview w 3/22/23 at 12:51 p. expectation was for dialysis site every sidialysis. DON look the order "is not in stated dialysis care "complications like Facility policy titled OF revised on 12/2. 1. The care plan slaving policy titled of revised on 12/2. 1. The care plan slaving policy titled of revised on 12/2. 1. The care plan slaving policy titled of revised on 12/2. 1. The care plan slaving policy titled of revised on 12/2. 1. The care plan slaving policy titled of revised on 12/2. 1. The care plan slaving policy titled of revised on 12/2. 1. The care plan slaving policy titled of revised on 12/2. 1. The care plan slaving policy titled of revised on 12/2.	n as infection and bleeding. w of R35 electronic medical ed "it is not there. I am not R". ith health unit coordinator 23 at 12:24 p.m., HUC-G stated equire a provider order to or the dialysis port site and r to be added to R35 care plan. S's care plan did not have an edialysis port site and monitor ith RN-E on 3/22/23 at 12:28 R35's current orders and care ate an assessment of the r potential complications. ith director of nursing (DON) on m., DON stated the or nursing staff to assess the shift and "especially following ked at R35's EMR and stated there and should be". DON es include assessing for bleeding and infection". I DIALYSIS RESIDENT-CARE 13 stated: hould address the following: risks and complications of monary edema, drug toxicity, nce) for potential risks and	F 6	98			

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F 698	•	, headache, seizure etc. t or access site for signs of s site	F 69	98			
	CFR(s): 483.60(d)(a) §483.60(d) Food ar Each resident receives §483.60(d)(4) Food allergies, intolerance §483.60(d)(5) Appendictive value to resident meal choice. This REQUIREMENT by: Based on observation review the facility factor of 1 residents (R1) had the potential to in the memory care. Findings include: R11's quarterly Min 2/13/23, indicated Findings include.	that accommodates resident ees, and preferences; aling options of similar sidents who choose not to eat served or who request a ee; NT is not met as evidenced ion, interview, and document alled to provide food choices to 1) during meal service. This affect all 15 residents residing unit.	F 80	F806 Corrective Action: Staff caring forwere re-educated to ask about for accommodates his preferences mealtimes. Corrective Action as it applies to residents: Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure the Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes. The Staff to ensure each receives food that accommodate preferences at mealtimes.	ood that at other esident es his/her Select emains	5/12/23	
	R11's Care Area As 11/16/22, indicated	sessment (CAA) dated R11 triggered for visual continence, falls, and		was reviewed and revised. Nurs dietary staff were educated on s menu and dining room service p Date of Completion: 5/12/23	ing and elect		

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F 806	personal preference preferences follower cognitive impairment moderate cognition providing R11 opposite had potential for numbeart disease, eder Interventions include R11's care plan lister heart failure, legal be depression. During an interview stated he was not of food items during mare served." R11 stawas on his plate be people starving in the not complain. Review of all 15 metickets dated 3/23/2 were checked for the service for any of the During an interview nursing assistant (Not residents with demonstrate and many residence communicate and maternate food items memory care unit of no alternative food weekly menu. NA-E	lated, indicated R11 had es with a goal of having his ed. R11 had a potential for and ranged from intact to. Interventions included rtunity to make choices. R11 tritional problems related to ma, and legal blindness. ed assisting R11 with meals. ed diagnoses which included blindness, insomnia, and on 3/20/23 at 6:10 p.m., R11 affered choices for alternate neals and "you get what you ated growing up, he ate what cause he was told there were ne world and therefore should emory care resident meal as, revealed no preferences ne breakfast or lunch meal are memory care residents. on 3/22/23 at 1:41 p.m., IA)-G stated he did not ask entia about food preferences cult for them to choose. NA-G	F 80	Recurrence will be prevented by: R observational dining room audits w completed to ensure staff are askir residents about food preferences a mealtimes. 3 random observationa will be completed weekly for 4 weethen 2 random observational audits completed weekly for 4 weeks. Resthe audits will be brought to the QA committee meeting for review and recommendations. The Correction will be monitored by Dietary Manager, Unit Managers and Director of Nursing or Designee.	ill be ig it I audits ks, s will be sults of PI further y: The	

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F 806	from 8:34 a.m. to 8 dining room eating cereal. R11 stated would prefer oatmetold NA-G that he viluce that morning have grape juice e his favorite. R11 stapple or orange juice and bacon in front the pancakes, there what was on the plancakes, there what was on the plancakes a disappointed, stated the pancakes a disappointed, stated stated, "Yeah" and where the food iter. During an interview stated the staff pout that morning without first. Although R11 would have preferr further stated that offered grape juice and pleased" because and pleased" because grape juice and it was tated the was a "control of the plancakes and pleased" because and pleased and it was tated the was a "control of the plancakes and pleased" because and pleased and it was tated the was a "control of the plancakes and pleased and it was tated the was a "control of the plancakes and pleased" because and pleased and pleased and it was tated the was a "control of the plancakes and pleased and pleased and pleased and it was tated the was a "control of the plancakes and pleased and pleased and it was tated the was a "control of the plancakes and pleased and pleased and it was tated the was a "control of the plancakes and pleased and pl	age 43 tion and interview on 3/23/23 8:45 a.m., R11 was sitting in the a bowl of creamed wheat the cereal was fine but he eal every morning. R11 then was given a choice of grape and asked NA-G if he could very morning because it was ated he had only been offered ce previously and since he did se, he chose apple juice. At aced a plate with pancakes of R11. NA-E poured syrup on cut them up. NA-E told R11 ate and that she had put syrup lready. R11, sounding ed, "Did you really?" NA-E left. NA-E did not explain ms were located on R11's plate. Y on 3/23/23 at 10:05 a.m., R11 ared syrup on his pancakes ut asking him if he wanted it liked syrup, he stated he ed to be asked first. R11 was the first time he had been . R11 was "totally surprised use he "always" used to drink was his favorite. R11 also heese lover" and used to make on't serve "real" cheese, only					
	NA-E stated resident the unit with the following used the meal tick the correct kind of	on 3/23/22 at 11:47 a.m., ent meal tickets were brought to od carts. NA-E stated the cook ets to ensure they were served diet, but staff did not ask the fr preferences were for the					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION	` '	E SURVEY PLETED
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	During an interview cook (CK)-A stated meal tickets to see resident received. Owere not used to as preferences they was at the top portion of stated the meal tick shredder after each During an interview dietary manager (D (RD) stated all residhad meal preference each meal. The RD memory care unit suchoice or alternative stated if a resident witheir preferences, the should be asked for was unaware staff with meal preference can meal in the memory care unit suchoice or alternative stated if a resident who was unaware staff with meal preference can meal in the memory care unit such preference can meal in the memory care unit such preference can meal preference	on 3/23/23 at 12:04 p.m., he looked at the resident what kind of diet each CK-A stated the meal tickets sk residents what food anted, and CK-A did not look the meal ticket. CK-A further tets were thrown away in the meal service. on 3/23/23 at 11:26 a.m., the M) and registered dietician dents on the memory care unit te cards (meal tickets) for stated residents in the hould always be offered a te to a meal. The RD further was unable to communicate the resident's representative of food preferences. The RD were not filling out resident ords for the residents during		310			5/12/23
	CFR(s): 483.60(g)	Lating Equipment/Otensils	г с	טוט			3/12/23

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	PROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425		•	
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F 810	and utensils for resappropriate assists can use the assists meals and snacks. This REQUIREME by: Based on observate review, the facility equipment was propromote independent of 1 resident (R112 drinking from regular glassware. Findings include: R112's quarterly Martine 12/29/22, identified impairment and recassistance for eating the liquids. As Functioning," identified with thin liquids. As Functioning, identified with thin liquids. As Functioning identified with thin liquids.	re devices rovide special eating equipment sidents who need them and ance to ensure that the resident we devices when consuming NT is not met as evidenced tion, interview, and document failed to ensure adaptive evided as care planned to ent, easier eating abilities for 1 (2) observed to have difficulty ar (i.e., non-handled) inimum Data Set (MDS), dated I R112 had moderate cognitive quired supervision with set-uping. Assessment 4.0 - V2, dated I R112 consumed a regular diet section labeled, "Physical ified R112 required set-up ling and a checkmark was absection labeled, "Adaptive d," which outlined, "OT apy] recommending 2-handle section of the assessment outlined R112 demonstrated chewing or swallowing and was lif" with meal set up and		F 810 Corrective action: R112 was prohandled cup at meals as per the plan. R112 was referred to form OT to determine current needs. plan was updated based upon trecommendations from therapy Corrective action as it applies to residents: Staff responsible for adaptive equipment at mealtime re-educated on the necessity to care plan as it relates to the use adaptive equipment. A policy for equipment was developed. Nurse were educated on the policy. Date of Completion: 5/12/23 Recurrence will be prevented by observational audits will be comensure residents are provided a equipment as care planned. 3 responsible for 4 weeks, then 2 rand observational audits will be comensure residents are provided and the policy.	e care al PT and The care he other providing s were follow the e of adaptive sing staff Pleted andom pleted om pleted om pleted om pleted it for one	
		are plan, dated 1/12/23, s at risk for a nutritional		Results of the audits will be bro	ught to the	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245272	B. WING				C 23/2023
NAME OF I	PROVIDER OR SUPPLIER	I		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
MARTIN	LUTHER CARE CEN	TER		1401 EAST 100TH STREET BLOOMINGTON, MN 55425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 810	dysphagia. The car interventions included equipment/feedings cut food open contact. On 3/22/23 at 12:13 the dining room at wheelchair. R112 has meal and had regular present on the table contractures of his fingers to bend down pick up the regular using the knuckles mouth, with the glamotion as he lifted able to bring the g	paired cognition and re plan listed several ling, "Adaptive 2-handle cups. Set up meal; ainers etc." 1 p.m., R112 was observed in a table while seated in his ad been served ravioli for his lar (i.e., non-handled) cups		10	further recommendations. The correction will be monitored by Culinary Director and Unit manage Designee.		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTI		` ,	E SURVEY IPLETED
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F 810	explained R112 had and, as a result, had assistance with eat used "special adapt When questioned of two-handled cups of turned away from the room. NA-L returned two-handled cup (s) after pouring his draglassware into their interviewed and state the two-handled cup who was present at never seen R112 before. R112's care plan, do had an ADL self-callisted a goal which level of function in adate." A series of in included, "EATING to eat. Cut up foods not have difficulty used to eat. Cut up foods not have difficulty used to eat. Cut up foods not have difficulty used to eat. The care play was just modified of corresponding Care 3/23/23, identified to and/or added on 3/23/23, identified to and/or added on 3/23/23. R112's medical receividence the recombisted on R112's medi	d bilateral hand contractures d to sometimes have staff ing. NA-L stated R112 also tive" devices to eat and drink. On when, or if, R112 used the butlined on his menu slip, NA-L he surveyor and left the dining of shortly afterwards with and provided them to R112 inks from the regular in. At 8:30 a.m., R112 was sted it was easier to drink from ps. Further, R112's tablemate, at this time, stated they had be served two-handled cups atted 3/23/23, identified R112 reperformance deficit and read, " will maintain current ADL's through the review sterventions were listed which as Set up assistance by 1 staff is. [R112] reports that he does tilizing standard cups to drink, ups do make it easier at an outlined this intervention		310			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	` '	E SURVEY PLETED
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F 810	manager (RN)-E vermenu slip directed in RN-E stated they exthe respective men any adaptive equipathey would follow up they would follow up they would follow up they would follow up the current language observed R112 to be non-handled) glass RN-G verified the intwo-handled cup, as going to have an occevaluation complete as R112 was able to non-handled) glass expressed it was easy glasses when she in the breakfast meal. A provided Dining F March 2023, identification individual name and to verify the meal is person. Further, staplate/tray to assure	a.m., registered nurse erified R112's care plan and the use of a two-handled cup. expected the floor staff to read u slip information and provide ment, as needed. RN-E stated p with the staff. on 3/23/23 at 10:03 a.m., updated R112's care plan with ge after the surveyor had be served regular (i.e., ware at the breakfast meal, nenu slip directed the use of a nd they explained they were ecupational therapy (OT) ed for R112's eating abilities o use a regular (i.e., however, verified R112 asier to use the handled had just spoken to him during	F 8	310			
F 812 SS=F	consistency modified Food Procurement, CFR(s): 483.60(i) (1) §483.60(i) Food satisfied The facility must -	Store/Prepare/Serve-Sanitary)(2)	F 8	312			5/12/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG	` ´COM	(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CEN	ΤER		STREET ADDRESS, CITY, STATE, ZIP C 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	ODE		
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	(X5) COMPLETION DATE	
approved or considerate or local author (i) This may include from local produce and local laws or recipilities from using gardens, subject to safe growing and for (iii) This provision of from consuming for serve food in accordance from consuming for this REQUIREMED by: Based on observate review, the facility from the findings include: On 3/20/23 at 12:14	cure food from sources lered satisfactory by federal, rities. It food items obtained directly rs, subject to applicable State egulations. It oes not prohibit or prevent ry produce grown in facility re compliance with applicable rood-handling practices. It oes not preclude residents rods not procured by the facility. The prepare, distribute and redance with professional reservice safety. The is not met as evidenced realized to ensure 3 of 3	F 8	F812 Corrective Action: Staff wer immediately upon identifyin monitoring logs were income commercial food cooling de Commercial can opener was The metallic scoop was reminediately from flour bin. Corrective action as it appliates a commercial residents: All commercial residents: All commercial residents: All commercial residents and kitche been audited to ensure conthroughout the building. The Director and supervisor we on Food Storage and Sanit Date of Completion: 5/12/2/	g temperature plete for the evices. as cleaned. noved es to other efrigerators, n storage have appliance e Culinary re re-educated ation Policies.		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '		E CONSTRUCTION	` '	E SURVEY PLETED
		245272	B. WING				C 23/2023
	PROVIDER OR SUPPLIER	ΓER		14	TREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 100TH STREET LOOMINGTON, MN 55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 812	to the counter by the the opener had cope debris present alon along with red and along the top of the 2) A single Continer refrigerator was open prepared and cover container of a bread metallic serving par was present which the refrigerator at 3 white-colored flows the unit which was Coolers/Freezer in columns to record a walk-in cooler, walk Cooler." This had see the month and year was completed as, recorded date on the (over a month prior recorded as 37F, 0) walk-in cooler and well-in cooler and well	dlund can opener was attached e oven range(s). The blade of bious amounts of a dried black g the bottom of the blade, tan-colored debris present blade. Intal double-door style ened. The fridge contained red salad dishes, a single ded meat product, and a filled with diced fruit. A gauge identified the temperature of 6 F (Fahrenheit). A heet was taped to the side of labeled, "Temps For Kitchen," which outlined three a daily temperature for the c-in freezer, and, "Kitchen #3 pacing on the bottom to record of the flow sheet, and this "Feb 2023," with the last he flow sheet being 2/9/23 b) when the temperatures were F, and 36F, respectively. The walk-in freezer were toured at ntified meats, eggs, and acts being stored inside. These ermometer and/or gauge	F 8	312	Recurrence will be prevented by: A will be completed 3 times per week weeks Results of the audits will be brought to the QAPI committee me for review and further recommendate. The correction will be monitored by Culinary Director or Designee.	eting ations.	
	storage room. Thes	se were labeled for powdered					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245272	B. WING _		03	C /23/2023	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 1401 EAST 100TH STREET BLOOMINGTON, MN 55425			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
F 812	bin labeled for flou white flour and a mass present inside. The handle was possible to the handle was completed remained soiled with the temperature of the temperature results and the temperature results and the temperature and the temperature and the temperature and results for cooking and verified the cast proceeded to scraphis fingernail while after every use. However, the temperature and results are the temperatures for the temperature for	gar, and, "Flour." However, the r was approximately 3/4 full of netallic, gray-colored scoop the bin and touching the flour. Sinted upward from the product. a.m., a subsequent kitchen d. The Edlund can opener the same black, red and which had been present the metallic scoop remained in the abeled, "Flour." In addition, the sheet which had been present refrigerator unit and contained cordings (dated February noved and there was just an ve attached to the fridge. At K)-B was interviewed. CK-B are different numbers shifts e) who each perform different and cleaning. CK-B observed in opener debris, and be some of the debris off using explaining it should be cleaned owever, CK-B was unsure when ed. CK-B explained the kitchen' its should be checked for ecorded on the flow sheet en walked over to the need the white-colored flow ached the day prior and stated sually attached to the was used to track and record or each of the refrigerators and was missing adding, "I'm e it." CK-B observed the red inside the white-colored bin red inside the white-colored bin					
	labeled, "Flour," ar	nd stated the flour was not used ev were unsure how long the					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION ING	\ /	ATE SURVEY OMPLETED
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F 812	flour. CK-B express scoops were able powder-based production. On 3/21/23 at 9:58 (DN) joined the intrefrigerator and from the being tracked as the was "an area of open on as it had been DN explained a place developed for this would be implemented the flour and expression of the flour and expression of the flour and expression of the scoop inside, with potentially, was a observed the Edlucounter and verification of the counter and verification of the scoop inside and the deviction of the scoop inside and the deviction of the counter and verification of the counter and	eft sitting inside or stored in the seed they "can't answer that" if to be stored in opened, duct like flour or not. Defa.m., the director of nutrition derview. They verified the eezer temperatures were not hey should and expressed it oportunity" for them to improve an issue "since I've been here." an of correction (POC) was just concern the day prior and ented adding it was important to evice temperatures were ed, and recorded to ensure food thy and "served safely." DN callic scoop being stored inside essed it should be stored in a of the container in some was used to make cakes, sckening items and storing the multiple people touching it "contamination risk." DN and can opener attached to the ed the debris being present. DN ince and blade should be in use to reduce to the risk of on to other products. DN stated aning schedules or checklists to demonstrate when items, opener, had been last cleaned of the lack of such schedule or ntributed to the issue and ings to get missed." Further, re center" residents were main production kitchen.	F 8	12		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	` '	E SURVEY IPLETED
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	PROVIDER OR SUPPLIER	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	•	LOILOLO
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		OULD BE	(X5) COMPLETION DATE
F 812	explained their role of nutrition (i.e., car not the day-to-day RD-A and RD-B acconsistent cooling of and monitoring and been completed. For expressed the can after each use, and inside opened productors-contamination. A provided General policy, dated March nutrition service states anitation of the kitter a written, comprehend policy outlined, "Frost task will be defined Sanitary Practices identified all staff whandling procedure sanitize equipment Further, a provided March 2019, identified maintained in all serving areas of the "Cleaning scheduled A Edlund Service March 2019, identified the manus S-11 commercial manus S-11 commercial manus and commerc	vere interviewed. RD-B was more on the clinical side re planning, assessment) and kitchen function. However, knowledged the lack of device temperature checking I expressed it should have urther, RD-A and RD-B opener should be cleaned I scoop(s) should not be stored luct to help prevent potential		312		
F 883 SS=D	•	ımococcal İmmunizations	F8	383		5/12/23

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	TIPLE CONSTRUCTION ING	` '	E SURVEY IPLETED
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	PROVIDER OR SUPPLIER	TER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	03/	23/2023
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUNDERSON CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
F 883	immunizations §483.80(d)(1) Influe policies and proced (i) Before offering the each resident or the receives education potential side effect (ii) Each resident is immunization Octoberation annually, unless the contraindicated or to the immunized during the (iii) The resident or has the opportunity (iv) The resident's made to the communization that following: (A) That the resident was provided educated and potential side eximmunization; and (B) That the resider immunization or did immunization due to refusal. §483.80(d)(2) Pneumonization or did immunization due to refusal.	enza. The facility must develop ures to ensure that- ne influenza immunization, e resident's representative regarding the benefits and s of the immunization; offered an influenza per 1 through March 31 e immunization is medically the resident has already been his time period; the resident's representative to refuse immunization; and nedical record includes indicates, at a minimum, the art or resident's representative ation regarding the benefits ffects of influenza and receive the influenza and receive the influenza and receive the influenza and medical contraindications or mococcal disease. The facility es and procedures to ensure	F 8	883		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG	COM	E SURVEY PLETED
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	•	
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F 883	has the opportunity (iv) The resident's redocumentation that following: (A) That the reside was provided educand potential side immunization; and (B) That the reside pneumococcal contraindication or This REQUIREME by: Based on interview facility failed to ensistatus was verified residents (R118) referred residents (R118) referred residents (R118) for Disease Control Findings include: R118's admission dated 2/8/23, indic facility on 2/2/23 arimpairment. R118's immunization of receiving, or bein vaccine. During an interview stated she was not stated she w	the resident's representative to refuse immunization; and nedical record includes tindicates, at a minimum, the attor resident's representative ation regarding the benefits effects of pneumococcal ont either received the nunization or did not received immunization due to medical		F883 Corrective action: R118's immustatus was verified. R118 was declined the influenza vaccine of Corrective action as it applies to residents: All residents charts were viewed to ensure influenza arpneumococcal vaccines were or received if resident agrees. Influence if resident agrees in the influence if resident in the influence if residents are being offered fluence if residents are being offered fluence if received those vaccines if eligitized.	offered and on 4/13/23. The other vere and viewed distaff were distance and one	

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NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
MARTIN	LUTHER CARE CENT	TFR		1401 EAST 100TH STREET		
				BLOOMINGTON, MN 55425		1
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 883	Continued From pa	ige 56	F 88	83 random chart audits will be complet	æd	
	infection prevention responsible for verification the Market Information Connect admitted to the facility should be reviewed offered the COVID, vaccines if needed immunization record missing documental	n 3/23/23 at 10:00 a.m., the nist (IP) stated she was ifying residents' immunization Minnesota Immunization ction (MIIC) when they were ility. The IP stated all residents of for immunizations and be pneumococcal and influenza . During review of R118's rd, the IP stated R118 was ation on the influenza vaccine offered it at admission.		weekly for 4 weeks, then 2 random audits will be completed weekly for weeks. Results of the audits will be brought to the QAPI committee meet for review and further recommendate. The correction will be monitored by Infection Preventionist and the Direction or Designee.	chart 4 eting tions. the:	
	director of nursing (been responsible for and offering them to DON further stated within three days of A facility policy tilted revised on 10/1/22,	d Resident Vaccine-Influenza, , indicated all patients,				
F 887 SS=D	influenza season w vaccine, Septembe		F 88	87		5/12/23
	LTC facility must de and procedures to e (i) When COVID-19 facility, each reside is offered the COVI immunization is me	VID-19 immunizations. The evelop and implement policies ensure all the following: 9 vaccine is available to the ent and staff member ID-19 vaccine unless the edically contraindicated or the ember has already been				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING	COM	E SURVEY (IPLETED
		245272	B. WING			C /23/2023
	PROVIDER OR SUPPLIER	ΓΕR		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		D BE	(X5) COMPLETION DATE
F 887	members are proving regarding the benefit effects associated with the requires multiple do resident representational doses, in benefits or risks and associated with the requesting consent additional doses; (v) The resident, remember has the open COVID-19 vaccine, (vi) The resident's redocumentation that the following: (A) That the resident was provided educated the resident representation that the following: (A) That the resident of the resident; or (C) If the resident down contraindications or (vii) The facility main to staff COVID-19 vaccines or (viii) The facility main to staff COVID-19 vaccines or (viiii) The facility main to staff COVID-19 vaccines at a minimal to staff COVID-19 vaccines at a minimal to staff COVID-19 vaccine at a minimal to staff COVID-19 vaccines at a minimal to staff C	COVID-19 vaccine, all staff ded with education fits and risks and potential side with the vaccine; COVID-19 vaccine, each dent representative regarding the benefits and side effects associated with sine; ere COVID-19 vaccination oses, the resident, tive, or staff member is not information regarding those cluding any changes in the dipotential side effects COVID-19 vaccine, before for administration of any sident representative, or staff oportunity to accept or refuse a and change their decision; medical record includes indicates, at a minimum, and or resident representative ation regarding the ial risks associated with and OVID-19 vaccine administered id not receive the COVID-19 lical refusal; and intains documentation related vaccination that		87		

FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 887 Continued From page 58 the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure a resident's COVID immunizations. Furthermore, the facility failed to ensure the COVID vaccine was offered or received for 1 of 5 residents (R118) in accordance with the Center for Disease Control (CDC) recommendations. Findings include: F 887 F 887 F 887 F 887 F 887 F 887 Corrective action: R118's immunization status was verified and declined the Covid 19 vaccine on 4/13/23. Corrective action: R118's immunization status was verified. R118 was offered and declined the Covid 19 vaccine on 4/13/23. Corrective action as it applies to other residents: All residents were reviewed to ensure the Covid 19 vaccine was offered and received if resident agrees. COVID-19 Preparedness Plan policy was reviewed and remains current. All		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG	COM	E SURVEY PLETED
MARTIN LUTHER CARE CENTER MARTIN LUTHER CARE CENTER 1401 EAST 1001H STREET BLOOMINGTON, MN 55425			245272	B. WING _			
FREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) F 887 Continued From page 58 the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information on obtaining COVID-19 vaccine; and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure a resident's COVID immunization status was verified or documented for 1 of 5 residents (R118) reviewed for immunizations. Furthermore, the facility failed to ensure the COVID vaccine was offered or received for 1 of 5 residents (R118) in accordance with the Center for Disease Control (CDC) recommendations. Findings include: F 887 F 887 Corrective action: R118's immunization status was verified. R118 was offered and declined the Covid 19 vaccine on 4/13/23. Corrective action as it applies to other residents: All residents were reviewed to ensure the Covid 19 vaccine was offered and received if resident agrees. COVID-19 Preparedness Plan policy was reviewed and remains current. All					1401 EAST 100TH STREET	· · · · · · · · · · · · · · · · · · ·	
the benefits and potential risks associated with COVID-19 vaccine; (B) Staff were offered the COVID-19 vaccine; and (C) The COVID-19 vaccine status of staff and related information as indicated by the Centers for Disease Control and Prevention's National Healthcare Safety Network (NHSN). This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure a resident's COVID immunization status was verified or documented for 1 of 5 residents (R118) reviewed for immunizations. Furthermore, the facility failed to ensure the COVID vaccine was offered or received for 1 of 5 residents (R118) in accordance with the Center for Disease Control (CDC) recommendations. Findings include: Tests F887 Corrective action: R118's immunization status was verified. R118 was offered and declined the Covid 19 vaccine on 4/13/23. Corrective action as it applies to other residents: All residents were reviewed to ensure the Covid 19 vaccine was offered and received if resident agrees. COVID-19 Preparedness Plan policy was reviewed and remains current. All	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A	SHOULD BE	(X5) COMPLETION DATE
R118s admission Minimum Data Set, dated 2/8/23, indicated R118 was admitted to the facility on 2/2/23 and had moderate cognitive impairment. R118's immunization record showed no evidence of receiving, or being offered, the COVID vaccine. During an interview on 3/23/23 at 1:29 p.m., R118 stated she was not offered any vaccines when she was admitted to the facility, including the COVID vaccine. During interview on 3/23/23 at 10:00 a.m., the infection preventionist (IP) stated she was responsible for verifying residents' immunization status through the Minnesota Immunization Iicensed staff were educated on the COVID-19 Preparedness Plan policy regarding Covid vaccinations. Date of Completion: 5/12/23 Recurrence will be prevented by: Random chart audits will be completed to ensure residents are being offered Covid 19 vaccine and that they received vaccines if eligible. 3 random chart audits will be completed weekly for 4 weeks, then 2 random chart audits will be completed weekly for 4 weeks. Results of the audits will be brought to the QAPI committee meeting for review and further recommendations.	F 887	the benefits and possociated with CO (B) Staff were offer information on obtained information on obtained information on obtained information on obtained information of the control and Healthcare Safety. This REQUIREMED by: Based on interview facility failed to ensimmunization status for 1 of 5 residents immunizations. Further ensure the COVID received for 1 of 5 accordance with the (CDC) recommend. Findings include: R118s admission of 2/8/23, indicated R on 2/2/23 and had impairment. R118's immunization of receiving, or being an interview of stated she was not she was admitted and COVID vaccine. During interview or infection prevention responsible for vertices of the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection prevention responsible for vertices and the coving interview or infection re	otential risks DVID-19 vaccine; red the COVID-19 vaccine or aining COVID-19 vaccine; and vaccine status of staff and as indicated by the Centers for and Prevention's National Network (NHSN). NT is not met as evidenced w and document review, the sure a resident's COVID as was verified or documented (R118) reviewed for rthermore, the facility failed to vaccine was offered or residents (R118) in the Center for Disease Control dations. Minimum Data Set, dated and the Covid vaccine won additions of the facility moderate cognitive on record showed no evidence and offered, the COVID vaccine. on 3/23/23 at 1:29 p.m., R118 to offered any vaccines when to the facility, including the on 3/23/23 at 10:00 a.m., the and 3/23/23 at 10:00 a.m., the and the facility of the covid on the facility of the and		F887 Corrective action: R118's im status was verified. R118 wa declined the Covid 19 vaccine residents: All residents were ensure the Covid 19 vaccine and received if resident agree COVID-19 Preparedness Plareviewed and remains currelicensed staff were educated COVID-19 Preparedness Plaregarding Covid vaccinations. Date of Completion: 5/12/23 Recurrence will be prevented chart audits will be completed residents are being offered of vaccine and that they received eligible. 3 random chart audits will be completed weekly for 4 weeks and further weekly for 4 weeks. Results will be brought to the QAPI of meeting for review and further weekly for review and fur	as offered and he on 4/13/23. es to other reviewed to was offered es. an policy was nt. All don the an policy s. d by: Random ed to ensure Covid 19 red vaccines if its will be ks, then 2 completed of the audits committee	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		CONSTRUCTION	` ′	E SURVEY PLETED
		245272	B. WING				2 3/2023
	PROVIDER OR SUPPLIER	ΓER		140	REET ADDRESS, CITY, STATE, ZIP CODE 1 EAST 100TH STREET OOMINGTON, MN 55425	00/2	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 887	Information Connect admitted to the facing should be reviewed offered the COVID, vaccines if needed, immunization recommissing documents and had not been of During an interview director of nursing (been responsible for and offering them to DON further stated within three days of A policy on vaccinate	ction (MIIC) when they were lity. The IP stated all residents for immunizations and be pneumococcal and influenza During review of R118's d, the IP stated R118 was ation on the COVID vaccine ffered it at admission. on 3/23/23 at 12:44 p.m., the (DON) stated that the IP had or reviewing immunizations or residents when needed. The vaccines should be offered	F 8		The correction will be monitored by Infection Preventionist and the Dire Nursing or Designee.		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	,
	0000	B. WING		С	
	00227	D. WING		03/23/2023	<u> </u>
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENT	1401 EAS	DRESS, CITY, S	TATE, ZIP CODE		
WARTIN LUTHER CARE CENT	BLOOMIN	GTON, MN	55425		
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE COMPL	LETE
2 000 Initial Comments		2 000			
****ATTEI	NTION*****				
NH LICENSING	CORRECTION ORDER				
144A.10, this corrected pursuant to a surve found that the deficing herein are not corrected shall with a schedule of the Minnesota Department of the Minnesota Departments of the number and MN Ruwhen a rule contain comply with any of lack of compliance, re-inspection with a result in the assess	hether a violation has been				
that may result from orders provided that the Department with	hearing on any assessments non-compliance with these a written request is made to hin 15 days of receipt of a ent for non-compliance.				
was conducted at y the Minnesota Depa facility was not in con Licensure and the fi issued. Please indices	TS: 3/24/23, a licensing survey our facility by surveyors from artment of Health (MDH). Your ompliance with the MN State following correction orders are cate in your electronic plan of a reviewed these orders and				

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE

Electronically Signed

04/20/23

If continuation sheet 1 of 52

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		A. BOILBING.			
	00227	B. WING			, 3/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MADTIN I LITUED CADE CEN	1401 EAS	T 100TH STF	REET		
MARTIN LUTHER CARE CEN	BLOOMIN	IGTON, MN	55425		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 000 Continued From pa	age 1	2 000			
identify the date wh	nen they will be completed.				
the State Licensing federal software. To assigned to Minner Nursing Homes. The appears in the far I appears in the far I ag." The state stated in the "Summand replace the correction order the findings which statute after the state as evidence by." Federal software.	nent of Health is documenting Correction Orders using ag numbers have been sota state statutes/rules for he assigned tag number eft column entitled "ID Prefix atute/rule out of compliance is hary Statement of Deficiencies" es the "To Comply" portion of r. This column also includes are in violation of the state atement, "This Rule is not met ollowing the surveyors findings Method of Correction and rrection.				
receipt of State lice the Minnesota Dep Informational Bulle https://www.health n/infobulletins/ib14 orders are delineat Department of Hea you electronically. is necessary for St enter the word "con text. You must ther State licensure pro completion date, th	state.mn.us/facilities/regulation_1.html The State licensing led on the attached Minnesota alth orders being submitted to Although no plan of correction ate Statutes/Rules, please rected" in the box available for indicate in the electronic cess, under the heading led the electronically submitting to the electronically submitting to the				
FOURTH COLUMI "PROVIDER'S PLA APPLIES TO FEDI	ARD THE HEADING OF THE N WHICH STATES, AN OF CORRECTION." THIS ERAL DEFICIENCIES ONLY.				

Minnesota Department of Health

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	00227	B. WING	C 03/23/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MAKTIN	LUTHER CARE CENTER BLOOMIN	GTON, MN	55425	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 000	Continued From page 2	2 000		
	IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.			
2 565	MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use	2 565		5/12/23
	Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident.			
	This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to ensure a comprehensive assessment and person-centered care plan was completed for 1 of 1 residents (R11) who was legally blind.		Corrected	
	Findings include:			
	R11's quarterly Minimum Data Set (MDS) dated 2/13/23, indicated R11 had moderate cognitive deficits, was independent with eating and required extensive assistance with all other activities of daily living (ADLs).			
	R11's diagnoses included heart failure, legal blindness, insomnia, and depression.			
	R11's Care Area Assessment (CAA) dated 11/16/22, indicated R11 triggered for visual function, urinary incontinence, falls, and psychotropic medication use.			
	R11's care plan undated, indicated R11 preferred			

Vinnesota Department of Health

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		D MINIO		c	
	00227	B. WING		03/2	23/2023
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425					
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (X5 COMPI	
2 565 Continued From page 3		2 565			
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)					
was sitting in his ro	om in a recliner with a padded				

Minnesota Department of Health

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
	00227	B. WING		03/2	3/2023
NAME OF PROVIDER OR SUPPLIER	CTDEET AF	DDESS CITY S	TATE ZID CODE	1 00/2	
NAME OF PROVIDER OR SUPPLIER		T 100TH STF	STATE, ZIP CODE		
MARTIN LUTHER CARE CEN	TER	NGTON, MN			
(X4) ID SUMMARY STA	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	COMPLETE DATE
2 565 Continued From pa	age 4	2 565			
had multiple straps out. R11 stated the his wall, however, I were not helpful. R got frustrated durin don't tell him where assist him to cut it was often new staf passed down." A b horizontal between was next to him, an phone were beyond call light was also of the table, out of					
9:07 a.m., R11 statements that the corner of moved next to his used it for five more way. R11 had elected	tion and interview on 3/22/23 at led he wished the large oxygen of his room was removed or IV. R11 stated he had not aths and it was always in his ronic devices plugged into an w bench behind the tank, all to access.				
assistant (NA)-G stardex to know ho stated most of the	on 3/22/23 at 11:03 nursing tated the NAs used a resident's w to care for them. NA-G also staff in the memory care unit or a long time and were sidents.				
registered nurse (F	on 3/22/23, at 11:22 a.m., RN)-E stated staff would ent's Kardex which was posted ow how to care for them references were.				
	on 3/22/23, at 12:22 p.m., DS coordinator was				

Minnesota Department of Health

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00227	B. WING		03/2) 3/2023
	PROVIDER OR SUPPLIER	1401 EAS	DRESS, CITY, S T 100TH STI			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
	the resident Kardex to reflect the resident During an interview RN-B stated she wo plans to reflect their resident's quarterly A facility policy for oprovided. SUGGESTED MET The director of nurs review and revise p to ensuring the care resident is followed designee could develop a moniare providing care a of care.	ating resident care plans and was pulled from the care plan				
2 830	Subpart 1. Care in receive nursing care custodial care, and individual needs and the comprehensive plan of care as des 4658.0405. A nursi	Subp. 1 Adequate and e; General general. A resident must e and treatment, personal and supervision based on d preferences as identified in resident assessment and scribed in parts 4658.0400 and ng home resident must be out possible unless there is a				5/12/23
	written order from the	ne attending physician that the in bed or the resident				

Minnesota Department of Health

AND DIAN OF CORRECTION INTERNITIFICATION NI IMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		00227	B. WING		03/2	; 3/2023
	PROVIDER OR SUPPLIER	1401 EAS	DRESS, CITY, S T 100TH ST			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIES (CROSS-REFERENCE)	.D BE	(X5) COMPLETE DATE
2 830	Continued From pa prefers to remain in		2 830			
	by: Based on observation review the facility fac	ent is not met as evidenced on, interview, and document iled to comprehensively implement intervention to for 1 of 1 residents (R26) who ory care unit, had an ind continued to ambulate		Corrected		
	1/30/23, indicated Find the Brief Interview for staff assessment in cognitive deficits. Read required extensional other activities of	imum Data Set (MDS) dated R26 was unable to complete for Mental Status (BIMS). The dicated R26 had severe R26 was independent for eating sive assistance of one staff for f daily living (ADLs). R26 also sistance of one person valking.				
	including aphasia (a language and compared disease, dementia of diabetes, corns and painful raised bumpand toes, right and abnormal bend in the osteoarthritis (decrease) abnormalities of gain	dicated R26's had diagnoses a brain disorder affecting brehension), Alzheimer's with behavioral disturbance, dicallosities (a thick, hard and b), pain in right and left feet left feet hammer toes (and he toes that can be painful), eased bone density), and it and mobility.				
		26 triggered for cognitive				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	00227	B. WING	C 03/23/2023	
NAME OF DOO! (IDED OD OLIDDLIED	OTDEET 4 D	DDEGG GITY OTATE ZID GODE		

	PROVIDER OR SUPPLIER LUTHER CARE CENTER	1401 EAS	T 100TH STE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIENCIENCIENCY MUST BE PRECEDED BY REGULATORY OR LSC IDENTIFYING INFORM	ES Y FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
2 830		drug use, was ial, eds and h staff, R26 liked DL mentia and-hold n for and meals 2-3 times may o poor for moving sical , and a ssistance elchair, The care ication ble to sult to know sk for falls unaware of erventions nt checks nvironment uate oned bed, nair when	2 830		
Minnesota D	alteration related to hallucinations. R26's Nurse Report Sheet undated, income R26 was on a walking program. epartment of Health				

Minnesota Department of Health

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ,	E CONSTRUCTION	COMPI		
		00227	B. WING		03/2	; 3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	, 33,2	0,2020
		1401 EAS	T 100TH ST			
MARTIN	LUTHER CARE CENT	BLOOMIN	GTON, MN	55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
2 830	Continued From pa	ge 8	2 830			
	Treatment dated 7/	rapy Evaluation and Plan of 14/22, indicated R26 was therapy on 7/14/22, after a fall				
		•				
	R26's quarterly Fall Risk Assessment dated 1/27/23, indicated R26 had a score of 13 where a total score greater than 10 indicated R26 was a "HIGH RISK" for potential falls.					
	2/24/23, indicated F "HIGH RISK" for po a fall on 2/19/23, the	Risk Assessment dated R26 scored a 13 and was a stential falls. Although R26 had e risk assessment indicated the previous three months" scular coordination.				
	3/21/23, indicated F	n. m. m. m. m.				
	R26 was sitting on a R19 slept in a reclin a magazine on the	s observation in the memory from 6:32 p.m. to 7:00 p.m., a couch in the day room while her in the corner. R26 dropped floor and made multiple, pts to pick it up by scooting				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED
	00227	B. WING	C 03/23/2023

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MARTIN LUTHER CARE CENTER BLOOMINGTON, MN 5425 (EAUMARY STATEMENT OF DEFICIENCIES (EACH CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 2 830 Continued From page 9 forward on the couch and bending forward; no staff were present. At 6.34 p.m. after rocking back and forth multiple times, RZ6 stood up from the couch, adjusted her sweatshirt and stepped forward on her left foot, rocking back and forth multiple times, RZ6 stood up from the walked across the day room to another couch. R26 was wearing long jeans that wrapped under her heals; the right pant left pants up as she walked. At 6.38 p.m. R26 continued to shift her weight back and forth while turning in a circle. At 6.37 p.m. R26 turned around and walked to the middle of the first couch. R26 pulled on the chair arm, moving the chair slightly and rocked back and forth on the ceter while pulling up her pants. At 6.38 p.m., R26 sat back down on the first couch. No staff were present. At 6.40 p.m., R26 began rocking back and forth on the couch and at 6.41 p.m. stood up. With no staff present, at 6.42 p.m., R26 walked out of the day room, then turned around and grabbed the handle of a floor sweeper propped in the comer of the day room which she was unable to lift. R26 turned back towards the couch and R19 began screaming "Help! Help! Help! I need help over here! Somebody help me! God almightly what the [explicitive] is this!" R26 walked over to R19, turned around and walked back towards the first couch, with no staff present, At 6.45 p.m., R26 to assist R19. R26 remained standing, holding the magazine, At 6.47 p.m., R26 grabbed the floor at her feet R28 kicked the handle with	NAME OF F	PROVIDER OR SUPPLIER STREET ADL	DRESS, CITY, S	STATE, ZIP CODE					
SUMMARY STATEMENT OF DEFICIENCIES DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (%5)	MADTINI	MARTIN LUTUER CARE CENTER 1401 EAST 100TH STREET							
PRÉÉTIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) 2 830 Continued From page 9 forward on the couch and bending forward; no staff were present. At 6:34 p.m. after rocking back and forth multiple times, R26 stood up from the couch, adjusted her sweatshirt and stepped forward on her left foot, rocking back and forth and staring at the magazine on the floor. R26 then walked across the day room to another couch. R26 was wearing long jeans that wrapped under her heals; the right pant leg had a torn hem at the bottom that dragged on the floor. R26 continuelly attempted to pull her pants up as she walked. At 6:36 p.m. R26 continued to shift her weight back and forth while turning in a circle. At 6:37 p.m. R26 turned around and walked to the middle of the room, then to a chair on the other side of the first couch. R26 pulled on the chair arm, moving the chair slightly and rocked back and forth on her feet while pulling up her pants. At 6:38 p.m., R26 sat back down on the first couch. No staff were present. At 6:40 p.m., R26 began rocking back and forth on the couch and at 6:41 p.m. stood up. With no staff present, at 6:42 p.m., R26 walked out of the day room, then turned around and grabbed the handle of a floor sweeper propped in the comer of the day room which she was unable to lift. R26 turned back towards the couch and R19 began screaming "Help! Help! Help! I need help over here! Somebody help me! God almighty what the [explictive] is this!" R26 walked over to R19, turned around and walked back towards the couch and R19 began screaming "Help! Help! Help! I need help over here! Somebody help me! God almighty what the [explictive] is this!" R26 walked over to R19, turned around and walked back towards the couch and R19 began screaming "Help! Help! Hel	WARTIN	BLOOMINGTON, MN 55425							
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staff were present. At 6:34 p.m. after rocking back and forth multiple times, R26 stood up from the couch, adjusted her sweatshirt and stepped forward on her left foot, rocking back and forth and staring at the magazine on the floor. R26 then walked across the day room to another couch. R26 was wearing long jeans that wrapped under her heals; the right pant leg had a torn hem at the bottom that dragged on the floor. R26 continually attempted to pull her pants up as she walked. At 6:36 p.m. R26 continued to shift her weight back and forth while turning in a circle. At 6:37 p.m. R26 turned around and walked to the middle of the frost couch. R26 pulled on the chair arm, moving the chair slightly and rocked back and forth on her feet while pulling up her pants. At 6:38 p.m., R26 sat back down on the first couch. No staff were present. At 6:40 p.m., R26 began rocking back and forth on the couch and at 6:41 p.m. stood up. With no staff present, at 6:42 p.m., R26 walked out of the day room, then turned around and grabbed the handle of a floor sweeper propped in the corner of the day room which she was unable to lift. R26 turned back towards the couch and R19 began screaming "Help! Help! Help! I need help over here! Somebody help me! God almighty what the [explictive] is this!" R26 walked over to R19, turned around and walked back towards the first couch, with no staff present. At 6:45 p.m., R19 began yelling again. At 6:46 p.m., R26, still standing, bent over and picked up the magazine on the floor. At 6:46 p.m., a nursing assistant (NA) came into the day room pushing a lift past R26 to assist R19. R26 remained standing, holding the magazine.	2 830	Continued From page 9	2 830						
Minnesota Department of Health		forward on the couch and bending forward; no staff were present. At 6:34 p.m. after rocking back and forth multiple times, R26 stood up from the couch, adjusted her sweatshirt and stepped forward on her left foot, rocking back and forth and staring at the magazine on the floor. R26 then walked across the day room to another couch. R26 was wearing long jeans that wrapped under her heals; the right pant leg had a torn hem at the bottom that dragged on the floor. R26 continually attempted to pull her pants up as she walked. At 6:36 p.m. R26 continued to shift her weight back and forth while turning in a circle. At 6:37 p.m. R26 turned around and walked to the middle of the room, then to a chair on the other side of the first couch. R26 pulled on the chair arm, moving the chair slightly and rocked back and forth on her feet while pulling up her pants. At 6:38 p.m., R26 sat back down on the first couch. No staff were present. At 6:40 p.m., R26 began rocking back and forth on the couch and at 6:41 p.m. stood up. With no staff present, at 6:42 p.m., R26 walked out of the day room, then turned around and grabbed the handle of a floor sweeper propped in the corner of the day room which she was unable to lift. R26 turned back towards the couch and R19 began screaming "Help! Help! Help! I need help over here! Somebody help me! God almighty what the [explictive] is this!" R26 walked over to R19, turned around and walked back towards the first couch, with no staff present. At 6:45 p.m., R19 began yelling again. At 6:46 p.m., R26, still standing, bent over and picked up the magazine on the floor. At 6:46 p.m., a nursing assistant (NA) came into the day room pushing a lift past R26 to assist R19. R26 remained standing, holding the magazine. At 6:47 p.m., R26 grabbed the floor sweeper handle and caused it to fall to the floor at her feet. R26 kicked the handle with							

<u>Minneso</u>	ota Department of He	ealth				
	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		00227	B. WING		03/2	3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		1401 FAS	T 100TH ST			
MARTIN	LUTHER CARE CENT	ΓER	IGTON, MN			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU	_D BE	COMPLETE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE
2 830	Continued From pa	ige 10	2 830			
	her foot and NA-F v	walked by, placed it back				
	,	d continued to walk down the				
		the day room. R26 then				
		allway and at 6:50 p.m.,				
		n, whose door was open. R53 with the lights off. R26 walked				
	•	3's room, grabbed onto R53's				
		empted to open R53's dresser				
		aff were present. R26 walked				
	to R53 in her bed c	ausing R53 to wake up telling				
	•	n here. You can't come in				
		around and walked back				
		et. At 6:54 p.m., the				
		ed R53's room, said hello to R53 while R26 continued to				
		3's room. At 6:55 p.m., the				
		53's room telling R26 to come				
		, leaving R26 in R53's room. At				
		ceeded to walk down the				
	hallway away from	the day room, towards the				
		ther resident's room. Multiple				
	-	the hallway but did not offer				
		k with her. At 7:00 p.m. R26				
		room and sat on the first				
	couch.					
	During an interview	on 3/22/23 at 11:03 a.m.,				
		alked around by herself on the				
		lly needed to be redirected				
	when she wandered	d into other resident rooms.				
		ad not fallen for a long time				
	and was not a fall ri	isk.				

Minnesota Department of Health

recent falls.

During an interview on 3/22/23 at 11:22 a.m.,

independently, and she was not aware of any

During an interview on 3/23/23 at 10:56 a.m.,

physical therapist (PT)-A and the director of

registered nurse (RN)-E stated R26 ambulated

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMP			SURVEY LETED
	00227	B. WING		03/2	3/2023
			TATE 710 000E	1 00/2	OILULU
NAME OF PROVIDER OR SUPPLIER		,	TATE, ZIP CODE		
MARTIN LUTHER CARE CEN	TER	ST 100TH STF IGTON, MN 4			
(VA) ID SLIMMADV ST	ATEMENT OF DEFICIENCIES	<u>, </u>	PROVIDER'S PLAN OF CORRECTI	ON	(VE)
PREFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
2 830 Continued From pa	age 11	2 830			
of 2022. PT-A state her" and know whe because she was a recent assessment assistance of one stated she was not and had not receive but would have expended an interview RN-G stated she to the facility's fall processing in the carequired an assistant and transfers, but was impulsive. RN-	on 3/23/23 at 12:06 p.m. racked resident falls through gram. RN-G stated on an unwitnessed fall while lining room. RN-G stated R26 ince of one staff for ambulation t was difficult because R26 -G further stated R26 used to resident rooms but had not				
director of nursing update a resident's interventions after fall. The DON also had not been refer 2/19/23, and thoug The facility Fall President indicated to implement interventions/precastar" program if a retriggered a modera any history of falling be reviewed for all newly required interventions for all newly required interventions.	on 3/23/23 at 1:17 p.m. the (DON) stated RN-G would care plan with appropriate assessing the cause of their stated she was surprised R26 red to PT after her fall on ht she should have been. Evention policy dated 3/20, nent appropriate fall autions including the "falling esident's fall risk assessment ate to high risk or if they had g. Resident care plans were to falls and updated with any rventions. Post fall care assessment to identify and interventions were in place, y evaluation and treatment				

Minnesota Department of Health

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA D PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY
		00227	B. WING		03/2	3/2023
NAME OF PROV	IDER OR SUPPLIER		,	STATE, ZIP CODE		
MARTIN LUT	HER CARE CENT	FR	T 100TH STI IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INCOMPAGE OF THE APPROPERT	.D BE	(X5) COMPLETE DATE
2 830 Co	ntinued From pa	ge 12	2 830			
ord pla	•	nd updated the resident's care				
pol the what imp nat of to be	icy dated 3/20, in root cause of the at immediate interpolated to avoid the changes being the changes	Il Investigation and Follow Up ndicated for staff to determine e fall as best as they can and erventions can be old another fall of a similar re all staff on duty were aware ag made. Any changes were to esident's care plan and				
The reverse falls protein and the rest factors.	e director of nurse iew/revise policies, accidents and per assessment olemented. They icies and proced and monitoring constants of these auditity's Quality Assessing the policies and proced faility's Quality Assessing the policies and proced and the policies are policies and proced and the policies are policies and proced and the policies and proced and the policies are p	HOD OF CORRECTION: sing (DON) or designee, could es and procedures related to resident supervision to assure and interventioins are being could re-educate staff on the ures. A system for evaluating sistent implementation of the developed, with the lits being brought to the surance Committee for review.				
	IE PERIOD FOF) days.	R CORRECTION: Twenty-one				
	l Rule 4658.0525 tion	Subp. 2 A Rehab - Range of	2 890			5/12/23
tha thro imp cor of r	t is directed toward toward toward toward to be a services of the services of	motion. A supportive program and prevention of deformities and range of motion must be aintained. Based on the ident assessment, the director must coordinate the ursing care plan which				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COMP			SURVEY LETED	
			D 14/11/2			С	
		00227	B. WING		03/2	3/2023	
NAME OF PRO	VIDER OR SUPPLIER			STATE, ZIP CODE			
MARTIN LU	THER CARE CENT	FR	T 100TH STI IGTON, MN				
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE	
2 890 C	ontinued From pa	ge 13	2 890				
pr	ovides that:						
ex th th	thout a limited ran operience reduction e resident's clinica	ho enters the nursing home age of motion does not on in range of motion unless al condition demonstrates range of motion is					
by Ba re lin re im	This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure a resident with limited mobility and on a walking program received appropriate assistance to maintain or improve mobility for 1 of 1 residents (R78) reviewed for mobility.			Corrected			
Fi	ndings include:						
2/ in fro liv di di th ap ac sy ch af	28/23, indicated Repairment, needed on one staff memoring (ADLs) including (ADLs) including to inhalation of the companied by demote the and poor needed on the companied by demote the companies and the companies are companied by demote the companies are companies and the companies are compan	nimum Data Set (MDS), dated R78 had mild cognitive delimited physical assistance aber for most activities of daily ing walking, and medical cluded aspiration pneumonia food or fluids, adult failure to of weight loss, decreased utrition, and inactivity, often hydration, depressive define immune function, and low phrenia (a disorder that bility to think, feel, and behave ified dementia.					
ph a	nysical mobility rel nursing restorative	icated R78 had limited ated to weakness and was on e walking program. The care was independent with					

Minnesota Department of Health

AND DIAN OF CORRECTION TO IDENTIFICATION NITIMBED:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		00227	B. WING		03/23	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARTIN	LUTHER CARE CENT	ΓFR	T 100TH STE GTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INCOMPAGE OF THE APPROPERT	D BE	(X5) COMPLETE DATE
2 890	Continued From pa	ge 14	2 890			
		oom but needed assistance ber to ambulate on the unit,				
	indicated R78 had	rogram documentation been walked 3 times in the se a day on 3/14/23, 3/16/23,				
	During observation was laying in bed, i	on 3/20/23, at 6:49 p.m. R78 n her room alone.				
	•	on 3/21/23, at 2:56 p.m. R 78 rithout staff interaction.				
	R78's family membership finished with physical walking her anymormultiple nurses to walferent answer earnot walking R78. On the staff to walk with stated therapy would further voiced concall of her gains from	on 3/20/23, at 6:15 p.m. er (FM)-N stated R78 had all therapy and nobody was re. FM-N stated she had asked walk R78 and had received a ch time as to why they were ne nurse stated R78 could ask h her and another nurse ld need to be consulted. FM-N erns R78 was going to, "lose in therapy" and was isolated to as not "allowed" to ambulate in				
	nursing assistant (Not was able to ambulate not in the hallway of "we only walk her if	on 3/22/23, at 10:27 a.m. NA)-M and NA-N stated R78 te in her room on her own but n the unit. NA-N further stated, she asks us to." NA-M stated x to know how to care for a				

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resident. The information from the Kardex is

During an interview on 3/22/23, at 12:22 p.m.

registered nurse (RN)-G stated R78 was on a

pulled from the resident's care plan.

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AND BLAN OF CORRECTION TO IDENTIFICATION NITIMBED:					SURVEY	
		00227	B. WING		03/2	3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS CITY S	STATE, ZIP CODE	1 3372	
		1401 FAS	T 100TH ST			
MARTIN	LUTHER CARE CENT	TER .	IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 890	Continued From pa	ge 15	2 890			
	walking program an	nd the expectation was the walk up and down the unit hall				
	stated if a resident of participating in a way being done, the resident for therapy. RN-F stated program under the the electronic medicated reviewing how ofter RN-F stated, "Oh, I now," and indicated	on 3/22/23, at 1:24 p.m. RN-F was consistently not alking program, or it was not ident would be re-evaluated tated the staff document when ents on an ambulation ambulation program task in cal record (EMR). When a R78 was being ambulated, should have caught that by R78 should be re-evaluated ack of documented ambulation				
	director of nursing (for walking programmanager, (RN-F), in participating in the	on 3/23/23, at 12:44 p.m. the DON) stated the expectation as was to keep the nurse formed if a resident was not program. The resident would for therapy if needed.				
	indicated it was the residents to achieve as long as possible	Ambulation, revised on 12/17 policy of the facility to assist e optimum ambulation function and the nursing assistance plan for instructions on how abulate a resident.				
	The Director of Nurprovide education to walking program responsibility it is to for residents. Additionally additionally to ensure the contract of the contrac	HOD OF CORRECTION: sing (DON) or designee could all nursing staff regarding commendations and whose complete walking programs onally, DON or designee could the that all walking program have been added to care plans				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:	(X3) DATE SURVEY COMPLETED	
	00227	B. WING	C - 03/23/2023	
NAME OF PROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, STATE, ZIP CODE		

NAME OF F	PROVIDER OR SUPPLIER STREET ADI	DRESS, CITY, S	STATE, ZIP CODE					
MARTIN	MARTIN LUTHER CARE CENTER 1401 EAST 100TH STREET BLOOMINGTON, MN 55425							
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE				
2 890	Continued From page 16 and that care plans are followed so residents receive the required therapies. Further audits could be done of documentation of ambulation to see if care plans are being followed. TIME PERIOD FOR CORRECTION: Twenty one (21) days.	2 890						
2 915	MN Rule 4658.0525 Subp. 6 A Rehab - ADLs Subp. 6. Activities of daily living. Based on the comprehensive resident assessment, a nursing home must ensure that: A. a resident is given the appropriate treatments and services to maintain or improve abilities in activities of daily living unless deterioration is a normal or characteristic part of the resident's condition. For purposes of this part, activities of daily living includes the resident's ability to: (1) bathe, dress, and groom; (2) transfer and ambulate; (3) use the toilet; (4) eat; and (5) use speech, language, or other functional communication systems; and	2 915		5/12/23				
Minoranata	This MN Requirement is not met as evidenced by: Based on interview, observation, and document review, the facility failed to provide shaving assistance for 2 of 2 residents (R72, R78), and failed to provide scheduled baths for 1 of 1 resident (R87) reviewed for activities of daily living (ADL).		Corrected					

Minnesota Department of Health

AND BLAN OF CORRECTION TO IDENTIFICATION NITIMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATE COM			SURVEY LETED
	00227	B. WING		03/2	; 3/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	•	
MARTIN LUTHER CARE CEN	ITER	T 100TH STE			
		IGTON, MN		1011	
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOU) CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 915 Continued From p	age 17	2 915			
Findings include:					
3/3/23, indicated Findicated Find	Inimum Data Set (MDS) dated 72 had moderate cognitive ed extensive assistance with aily living (ADLs), and had of diabetes type II and urinary				
self-care deficit an	dicated R72 had an ADL d required assistance from one emplete personal hygiene.				
	on 3/20/23, at 3:37 p.m. R72 long chin hairs approximately				
	on 3/21/23, at 2:55 p.m. R72 long chin hairs approximately				
7:29 a.m. R72 still receiving a showe R72 stated the des	n and interview on 3/22/23, at had long chin hairs after by facilty staff that morning. Sire to have long chin hairs to nowever the facility failed to being shaved.				
nursing assistant (residents in the sh the men but not th	v on 3/22/23, at 10:27 a.m. NA)-M stated we shave ower and will generally "shave e women". NA-N stated they ve all residents who have facial				
registered nurse (F	v on 3/22/23, at 12:22 p.m. RN)-G stated the expectation g assistants to offer to shave ssisting with personal hygiene.				

Minnesota Department of Health

AND BLAN OF CORRECTION TO IDENTIFICATION NITIMBED:				(X3) DATE COMP	E SURVEY IPLETED	
		D WING		c		
	00227	B. WING		03/2	3/2023	
NAME OF PROVIDER OR SUPPLIER			STATE, ZIP CODE			
MARTIN LUTHER CARE CEN	ΓER	ST 100TH STE NGTON, MN				
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
2 915 Continued From pa	ige 18	2 915				
R87 was cognitively with personal hygie member, and had reakness, acute reakness, acute reakness, acute reakness, acute reakness, acute reakness failure (a chroheart doesn't pump producing symptom breath, fatigue, swo and chronic obstruction of diseases that and breathing-relations of the self-care deficit and self-care deficit	DS, dated 2/28/23, indicated y intact, needed assistance one and bathing from one staff medical diagnoses of espiratory failure, congestive onic condition in which the oblood as well as it should has such as shortness of ollen legs, and rapid heartbeat) of tive pulmonary disease (a hat cause airflow blockage ed problems). dicated R87 had an ADL di required assistance from one showers, personal hygiene and					
record (EMR), indic	in the electronic medical cated R87 received two ission, one on 2/27/23 and					
87 stated staff refusevening (3/20/23), his new diagnosis of did not offer to was bath. R87 further stages	on 03/21/23, at 8:31 a.m. R sed to shower him Monday his usual shower day due to of pneumonia. R87 stated staff h him up or give him a sponge tated, "I even needed to use efused to bring me. I had to y own."					
8:58 a.m. R87 was in ffod debris as ye	and interview on 3/22/23, at in the same dirty shirt covered sterday. R87 stated staff had ashed him up, since he on Monday.					

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AND BLAN OF CORRECTION TO IDENTIFICATION AND IMPER		` '		` '	DATE SURVEY COMPLETED	
		00227	B. WING		03/2	; 3/2023
NAME OF PE	ROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
MARTIN L	UTHER CARE CENT	TER .	T 100TH STE GTON, MN			
(V 4) ID	STIMMADV STA	TEMENT OF DEFICIENCIES	,	PROVIDER'S PLAN OF CORRECTION	ON	(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 915	Continued From pa	ge 19	2 915			
	RN-G stated it would to give a bed bath, is someone on isolatic RN-G further stated missed his shower, reprot anytime a should be a should	on 3/22/23, at 9:10 a.m. Id be expected the staff offer instead of a shower, to on precautions for pneumonia. It staff did not reprot R87 and would expect staff to ower or bath is missed. If "AM Cares", revised on e staff should shave women's ir. A policy on bathing was not				
	The director of nursidevelop, review, and procedures to ensumith grooming need improve activities of The DON or designappropriate staff on	HOD OF CORRECTION: sing (DON) or designee could d/or revise policies and re all residents are assisted ls as required to maintain or f daily living (ADL) abilities. ee could educate all the policies/procedures, and storing systems to ensure e.				
	TIME PERIOD FOR (21) Days	R CORRECTION: Twenty One				
2 920	MN Rule 4658.0525	5 Subp. 6 B Rehab - ADLs	2 920			5/12/23
	comprehensive resinant comprehensive resinant home must ensure B. a resident who activities of daily livi	is unable to carry out ing receives the necessary good nutrition, grooming,				

Minnesota Department of Health

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Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMPI	LETED
		00227	B. WING		03/2	; 3/2023
		00221			03/2	3/2023
NAME OF	PROVIDER OR SUPPLIER		, ,	STATE, ZIP CODE		
MARTIN	LUTHER CARE CENT	ER	T 100TH STI IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INC.)	D BE	(X5) COMPLETE DATE
2 920	Continued From page	ge 20	2 920			
	by: Based on interview, review the facility fa communicate effect	ent is not met as evidenced observation, and document iled to ensure staff could lively to 1 of 1 resident (R51), king resident, reviewed for		Corrected		
	Findings include:					
	2/1/23, indicated months the preferred languate needed/wanted an interest The MDS further increquired assistance	imum Data Set (MDS) dated oderate cognitive impairment, age was Vietnamese and interpreter for communication. dicated no behaviors, R51 of two staff for bed mobility assistance of one staff for personal hygiene.				
	utilize Vietnamese i times, use interpret barriers but lacked i services were requi R51 had a commun	dated 2/13/23, indicated to nterpreter as needed and at er to help with communication indication when interpreter red. The care plan indicated ication resource book to use ords in Vietnamese.				
	with FM-F on the ph communicate with F utilize a language lin	on 3/20/23, at 6:33 p.m. FM-E none, stated staff cannot R51 in her language, does not ne, and asks family to R51), "For critical things."				
	wall across from ad front entry displayed language line numb	3/21/23, at 09:20 a.m. the ministration offices next to the d a poster with the free ers listed. The poster ers were available 24 hours a veek.				

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AND BLAN OF CORRECTION TO IDENTIFICATION NITIMBED.					SURVEY LETED
	00227	B. WING		02/2	
	00227			03/2	3/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
MARTIN LUTHER CARE CEN	TER	T 100TH STR			
MARTIN EGITIER GARE GER	BLOOMIN	IGTON, MN 5	55425		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 920 Continued From pa	age 21	2 920			
medication aide (T in English if she hat forehead and state the communization). When interviewed nursing assistant (not communicate value for help or could reknow how long it want to get up, but last asked, did not	MA)-A fed R51 and asked R51 d pain. R51 touched her d, "Yes." TMA-A did not utilize resource book to identify pain. On 3/22/23, at 7:54 a.m. NA)-A stated when staff could with R51, staff asked the family quest an interpreter but did not ould take to get an interpreter A stated staff did not get R51 anymore because R51 did not did not know when R51 was ask himself, and did not know on the wall which instructed in the mornings.				
nurse (RN)-A and replaced dirty liner get R51 up in her canother sign indicabedside. There was common phrases of written in English a not visible from R5 few common phrase in larger print. RN-had pain and asked again and R time. RN-A did not resource book with assess her pain. When interviewed stated R51 unders staff and staff could	NA-A repositioned R1 and s. A sign on the wall indicated chair for breakfast daily and ted place walker near the s a hand-written list of a few on the wall to use with R51 and Vietnamese. The print was 1's bed, however, there were a ses posted on the wall written A asked R51 in English if she d R51 to rate it on a scale of dicated five the first time. RN-A 51 indicated three the second use the communication R51 to more accurately				

Minnesota Department of Health

AND DIAN OF CORRECTION TO IDENTIFICATION NITIMBED:		` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		/ \. BOILBII \ \ \.		С	
	00227	B. WING		03/23/20	23
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MADEINI LUTUED GADE GENE	1401 EAS	T 100TH STE	REET		
MARTIN LUTHER CARE CEN	TER BLOOMIN	IGTON, MN	55425		
(X4) ID SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX (EACH DEFICIENC)	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COL	MPLETE DATE
2 920 Continued From pa	ge 22	2 920			
utilized family to he dental, and when the staff asked family to further stated she of understood the que assessment did not indicated two differences as a sometimes. When interviewed of who also works as R51's family member when R51 would not be a sometime.	Ip schedule appointments, like here were medication changes of explain them to R51. RN-A lid not know for certain if R51 estion about pain, and the pain it seem accurate as R51 ent pain ratings, so staff used sions to assess pain on 3/22/23, at 8:55 a.m. NA-A, a TMA, stated staff had given hers medication to administer of take it and had not used the ource book to communiate				
When observed an 9:02 a.m. licensed RN-A observing, per by wrapping both a hugging position ar side, then asked Ralpn-A stated she was understood the question of the interpretary in the state of the interpretary in the state of the pair of of	the medications to R51. d interviewed on 3/22/23, at practical nurse (LPN)-A with erformed a pain assessment rms around the body in a nd swaying the body side to 51, "Pain?" R51 replied yes. was not sure the resident estion, so LPN-A used a which LPN-A held up five to each finger while counting 51 repeated each number as . After the number five, LPN-A it five?" R51 stated, "Yes." ed uncertainty if R51 in assessment and stated, I the family to assess the pain erpreters come for general I-A further stated staff could maces chart to assess pain, by to teach R51 to use it. could ask the family for help or ter from the social services is stated the facility had a				

<u> Minnesota</u>	<u>a Department of He</u>	aith				
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	CONSTRUCTION	(X3) DATE S COMPL	
		00227	B. WING		03/2	3/2023
NAME OF P	ROVIDER OR SUPPLIER	STREET	ADDRESS, CITY, STA	ATE, ZIP CODE		
MARTIN L	UTHER CARE CENT	rer en	AST 100TH STRE IINGTON, MN 55			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CO	RRECTION	(X5)

NAME OF	PROVIDER OR SUPPLIER STREET ADD	DRESS, CITY, S	STATE, ZIP CODE				
MARTIN	MARTIN LUTHER CARE CENTER 1401 EAST 100TH STREET BLOOMINGTON, MN 55425						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE			
2 920	language line and blue phones staff could use to call an interpreter however, didn't know why R51 didn't have a blue phone in her room. When interviewed on 3/22/23, at 11:46 a.m. RN-B stated pain assessments for the MDS were performed by asking R51 if she had pain and if R51 had little or no response, would wait until an interpreter could come for a scheduled assessment. RN-B stated it was not often asking R51 about her pain for the MDS assessment would provide a good assessment or pain interview and had never utilized the language line or the communication resource book for the pain assessment. When interviewed on 3/22/23, at 11:54 a.m. social worker (SW)-A stated SW staff utilized a specific list of interpreters who knew R51 well, as listed in the medical record for assessments. SW-A stated staff had a blue phone (language line phone) for residents who required an interpreter for communication and the phone should have been in the room. SW-A stated her back-up plan for communication when the interpreter was not available was to utilize R51's daughter as an interpreter, but preferred a formal interpreter to ensure information was shared appropriately to R51. SW-A stated when R51 spoke, "Sometimes her yes/ no answers can be wrong, sometimes she can talk about something totally off track, and mumbles." "We have a communication book for her as well." SW-A stated the interpreters trained SW staff how to use the communication resource book with R51, SW staff had in turn given activity staff some sentences to utilize to communication resource book was located in the nightstand drawer in	2 920					
	R51's room for all staff to utilize. SW-A stated						

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Minnesota Department of Health

			(X3) DATE COMP	E SURVEY IPLETED		
		00227	B. WING		03/2	23/ 2023
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
MARTIN	LUTHER CARE CENT	TER .	T 100TH STI IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
2 920	Continued From pa	ge 24	2 920			
	and pictures for R5 medication administrated it was stated sometimes F when asked.	interpreter to develop words 1's medication list and tration but nursing staff had a problem. Additionally, SW-A R51 did not answer questions				
	communication res	3/22/23, at 11:56 a.m. the ource book contained pictures rent foods, pictures of different s and pictures to describe pain Vietnamese.				
	nurse practitioner (l communication dur completed using an	on 3/22/23, at 12:20 p.m. NP)-C stated NP ing assessments was interpreter, but staff n R51 could be better.				
	R51's interpreter standard spoke to R51 in View communicate in View to simple one-sented interpreter further standard st	on 3/23/23, at 10:00 a.m. ated there were no staff who stnamese, but R51 preferred to etnamese and responded best ence or yes/no questions. The tated R51 often chose not to en they tried to communicate				
	the interpreter, R51 the time and would mornings like she u answer to no she w R51 stated she had sometimes the pair scale of zero to ten R51 stated staff do resource book with	on 3/22/23, at 10:00 a.m. with stated she is hungry most of like to get out of bed in the sed to, but then changed her ould not like to get out of bed. I no pain at the time, but was up to a rating of ten on a in her head, knees, or legs. es not use the communication her. R51 did not answer some ked through the interpreter,				

Minnesota Department of Health

00227	B. WING		С
•			03/23/2023
MARTIN LUTHER CARE CENTER	DDRESS, CITY, S ST 100TH STF NGTON, MN 4	REET	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	O BE COMPLETE
When interviewed on 3/22/23, at 10:32 a.m. RN-stated staff could try to use the communication resource book with R51, but it was still difficult to communicate with R51 as she was not always consistent with her answers and showed signs of increased cognitive change. RN-A further explained R51 did not always choose to communicate with or answer staff when they tried to talk to her. The Interpreter Services policy revised 12/2016, indicated interpreter services are utilized to promote optimal communication with non-English speaking residents to ensure compliance with Title VI of the Civil Rights Act of 1964, the American Disabilities Act, and other federal and state laws that address how services are provided to persons with limited English proficiency. SUGGESTED METHOD OF CORRECTION: The director of nursing could monitor personal cares provided to residents to determine resident/staffing needs, educate staff, and			
monitor for compliance. TIME PERIOD FOR CORRECTION: Twenty One (21) days.			
2 945 MN Rule 4658.0530 Subp. 1 Assistance with Eating - Nursing Personnel Subpart 1. Nursing personnel. Nursing personnel must determine that residents are served diets as prescribed. Residents needing help in eating must be promptly assisted upon receipt of the meals and the assistance must be	2 945		5/12/23

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE S COMPLI	
				С	
	00227	B. WING		03/23	3/2023
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CEN	TER 1401 EAS	DRESS, CITY, S T 100TH STI IGTON, MN			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
Adaptive self-help contribute to the re eating. Food and to be observed and deported to the nur resident's care during observation of a deported to the nur observation observation of a deported to the nur observation observation obse	sident's dignity and respect. devices must be provided to sident's independence in fluid intake of residents must eviations from normal se responsible for the ing the work period the eviation was made. Persistent as must be reported to the	2 945			
by: Based on observation review, the facility equipment was proposed independent of 1 resident (R112).	ent is not met as evidenced ion, interview, and document failed to ensure adaptive ovided as care planned to ent, easier eating abilities for 1 els) observed to have difficulty far (i.e., non-handled)		Corrected		
12/29/22, identified	inimum Data Set (MDS), dated I R112 had moderate cognitive quired supervision with set-up ng.				
12/29/22, identified with thin liquids. A Functioning," ident assistance for feed placed next to a subsequipment required	Assessment 4.0 - V2, dated I R112 consumed a regular diet section labeled, "Physical lified R112 required set-up ling and a checkmark was absection labeled, "Adaptive d," which outlined, "OT apy] recommending 2-handle				

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE	SURVEY	
		00227	B. WING		03/2	; 3/2023	
				NTATE 71D 00DE	1 00/2	0/2020	
NAME OF PR	OVIDER OR SUPPLIER		, ,	STATE, ZIP CODE			
MARTIN L	UTHER CARE CENT	TER .	T 100TH STI IGTON, MN				
04.0.15	CLIMANA DV. CTA				ON.	()/(5)	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE	
2 945	Continued From pa	ge 27	2 945				
r	abeled, "Analysis," no difficulties with c	ection of the assessment outlined R112 demonstrated hewing or swallowing and was " with meal set up and up."					
i	dentified R112 was alteration due to imply dysphagia. The care nterventions includ	2-handle cups. Set up meal;					
	he dining room at a wheelchair. R112 had neal and had regular escent on the table contractures of his lingers to bend down lick up the regular escent on the glass mouth, with the glass motion as he lifted in the left side of his line following day, on the following day, on the following day, on the following day, on the left side of his line following day, or the following day.	hands which caused his in and inward. R112 had to glass filled with a clear liquid of his hands to bring it to his as having a visible shaking it from the table. R112 was ass to his mouth and take a spill some fluid from the glass is face as this was attempted.					
	NA)-L brought a transport of the NA)-L brought a transport of the National	e main dining room for the 3:10 a.m., nursing assistant ay to R112's table and set up all present in them along with indled) glassware with various white-colored menu slip was able at his seat which identified s) to be selected (i.e., juices, ong with R112's name, current quip: Divided Plate, 2-handle					

Minnocota Donartment of Health

Willineso	ta Department of He	aim	1			
	IT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		00227	B. WING			3/2023
NAME OF I	PROVIDER OR SUPPLIER	QTDEET AF	DRESS CITY O	STATE, ZIP CODE		
INAIVIL OI I	NOVIDEN ON SOIT LIEN					
MARTIN	LUTHER CARE CENT	ΓER	ST 100TH STI			
			IGTON, MN			
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREFIX TAG	•	SC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO		DATE
				DEFICIENCY)		
2 9/15	Continued From pa	ao 28	2 945			
2 340	Continued From pa	ge 20	2 340			
		ain observed to use the				
		ands to pick up the glassware				
		in. In addition, registered				
	` '	present in the dining room for				
	this observation.					
	\A/ban intomiousad a	an 2/22/22 at 2.22 a m NA I				
		on 3/23/23 at 8:22 a.m., NA-L				
	•	d bilateral hand contractures d to sometimes have staff				
	•	ing. NA-L stated R112 also				
		tive" devices to eat and drink.				
	-	on when, or if, R112 used the				
	•	outlined on his menu slip, NA-L				
	•	ne surveyor and left the dining				
	•	d shortly afterwards with				
		and provided them to R112				
	after pouring his dri	inks from the regular				
	glassware into then	n. At 8:30 a.m., R112 was				
	interviewed and sta	ted it was easier to drink from				
		ps. Further, R112's tablemate,				
	•	this time, stated they had				
		e served two-handled cups				
	before.					
	R112's care plan d	ated 3/23/23, identified R112				
	•	re performance deficit and				
		read, " will maintain current				
	•	ADL's through the review				
		terventions were listed which				
		Set up assistance by 1 staff				
		s. [R112] reports that he does				
	•	tilizing standard cups to drink,				
		ups do make it easier at				
	times." The care pla	an outlined this intervention				
	was just modified o	n 3/23/23; and a				
	corresponding Care	e Plan History report, dated				
	3/23/23, identified to	his intervention was modified				

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(RN)-G.

and/or added on 3/23/23 by registered nurse

Minnesota Department of Health

· · · · · · · · · · · · · · · · · · ·	PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	·		(X3) DATE : COMPI	
	00227	B. WING		03/2	; 3/2023
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER	1401 EAS	DRESS, CITY, S T 100TH STE		•	
PREFIX (EACH DEFICIENCY MUS	ENT OF DEFICIENCIES ST BE PRECEDED BY FULL DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
evidence the recomment listed on R112's most reassessment (dated 12/2 listed on the menu slip, inactivated prior to the mobservations. On 3/23/23 at 9:04 a.m. manager (RN)-E verified menu slip directed the uRN-E stated they expect the respective menu slip any adaptive equipment they would follow up with they would follow up with they would follow up with the current language aff observed R112 to be senon-handled) glassware RN-G verified the menut two-handled cup, and the going to have an occupate valuation completed for as R112 was able to use non-handled) glass, how expressed it was easier glasses when she had just the breakfast meal. A provided Dining Room March 2023, identified so individual name and die to verify the meal is servered.	was reviewed and lacked inded adaptive equipment ecent nutritional 29/22), and subsequently had been discontinued or recertification survey ., registered nurse d R112's care plan and use of a two-handled cup. It is care plan and provide the floor staff to read prinformation and provide the staff. /23/23 at 10:03 a.m., ated R112's care plan with the staff. /23/23 at 10:03 a.m., ated R112's care plan with the surveyor had erved regular (i.e., er at the breakfast meal. It is slip directed the use of a mey explained they were eational therapy (OT) or R112's eating abilities er a regular (i.e., wever, verified R112 in to use the handled just spoken to him during in Service policy, dated staff were to check the et on each meal ticket/card ved to the appropriate mould check items on the suracy for therapeutic equipment, and	2 945			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: C C 03/23/2023	
A. BUILDING:	
D MAINO	
00227 B. WING 03/23/2023	
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE	
1401 EAST 100TH STREET	
MARTIN LUTHER CARE CENTER BLOOMINGTON, MN 55425	
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)	
PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE	E
DEFICIENCY)	
2 945 Continued From page 30 2 945	
2 945 Continued From page 30	
SUGGESTED METHOD OF CORRECTION: The director of purcing, or decigned, could review	
The director of nursing, or designee, could review and revise policies and procedures related to	
and revise policies and procedures related to assistance with eating and provide staff education	
related to the care of residents who use assistive	
devices to promote independence. The director	
of nursing or designee could develop an audit tool	
to ensure appropriate appropriate assistance and	
equipment are provided to promote resident	
independence.	
TIME PERIOD FOR CORRECTION: Twenty-one	
(21) days.	
2 965 MN Rule 4658.0600 Subp. 2 Dietary Service 2 965	
-Nutritional Status	
Subpart. 2. Nutritional status. The nursing home	
must ensure that a resident is offered a diet	
which supplies the caloric and nutrient needs as	
determined by the comprehensive resident	
assessment. Substitutes of similar nutritive value	
must be offered to residents who refuse food	
served.	
This MN Requirement is not met as evidenced	
by: Decedes a charaction interview and decument	
Based on observation, interview, and document review the facility failed to provide food choices to	
1 of 1 residents (R11) during meal service. This	

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in the memory care unit.

Findings include:

had the potential to affect all 15 residents residing

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDING.			·
		00227	B. WING	_		3/2023
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARTIN	LUTHER CARE CENT	TER	T 100TH STE			
(X4) ID	SUMMARY STA	ATEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECTION	ON.	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	COMPLETE DATE
2 965	Continued From pa	ige 31	2 965			
	2/13/23, indicated F	nimum Data Set (MDS) dated R11 had moderate cognitive endent with eating and assistance with all other ving (ADLs).				
	11/16/22, indicated	R11 triggered for visual continence, falls, and cation use.				
	personal preference preferences followed cognitive impairmed moderate cognition providing R11 opportunity had potential for number disease, eder Interventions include R11's care plan lister	dated, indicated R11 had les with a goal of having his led. R11 had a potential for int and ranged from intact to in. Interventions included ortunity to make choices. R11 utritional problems related to ima, and legal blindness. ided assisting R11 with meals. ided diagnoses which included blindness, insomnia, and				
	stated he was not of food items during not are served." R11 st was on his plate be	on 3/20/23 at 6:10 p.m., R11 offered choices for alternate neals and "you get what you tated growing up, he ate what ecause he was told there were the world and therefore should				
	tickets dated 3/23/2 were checked for the	emory care resident meal 23, revealed no preferences he breakfast or lunch meal he memory care residents.				
	nursing assistant (N	on 3/22/23 at 1:41 p.m., NA)-G stated he did not ask entia about food preferences				

Minnesota Department of Health

I I	/ \. BOILBING		COMPLETED	
00227	B. WING		C 03/23/2023	
NAME OF PROVIDER OR SUPPLIER STI	REET ADDRESS, CITY, STAT	E, ZIP CODE		
MADTIN LUTUED CADE CENTED	01 EAST 100TH STREE	T		
MARTIN LUTHER CARE CENTER BL	OOMINGTON, MN 554	-25		
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION SHOULD (INCOMPAGE)	D BE COMPLE	ETE
2 965 Continued From page 32	2 965			
because it was difficult for them to choose. stated many residents were unable to communicate and most residents did not as alternate food items. NA-E agreed, stating to memory care unit offered only one "entrée" no alternative food choices to what was on weekly menu. NA-E further stated R11 liked food and would eat what he was served. During an observation and interview on 3/23 from 8:34 a.m. to 8:45 a.m., R11 was sitting dining room eating a bowl of creamed wheat cereal. R11 stated the cereal was fine but he would prefer oatmeal every morning. R11 the told NA-G that he was given a choice of grainice that morning and asked NA-G if he conhave grape juice every morning because it his favorite. R11 stated he had only been of apple or orange juice, he chose apple juice. S:43 a.m., NA-E placed a plate with pancak and bacon in front of R11. NA-E poured synthe pancakes, then cut them up. NA-E told what was on the plate and that she had put on the pancakes already. R11, sounding disappointed, stated, "Did you really?" NA-E stated, "Yeah" and left. NA-E did not explair where the food items were located on R11's During an interview on 3/23/23 at 10:05 a.m stated the staff poured syrup on his pancak that morning without asking him if he wante first. Although R11 liked syrup, he stated he would have preferred to be asked first. R11 further stated that was the first time he had offered grape juice. R11 was "totally surpris and pleased" because he "always" used to grape juice and it was his favorite. R11 also stated he was a "cheese lover" and used to	NA-G k for he and the the the the en pe uld was fered he did At es up on R11 syrup I plate. I, R11 es d it been ed drink			

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE S COMPL	
				С	;
	00227	B. WING			3/2023
NAME OF PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	TATE, ZIP CODE		
MARTIN LUTHER CARE CEN	TER 1401 EAS	T 100TH STF	REET		
- MARTIN LOTTILIR GARL GLIV	BLOOMIN	IGTON, MN	55425		
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 965 Continued From pa	age 33	2 965			
processed.					
NA-E stated reside the unit with the for used the meal ticke the correct kind of residents what the items listed on the During an interview cook (CK)-A stated meal tickets to see resident received. were not used to a preferences they w at the top portion of	on 3/23/23 at 12:04 p.m., he looked at the resident what kind of diet each CK-A stated the meal tickets sk residents what food anted, and CK-A did not look f the meal ticket. CK-A further kets were thrown away in the				
dietary manager (E (RD) stated all resident had meal preference each meal. The RE memory care unit so choice or alternative stated if a resident their preferences, is should be asked for was unaware staff meal preference car meals in the memore	on 3/23/23 at 11:26 a.m., the OM) and registered dietician dents on the memory care unit ce cards (meal tickets) for O stated residents in the should always be offered a re to a meal. The RD further was unable to communicate the resident's representative or food preferences. The RD were not filling out resident ards for the residents during ory care unit.				
2019, indicated set to residents who cl Assistance from fa residents who coul	ect menus would be provided nose to make menu selections. mily or staff is encouraged for d not make their own choices. ere to take the resident meal				

Minnesota Department of Health

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00227	B. WING		03/2	3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		.0,2020
		1401 EAS	T 100TH ST			
WARTIN	LUTHER CARE CENT	BLOOMIN	IGTON, MN	55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INC.)	D BE	(X5) COMPLETE DATE
2 965	Continued From pa	ge 34	2 965			
	-	ures when available for unable to communicated				
	Dietary Director and designee could developed policies and proced receives food that a preferences. The Dof Nursing or designappropriate staff on The Dietary Director designee could developed ensure ongoing corrections.	THOD OF CORRECTION: The d/or Director of Nursing or relop, review, and/or revise ures to ensure each resident accommodates his/her ietary Director and/or Director nee could educate all the policies and procedures. It is and/or Director of Nursing or relop monitoring systems to impliance. R CORRECTION: Twenty-one				
	(21) days.					
21015	MN Rule 4658.0610 Requirements- Sar	O Subp. 7 Dietary Staff nitary conditi	21015			5/12/23
	procedures and cor	conditions. Sanitary nditions must be maintained in dietary department at all				
	by: Based on observati	ent is not met as evidenced on, interview, and document ailed to ensure 3 of 3		Corrected		

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commercial food cooling devices (i.e.,

refrigerators, freezers) had ongoing monitoring of

potential foodborne illness; failed to ensure 1 of 2

temperature and function to reduce the risk of

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	COMPLE	
		00227	B. WING		C 03/23/	/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	-	
MADTINI		1401 EAS	T 100TH ST	REET		
WARTIN	LUTHER CARE CENT	BLOOMIN	GTON, MN	55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE	(X5) COMPLETE DATE
21015	Continued From pa	ge 35	21015			
	commercial can operation sanitary manner; and removed from original manner to reduce the These findings had residents, staff, and	eners was kept in a clean and a failed to ensure dry goods hal packaging were stored in a he risk of cross-contamination. potential to affect all 123 l visitors, who consumed food main production kitchen.				
	Findings include:					
		p.m., an initial kitchen tour d the following items were				
	to the counter by the the opener had copedebris present along	llund can opener was attached e oven range(s). The blade of ious amounts of a dried black g the bottom of the blade, tan-colored debris present blade.				
	refrigerator was open prepared and cover container of a bread metallic serving part was present which the refrigerator at 3 white-colored flows the unit which was Coolers/Freezer in columns to record a walk-in cooler, walk Cooler." This had sthe month and year was completed as, recorded date on the (over a month prior) recorded as 37F, 01	ened. The fridge contained red salad dishes, a single ded meat product, and a filled with diced fruit. A gauge identified the temperature of 6 F (Fahrenheit). A heet was taped to the side of labeled, "Temps For Kitchen," which outlined three a daily temperature for the faily temperature for the faily temperature for the facin freezer, and, "Kitchen #3 pacing on the bottom to record of the flow sheet, and this "Feb 2023," with the last the flow sheet being 2/9/23 when the temperatures were F, and 36F, respectively. The walk-in freezer were toured at				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ´	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		71. 50.25.110.			
	00227	B. WING		C 03/23/2023	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
	1401 EAS	T 100TH STR	REET		
MARTIN LUTHER CARE CEN	TER BLOOMIN	IGTON, MN	55425		
(X4) ID SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION (X5)	
PRÉFIX (EACH DEFICIENC	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUNDED TO THE APPROPRIES (EACH CORRECTIVE ACTION SHOUNDE (EACH CORRECTIVE ACTION SHOUNDED TO THE APPROPRIES (EACH CORRECTIVE ACTION SHOUNDED TO THE APPROPRIES (EACH CORRECTIVE ACTION S	ILD BE COMPLE	
21015 Continued From pa	age 36	21015			
various other produunits each had a the present which idented temperature (s) at 3 this time. There we devices, or evidence	entified meats, eggs, and acts being stored inside. These termometer and/or gauge tified their cooling 86F and 14F, respectively, at the no other posted forms, see the cooling device(s) being checked and monitored				
3) A series of three white-colored plastic bins were on the floor (wheeled) adjacent to the dry storage room. These were labeled for powdered sugar, (regular) sugar, and, "Flour." However, the bin labeled for flour was approximately 3/4 full of white flour and a metallic, gray-colored scoop was present inside the bin and touching the flour. The handle was pointed upward from the product.					
tour was completed remained soiled witten-colored debrist day prior; and the rewhite-colored bin lawhite-colored flow on the Continental the temperature re 2023) was now remembly, plastic slee 9:51 a.m., cook (Continental the temperature re 2023) was now remembly, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty, plastic slee 9:51 a.m., cook (Continental the temperature rempty,	a.m., a subsequent kitchen d. The Edlund can opener th the same black, red and which had been present the netallic scoop remained in the abeled, "Flour." In addition, the sheet which had been present refrigerator unit and contained cordings (dated February noved and there was just an ve attached to the fridge. At K)-B was interviewed. CK-B re different numbers shifts e) who each perform different and cleaning. CK-B observed nopener debris, and be some of the debris off using explaining it should be cleaned owever, CK-B was unsure when ed. CK-B explained the kitchen't is should be checked for				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPI	COMPLETED	
					;	
	00227	B. WING		03/2	3/2023	
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE			
	1401 EAS	T 100TH STI	REET			
MARTIN LUTHER CARE CE	NTFR	IGTON, MN				
(X4) ID SUMMARY S	STATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	ON	(X5)	
PREFIX (EACH DEFICIEN	ICY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOUL	D BE	COMPLETE	
TAG REGULATORY O	R LSC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	PRIATE	DATE	
			DEI IOIEINOT)			
21015 Continued From	page 37	21015				
temperature and	recorded on the flow sheet					
•	then walked over to the					
	where the white-colored flow					
sheet had been a	ttached the day prior and stated					
a flow sheet was	usually attached to the					
refrigerator which	was used to track and record					
•	for each of the refrigerators and					
	it was missing adding, "I'm					
•	ee it." CK-B observed the					
-	ored inside the white-colored bin					
	and stated the flour was not used					
	they were unsure how long the					
scoop had been left sitting inside or stored in the flour. CK-B expressed they "can't answer that" if						
•	e to be stored in opened,					
•	oduct like flour or not.					
powaci basca pi	oddot iiko nodi oi not.					
On 3/21/23 at 9:5	9 a.m., the director of nutrition					
(DN) joined the in	nterview. They verified the					
refrigerator and freezer temperatures were not						
being tracked as they should and expressed it						
was "an area of opportunity" for them to improve						
on as it had been an issue "since I've been here."						
DN explained a plan of correction (POC) was just						
developed for this concern the day prior and						
would be implemented adding it was important to						
ensure cooling device temperatures were						
checked, monitored, and recorded to ensure food						
was stored correctly and "served safely." DN observed the metallic scoop being stored inside						
the flour and expressed it should be stored in a						
drawer or outside of the container in some						
manner. The flour was used to make cakes,						
	nickening items and storing the					
scoop inside, with multiple people touching it						
•	"contamination risk." DN					
observed the Ed	und can opener attached to the					
counter and verified the debris being present. DN						

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explained the device and blade should be

cleaned after each use to reduce to the risk of

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
00227		B. WING		C 02/2	
00227		B. Wille		03/2	3/2023
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARTIN LUTHER CARE CENTER	1401 EAS	T 100TH ST	REET		
- WARTHIE EGITTER GARRE GERTLER	IGTON, MN	55425			
(X4) ID SUMMARY STATEMENT OF DEFI PREFIX (EACH DEFICIENCY MUST BE PRECE TAG REGULATORY OR LSC IDENTIFYING I	DED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21015 Continued From page 38		21015			
cross-contamination to other proceed there were no cleaning schedules they could provide to demonstrate including the can opener, had been or serviced adding the lack of such checklist likely contributed to the caused "a lot of things to get miss DN verified all "care center" reside served from this main production. On 3/21/23 at 2:00 p.m., registers (RD)-A and RD-B were interviewed explained their role was more on of nutrition (i.e., care planning, as not the day-to-day kitchen function RD-A and RD-B acknowledged the consistent cooling device temper and monitoring and expressed it been completed. Further, RD-A and expressed the can opener should after each use, and scoop(s) should inside opened product to help precross-contamination.	s or checklists e when items, en last cleaned ch schedule or issue and sed." Further, ents were kitchen. ed dietitian ed. RD-B the clinical side sessment) and n. However, ne lack of ature checking should have nd RD-B I be cleaned uld not be stored				
A provided General Sanitation of policy, dated March 2019, identification of the kitchen through a a written, comprehensive cleaning policy outlined, "Frequency of cleask will be defined." An additional Sanitary Practices policy, dated Jidentified all staff would practice a handling procedures. This includes sanitize equipment and work area Further, a provided Food Safety March 2019, identified sanitary compared by the maintained in all storage, prepared serving areas of the kitchen. This "Cleaning schedules will be postern."	ed food and tain the compliance with g schedule. The aning for each al Employee uly 2019, safe food ed, "Clean and as after use." colicy, dated anditions would paration and included,				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
		00227	B. WING		03/2	23/2023
NAME OF PROVIDER OR SUPPLIER STREET ADI			DRESS, CITY, S	STATE, ZIP CODE	•	
MARTIN	LUTHER CARE CENT	ΓER	GTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROPERTION (INC.)	D BE	(X5) COMPLETE DATE
21015	Continued From page 39		21015			
	identified the manus S-11 commercial m labeled, "Cleaning F	Ianual - M128, undated, facturer procedures for the anual can opener. A section Procedure," directed the leaned daily or after each use.				
	The director of nutrice develop, review and procedures to ensure cleaned, and to ensure kitchen cooling developmented. The DD or designed staff on the policies	HOD OF CORRECTION: rition (DN) or designee could d/or revise policies and re kitchen equipment is sure the temperatures for rices are montiored and e could educate all appropriate d/procedures, and could systems to ensure ongoing				
	TIME PERIOD FOR Twenty-One (21) Da					
21565	Medications Self Ac		21565			5/12/23
	self-administer med resident assessment care as required in 4658.0405 indicate	dications if the comprehensive ont and comprehensive plan of parts 4658.0400 and this practice is safe and there om the attending physician.				
	by: Based on interview, review the facility farmedications that we	ent is not met as evidenced, observation, and document ailed to safely secure ere left at the bedside in reach (R29, R20, R53) reviewed for		Corrected		

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STATE FORM 7HG711 If continuation sheet 40 of 52

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STATEMENT OF D AND PLAN OF CO		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE : COMPI	
		00227	B. WING		03/2	; 3/2023
NAME OF PROVID	ER OR SUPPLIER			STATE, ZIP CODE	_	
MARTIN LUTH	ER CARE CENT	ΓER	T 100TH STI IGTON, MN			
	EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21565 Cont	inued From pa	ge 40	21565			
self-a	administration	of medication (SAM).				
Findi	ngs include:					
		imum Data Set (MDS) dated 29 was cognitively intact.				
asse	ssment dated	tration of Medications 3/30/22, indicated R29 was elf-administer medications.				
sodiu pain	ım gel 1% (me from arthritis),	6/22/22, indicated diclofenaced ication used to relieve joint apply to bilateral knees a day for knee pain.				
was her b	ying in bed, si	on 3/20/23 at 2:00 p.m., R29 ting up with her tray table over diclofenac sodium gel 1% was 9's tray table.				
state the re a.m.	d the diclofena com, and this t R29 stated sh	on 3/20/23 at 2:00 p.m., R29 ac sodium gel was often left in time since approximately 11:30 e would have found it on the ext scheduled administration.				
traine gel to admi TMA sodiu R29's in the and for leave	ed medication apply to both nistered at 8 a A acknowledge im gel on R29 are medication can be medication to medication in					
	•	S dated 1/9/23, indicated R20 re deficits, required				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
					;
	00227	B. WING		03/2	3/2023
NAME OF PROVIDER OR SUPPLIE	R STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARTIN LUTHER CARE CE	ITER	T 100TH STE IGTON, MN			
(X4) ID SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTI	ON	(X5)
PRÉFIX (EACH DEFICIEN	CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)		COMPLETE DATE
21565 Continued From p	age 41	21565			
· · · · · · · · · · · · · · · · · · ·	ting, limited assistance of one and extensive assistance for all				
diagnoses included disturbance, diaborate of the spine), inso spinal fractures a	acesheet documented d dementia with behavioral etes, spinal stenosis (narrowing mnia, spondylosis (age-related nd/or bone spurs), anxiety, nip pain, and dysphagia ng).				
for cognitive loss/	7/15/22, indicated R20 triggered dementia, communication, ce, mood and behaviors, falls, use, and pain.				
dependent on state emotional, and into ADL self-care defeand impaired mobiself-transferring to communication desimpairment and wher call light. Interest R20 to use her carelated to diabete hip. Interventions	Indated, indicated R20 was of to meet her social, physical, ellectual needs. R20 had an cit related to weakness, pain, wility with a history of the toilet. R20 also had a eficit related to a hearing ould yell "help" instead of using ventions included reminding ll light. R20 also had pain s, spinal stenosis, and her right included encouraging R20 to cation and assistance with in pain.				
	rders dated 6/3/20, indicated atin powder to her lated to a rash.				
assessment dated not able to safely	stration of Medications (SAM) d 4/16/22, indicated R20 was administer				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
	00227	B. WING		03/2	; 3/2023
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CEN	TER 1401 EAS	DRESS, CITY, S T 100TH STE			
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
recognize medication indicated the facility reviewed the assessment. During an observation provided by the facility reviewed the assessment. During an observation provided by the facility of the facility	tor skills, and an inability to ons. The assessment y interdisciplinary team ssment and agreed with the stion on 3/23/23 at 8:56 a.m., a owder was on R20's tion and interview on 3/23/23 at of nystatin powder was on RN-E verified the medication en in R20's room if she did not sment that indicated R20 was ster the medication. 28 dated 1/9/23, indicated R53 we deficits, required ing, limited assistance for and extensive assistance for and extensive assistance for all accluded dementia, adjustment tions, and depression. dated, indicated R53 had a ions in thought processes ecline. Interventions included ages in R53's cognitive of R53's decision-making ability, a general awareness. R53 had a ted to depression. Bed offering support and needed.				
for cognitive loss/d	ementia, visual function, DL function, and behaviors.				

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	E CONSTRUCTION	COMP	LETED
		00227	B. WING		03/2) 3/2023
	PROVIDER OR SUPPLIER	1401 EAS	DRESS, CITY, S T 100TH STE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
21565	not able to safely admedications/product and inability to reconsensessment also in representative prefer administered by the indicated the facility reviewed the assessment. R53's physician order R53 received triamed 0.1% (an anti-inflamindication that R53 nystatin powder (and cream (used to tream outh). During an observation to the end of triamcinolor 10/24, was on R53' of nystatin powder; R53's nightstand new cream; expiration 1 table, and a bottle of 7/31/22, was on R5 R53 stated she did medications were used to the end of the en	distribution of the control of the c	21565			
	a SAM assessment	completed that indicated the self-administer medications.				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		` '	(X3) DATE SURVEY COMPLETED	
		00227	B. WING		03/2	; 3/2023
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
MARTIN	LUTHER CARE CENT	ER	T 100TH STI IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
21565	assessment complemedications from Redications from Redications from Redicator of nursing (should not be left in resident had complewas determined to medications, especially Self Adm (SAM) policy dated assessment was to who requested to at the direct supervision medications permitt were to be left at the medications were nexpiration date. SUGGESTED MET The director of nursing regarding the proceing and to left at the bedside for self-administration. To identify and assecapability to participe could be part of the TIME PERIOD FOR	R53 had a safe SAM eted and removed the 53's room. on 3/23/23 at 1:23 p.m., the DON) stated medications resident rooms unless the eted a SAM assessment and be safe to self-administer ially in the memory care unit. ninistration of Medications 6/17, indicated a SAM be completed for any resident dminister medications without				
21810	(21) days. MN St. Statute 144. Residents of HC Fa	651 Subd. 6 Patients & c.Bill of Rights	21810			5/12/23

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE : COMPL	
	00227	B. WING		03/2	; 3/2023
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CEN	TER 1401 EAS	DRESS, CITY, S T 100TH STI IGTON, MN		•	
PREFIX (EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
residents shall have medical and person needs. Appropriate care designed to enhance the highest level of phy. This right is limited	riate health care. Patients and e the right to appropriate hal care based on individual e care for residents means hable residents to achieve their visical and mental functioning. where the service is not blic or private resources.	21810			
by: Based on observat review, the facility f needs by ensuring	ent is not met as evidenced ion, interview, and document ailed to accommodate resident call light were accessible for 5, R20, R53, R61, R426).		Corrected		
2/13/23, indicated for deficits, was independent	imum Data Set (MDS) dated R11 had moderate cognitive endent with eating and assistance with all other ing (ADLs).				
11/16/22, indicated	sessment (CAA) dated R11 triggered for visual continence, falls, and cation use.				
self-care deficit and history of falls with Interventions include the call light for associated to poor bala Interventions include items within his real	dated, indicated R11 had a limited mobility weakness, a a rib fracture, and blindness. led encouraging R11 to use sistance. R11 also had a fall ance and an unsteady gait. led keeping frequently used sch and encouraging R11 to when in pain. R11 was also on				

Minnesota Department of Health

AND PLAN OF C		IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	COMPI	
		00227	B. WING		03/2	; 3/2023
	DER OR SUPPLIER	TER 1401 EAS	DRESS, CITY, S T 100TH STI			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
oxy Intercall diag inso Dur 6:10 roo bets dra of F Dur nur was implicall to k cou R20 for urin psy R20 dependent	erventions included for assistance, gnoses included omnia, and deproduced omnia, and deproduced on the common of t	ated to low oxygen levels. Ided an agreed upon method to such as a call light. R11's I heart failure, legal blindness, ression. I and observation on 3/20/23 at a sitting in a recliner in his ble was to his left, horizontal is bed. R11's call light was opposite end of the table, out I on 3/20/23 at 6:27 p.m., NA)-F verified R11's call light is reach. NA-F stated it was sidents to have access to their ould call for help and for R11 call light was because he IS dated 1/9/23, indicated R20 re deficits, required ng, limited assistance of one and extensive assistance for all indicated R20 triggered ementia, communication, e, mood and behaviors, falls,				
der	nentia. Intervent	due to the progression of her tions included providing R20 he was in a safe environment.				

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 (X4) ID (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21810 Continued From page 47 R20 had an ADL self-care deficit related to weakness, pain, and impaired mobility with a history of self-transferring to the toilet. R20 also had a communication deficit related to a hearing impairment and would yell "help" instead of using her call light. R20 was at risk for falls. Interventions included keeping R20's call light within reach and providing a prompt response to R20's requests for assistance. R20 also had pain related to diabetes, spinal stenosis, and her right hip. Interventions included incommunication and assistance with repositioning when in pain. R20 had urinary incontinence. Interventions included dementia with behavioral disturbance, diabetes, spinal stenosis (narrowing of the spine), insomnia, spondylosis (age-related spinal fractures and/or bone spurs), anxiety, depression, right hip pain, and dysphagia (difficulty swallowing). During an observation on 3/21/23 at 6:50 a.m., R26 entered R20's room while R20 was lying in bed, facing away from the door. R26's door was open, her billings were closed, and the lights were	1 ` '	ATIONI NII IMBED:	MULTIPLE CONSTRUCTION JILDING:	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 BLOOMINGTON, MN 55425 PROVIDER'S LAND F CORRECTIVA ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE (EACH DECRIDENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21810 Continued From page 47 R20 had an ADL self-care deficit related to weakness, pain, and impaired mobility with a history of self-transferring to the tollet. R20 also had a communication deficit related to a hearing impairment and would yell "help" instead of using her call light. Interventions included reminding R20 to use her call light. R20 was at risk for falls. Interventions included reminding R20 to use her call light. R20 was at risk for falls. Interventions included encouraging R20 to call for pain medication and assistance with repositioning when in pain. R20 had uninary incontinence. Interventions included tolleting R20 as requested. R20's diagnoses included dementia with behavioral disturbance, diabetes, spinal stenosis (narrowing of the spine), insomnia, spondylosis (age-related spinal fractures and/or bone spurs), anxiety, depression, right hip pain, and dysphagia (difficulty swallowing). During an observation on 3/21/23 at 6:50 a.m., R26 entered R20's room while R20 was lying in bed, facing away from the door. R26's door was open; her bilinds were closed, and the lights were		/ t. 20.		C
MARTIN LUTHER CARE CENTER 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 CAPID PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PREFIX PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION PREFIX TAG PROVIDER'S PLAN OF CORRECTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE	00227	B. WII	ING	
(x4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL TAG) COntinued From page 47 R20 had an ADL self-care deficit related to weakness, pain, and impaired mobility with a history of self-transferring to the toilet. R20 also had a communication deficit related to a hearing impairment and would yell "help" instead of using her call light. Interventions included reminding R20 to use her call light. R20 was at risk for falls. Interventions included keeping R20's call light within reach and providing a prompt response to R20's requests for assistance. R20 also had pain related to diabetes, spinal stenosis, and her right hip. Interventions included encouraging R20 to call for pain medication and assistance with repositioning when in pain. R20 had urinary incontinence, Interventions included dementia with behavioral disturbance, diabetes, spinal stenosis (narrowing of the spine), insomnia, spondylosis (age-related spinal fractures and/or bone spurs), anxiety, depression, right hip pain, and dysphagia (difficulty swallowing). During an observation on 3/21/23 at 6:50 a.m., R26 entered R20's room while R20 was lying in bed, facing away from the door. R26's door was open; her blinds were closed, and the lights were	NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS,	S, CITY, STATE, ZIP CODE	
SUMMARY STATEMENT OF DEFICIENCIES DEPONITION, MN 55425	MARTIN LUTHER CARE CENTER			
PRÉFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21810 Continued From page 47 R20 had an ADL self-care deficit related to weakness, pain, and impaired mobility with a history of self-transferring to the toilet. R20 also had a communication deficit related to a hearing impairment and would yell "help" instead of using her call light. Interventions included reminding R20 to use her call light. R20 was at risk for falls. Interventions included keeping R20's call light within reach and providing a prompt response to R20's requests for assistance. R20 also had pain related to diabetes, spinal stenosis, and her right hip. Interventions included encouraging R20 to call for pain medication and assistance with repositioning when in pain. R20 had urinary incontinence. Interventions included toileting R20 as requested. R20's diagnoses included dementia with behavioral disturbance, diabetes, spinal stenosis (narrowing of the spine), insomnia, spondylosis (age-related spinal fractures and/or bone spurs), anxiety, depression, right hip pain, and dysphagia (difficulty swallowing). During an observation on 3/21/23 at 6:50 a.m., R26 entered R20's room while R20 was lying in bed, facing away from the door. R26's door was open; her blinds were closed, and the lights were		BLOOMINGTON	N, MN 55425	
R20 had an ADL self-care deficit related to weakness, pain, and impaired mobility with a history of self-transferring to the toilet. R20 also had a communication deficit related to a hearing impairment and would yell "help" instead of using her call light. Interventions included reminding R20 to use her call light. R20 was at risk for falls. Interventions included keeping R20's call light within reach and providing a prompt response to R20's requests for assistance. R20 also had pain related to diabetes, spinal stenosis, and her right hip. Interventions included encouraging R20 to call for pain medication and assistance with repositioning when in pain. R20 had urinary incontinence. Interventions included toileting R20 as requested. R20's diagnoses included dementia with behavioral disturbance, diabetes, spinal stenosis (narrowing of the spine), insomnia, spondylosis (age-related spinal fractures and/or bone spurs), anxiety, depression, right hip pain, and dysphagia (difficulty swallowing). During an observation on 3/21/23 at 6:50 a.m., R26 entered R20's room while R20 was lying in bed, facing away from the door. R26's door was open; her blinds were closed, and the lights were	PREFIX (EACH DEFICIENCY MUST BE PREC	EDED BY FULL PRE	(EACH CORRECTIVE ACTION S TAG CROSS-REFERENCED TO THE AI	HOULD BE COMPLETE
weakness, pain, and impaired mobility with a history of self-transferring to the toilet. R20 also had a communication deficit related to a hearing impairment and would yell "help" instead of using her call light. Interventions included reminding R20 to use her call light. R20 was at risk for falls. Interventions included keeping R20's call light within reach and providing a prompt response to R20's requests for assistance. R20 also had pain related to diabetes, spinal stenosis, and her right hip. Interventions included encouraging R20 to call for pain medication and assistance with repositioning when in pain. R20 had urinary incontinence. Interventions included toileting R20 as requested. R20's diagnoses included dementia with behavioral disturbance, diabetes, spinal stenosis (narrowing of the spine), insomnia, spondylosis (age-related spinal fractures and/or bone spurs), anxiety, depression, right hip pain, and dysphagia (difficulty swallowing). During an observation on 3/21/23 at 6:50 a.m., R26 entered R20's room while R20 was lying in bed, facing away from the door. R26's door was open; her blinds were closed, and the lights were	21810 Continued From page 47	2181	310	
off. R26 walked to R20's bed causing R20 to turn and tell R26 "Don't come in here! You can't come in here!" R20 turned away from R26 but remained in R26's room. R26's call light was on the floor, under her nightstand, therefore, R20 was unable to call staff for assistance. At 6:54 a.m., the administrator entered R26's room, said hello to R20 and asked R26 if she needed assistance. The administrator then placed the call light on R26's bed and left the room.	R20 had an ADL self-care deficit weakness, pain, and impaired m history of self-transferring to the had a communication deficit rela impairment and would yell "help" her call light. Interventions include R20 to use her call light. R20 wa Interventions included keeping R within reach and providing a pror R20's requests for assistance. R related to diabetes, spinal stenoship. Interventions included encoucall for pain medication and assist repositioning when in pain. R20 hincontinence. Interventions include as requested. R20's diagnoses in dementia with behavioral disturb spinal stenosis (narrowing of the insomnia, spondylosis (age-relatifractures and/or bone spurs), and right hip pain, and dysphagia (diff swallowing). During an observation on 3/21/23 R26 entered R20's room while bed, facing away from the door. open; her blinds were closed, and tell R26 "Don't come in here in here!" R20 turned away from hin R26's room. R26's call light was under her nightstand, therefore, to call staff for assistance. At 6:5 administrator entered R26's room R20 and asked R26 if she needed The administrator then placed the	obility with a toilet. R20 also ted to a hearing instead of using ed reminding s at risk for falls. 20's call light opt response to 20 also had pain sis, and her right traging R20 to stance with had urinary ded toileting R20 ocluded ance, diabetes, spine), ed spinal xiety, depression, ficulty 3 at 6:50 a.m., R20 was lying in R26's door was d the lights were using R20 to turn ! You can't come R26 but remained as on the floor, R20 was unable 4 a.m., the n, said hello to ed assistance.		

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMPI	SURVEY LETED
		00227	B. WING		03/2) 3/2023
					00/2	3/2023
NAME OF PF	ROVIDER OR SUPPLIER			STATE, ZIP CODE		
MARTIN L	UTHER CARE CENT	FR	T 100TH STI IGTON, MN			
24.0.15			<u>, </u>		ONI	()(5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21810	Continued From pa	ge 48	21810			
	•	ng, limited assistance for all extensive assistance for all				
	potential for alteration related to health designation monitoring for changemention, especially memory recall, and a self-care deficit remood problem relations includencouragement as	ed offering support and needed. R53's diagnoses adjustment disorder,				
	for cognitive loss/de	15/22, indicated R53 triggered ementia, visual function, L function, and behaviors.				
	at 1:51 p.m. R53 sather call light wrapped bed, out of R53's rewas "always" wrapped stated she wished stated she wished stated the previous day be	ion and interview on 3/21/23, at in a recliner in her room with ed around the grab bar of her each. R53 stated the call light ed around the grab bar. R53 she "had some manner of e," and had yelled for "a while" efore someone came to help stated yelling doesn't always				
		ted 3/23/23 stated diagnosis rt failure, repeated falls, and				
	•	ervention dated 6/23/21 stated within reach and encourage ace as needed".				

Minnesota Department of Health

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED	
		00227	B. WING		03/2	; 3/2023
NAME OF I	PROVIDER OR SUPPLIER		DRESS CITY S	STATE, ZIP CODE	1 00/2	0,2020
		1401 EAS	T 100TH ST			
MARTIN	LUTHER CARE CENT	rer en	IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	_D BE	(X5) COMPLETE DATE
21810	Continued From pa	ge 49	21810			
	the recliner chair in	0/23, at 1:17 p.m. R61 sat in her room calling out for at located on top of bed and				
	stated R61 call light	3/20/23 at 1:20 p.m., NA-C t "should have been with her in it was not in reach of R61.				
	the recliner chair in	2/23, at 9:40 a.m. R61 sat in her room with call light of resident bed. Call light was				
	registered nurse (R	3/22/23 at 9:40 a.m., N)-D confirmed the call light R61 and stated call light her safety".				
	stated she was the R61 to sit in her red to attach the call lig	3/22/23 at 9:45 a.m., NA-D staff member who assisted liner this morning and "forgot" ht within reach of R61. NA-D nt she has it close for her				
	R426 had intact cog eating, required total	IDS dated 3/14/23, indicated gnition was independent for all assistance for dressing and se for all other ADLs.				
		ncluded diabetes, urinary res, dementia, schizoaffective ession.				
	triggered for cogniti	3/14/23, indicated R426 ve loss/dementia, urinary nosocial well-being, falls,				

Minnesota Department of Health

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	COMPI	
		00227	B. WING		03/2	; 3/2023
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
MARTIN	LUTHER CARE CENT	ER	T 100TH STI IGTON, MN			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
21810	R426's care plan unhospice. R426 also and was at risk for fand weakness. Inte R426's call light was needed a prompt reassistance. R426 alrelated to wounds, I status. Interventions immediately to any encouraging R426 to needs to be reposited due to pain. During interview and 1:33 p.m., R426 was on the floor, under freach. R426 stated out of her reach and her bed. During an interview licensed practical needs to her sheets and we call light was on the LPN-B stated R426 to her sheets and we call for help if she not be director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights "must be in reach and interview on director of nursing stights"	ns, and psychotropic drug use. Indated, indicated R426 was on had an ADL self-care deficit falls related to limited mobility reventions included ensuring is within reach and R426 is ponse to all requests for leso had a potential for pain imited mobility, and hospice is included responding complaint of pain, to call for assistance when she inned and/or wants medication in bed and her call light was ner bed, not within R426's her call light was on the floor diasked for it to be placed on on 3/21/23 at 1:38 p.m., turse (LPN)-B verified R426's reach. It is call light should be clipped within her reach so R426 could be eded it. 3/22/23, at 12:51 p.m., stated expectation was call each of residents" at all times.				
	SUGGESTED MET	HODS OF CORRECTION:				

Minnesota Department of Health

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE MARTIN LUTHER CARE CENTER 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21810 Continued From page 51 The director of nursing (DON) or designee could	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER AND PLAN OF CORRECTION IDENTIFICATION NUMBER	` '	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21810 Continued From page 51 STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE 21810			С
MARTIN LUTHER CARE CENTER 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 (X4) ID PREFIX TAG (X4) ID PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21810 Continued From page 51 21810 10 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 21810	00227	B. WING	03/23/2023
Continued From page 51 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETED DATE) CONTINUED TO THE APPROPRIATE DEFICIENCY) CONTINUED TO THE APPROPRIATE DEFICIENCY CONTINUED TO THE APPROPRIATE	NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21810 Continued From page 51 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE COMPLET CROSS-REFERENCED TO THE APPROPRIATE DATE DATE	MARTIN I UTHER CARE CENTER		
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 21810 Continued From page 51 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 21810			E CORRECTION (VC)
	PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FU	JLL PREFIX (EACH CORRECTIVE ACON) TAG CROSS-REFERENCED TO	CTION SHOULD BE COMPLETE DATE DATE
The director of nursing (DON) or designee could	21810 Continued From page 51	21810	
develop, review, and for revise policies and procedures to ensure all residents have their call lights within reach. The DON or designee could educate all appropriate staff. The DON or designee could develop monitoring systems to ensure ongoing compliance and report those results to the quality assurance committee. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	The director of nursing (DON) or designed develop, review, and /or revise policies are procedures to ensure all residents have the lights within reach. The DON or designee educate all appropriate staff. The DON or designee could develop monitoring systemensure ongoing compliance and report the results to the quality assurance committee.	e could nd neir call could ms to ose e.	

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PRINTED: 05/02/2023 FORM APPROVED OMB NO. 0938-0391

AND BLAN OF CORRECTION TO THE INTERCATION AND BLAN OF CORRECTION TO THE INTERCATION AND INTERC		` ′	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		245272	B. WING _		03/	21/2023
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 000	INITIAL COMMENT	-S	K 0	00		
	FIRE SAFETY	ty recertification survey was				
	conducted by the Management Public Safety, State 03/21/2023. At the Luther Care Center with the requirement Medicare/Medicaid 483.70(a), Life Safe edition of National F (NFPA) 101, Life Safe (NFPA) 101, Life (NFPA) 1	innesota Department of Fire Marshal Division on time of this survey, Martin was found not in compliance at 42 CFR, Subpart for Protection Association afety Code (LSC), Chapter 19 and the 2012 edition of are Facilities Code.				
	ALLEGATION OF CONTROL OF CONTROL OF CONTROL OF THE CM	OC WILL SERVE AS YOUR COMPLIANCE UPON THE CCEPTANCE. YOUR HE BOTTOM OF THE FIRST S-2567 FORM WILL BE ATION OF COMPLIANCE.				
	ONSITE REVISIT OF A CONDUCTED TO A SUBSTANTIAL CORREGULATIONS HA	F AN ACCEPTABLE POC, AN OF YOUR FACILITY MAY BE VALIDATE THAT MPLIANCE WITH THE AS BEEN ATTAINED IN TH YOUR VERIFICATION.				
	PLEASE RETURN CORRECTION FOI DEFICIENCIES (K-	R THE FIRE SAFETY				
		IN THE E-POC PROCESS, A THE PLAN OF CORRECTION).				
ABORATORY	/ DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE		(X6) DATE

Electronically Signed 04/21/2023

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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		245272	B. WING		03/	21/2023	
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE	
	DEFICIENCY MUSIFOLLOWING INFO 1. A detailed described taken or planned to a substained of the substai	pections Division Suite 145 -5145, OR @state.mn.us RRECTION FOR EACH T INCLUDE ALL OF THE DRMATION: cription of the corrective action of correct the deficiency. easures that will be put in deficiency does not reoccur. the facility plans to monitor to ensure solutions are responsible for the corrective	KO				
	Martin Luther Care with a full basement constructed at 3 diff building was constructed to be of addition, a 1-story, completed in 2010 building was completed will be surveyed as fully protected through	Center is a 2-story building at. The building was ferent times. The original aucted in 1984 which was and a 1-story, Type II (000) eted in 2011. The buildings one building. The facility is aughout by an automatic fire and has a fire alarm system with					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '			E SURVEY IPLETED	
		245272	B. WING		03/:	21/2023
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		BE	(X5) COMPLETION DATE
K 225	the corridors and remonitored for automotification. The facility has a cacensus of 126 at the The requirements a are NOT MET as exactly and Smooth CFR(s): NFPA 101 Stairways and Smooth Stairways a	the corridors, spaces open to sident rooms that is natic fire department apacity of 137 beds and had a e time of the survey. at 42 CFR, Subpart 483.70(a), videnced by: keproof Enclosures keproof enclosures used as		225		5/13/23
	by: Based on observate facility failed to main (2012 edition), Life 19.2.2.2.1, 19.2.2.3 These deficient find impact on the resident findings include: 1. On 03/21/2023 be PM, it was revealed on the lower level edifficult to open exceptions.	ion and staff interview, the ntain stairwells per NFPA 101 Safety Code, sections, 7.2.1.4.5.1, and 7.2.2.5.3. lings could have a patterned ents within the facility. etween 09:30 AM and 01:00 by observation that the door xiting out of stairwell "A" was eeding 30lbf to open. etween 09:30 AM and 01:00		K225 The door on stairwell A has been acto open properly for egress. Chairs stairwell A and D were moved out opath of egress. Other paths of egrewere audited to ensure there are clepathways and all doors open appropriately. All staff will be educated on proper placement of items in hallways and of egress. Audits will be completed twice week 8 weeks to ensure compliance. Audite reviewed by the safety committed determine further action.	in f the ss ear paths kly for dits will	

1 ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			E SURVEY IPLETED
		245272	B. WING		03/	21/2023
	PROVIDER OR SUPPLIER	ΓER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
K 225	a chair stored on the egress in stairwell." Environmental Services the chair for resider 3. On 03/21/2023 b. PM, it was revealed a chair stored in state out of the stairwell. An interview with the Services verified the time of discovery.	I by observation that there was e landing blocking the path of A". The Director of vices stated that therapy used hts. The Director of wices stated that therapy used hts. The Director of Environmental ese deficient findings at the		The Director of Environmental Se designee is responsible for ensur compliance. Date Certain: 5/13/2023		
K 321 SS=E	Hazardous Areas - Hazardous areas a having 1-hour fire re fire rated doors) or system in accordant When the approved system option is us separated from othe partitions and doors Doors shall be self- and permitted to ha protective plates the from the bottom of Describe the floor a hazardous areas th 19.3.2.1, 19.3.5.9 Area Separation N/A a. Boiler and Fuel-F	Enclosure re protected by a fire barrier esistance rating (with 3/4 hour an automatic fire extinguishing ice with 8.7.1 or 19.3.5.9. If automatic fire extinguishing ed, the areas shall be er spaces by smoke resisting is in accordance with 8.4. Inclosing or automatic-closing inve nonrated or field-applied at do not exceed 48 inches the door. Ind zone locations of at are deficient in REMARKS. Automatic Sprinkler	K 3	21		5/13/23

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					E SURVEY PLETED	
		245272	B. WING		03/2	21/2023
	PROVIDER OR SUPPLIER LUTHER CARE CENT	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 355	d. Soiled Linen Roo e. Trash Collection (exceeding 64 gallo f. Combustible Stor (over 50 square fee g. Laboratories (if c Hazard - see K322) This REQUIREMEN by: Based on observat facility failed to main NFPA 101 (2012 ed sections 19.3.2.1.3 findings could have residents within the Findings include: On 03/21/2023 betwood it was revealed by of wheelchair storage against the electrical An interview with the Services verified the time of discovery. Portable Fire Exting CFR(s): NFPA 101 Portable Fire Exting Portable fire exting inspected, and main NFPA 10, Standard Extinguishers. 18.3.5.12, 19.3.5.12	nce, and Paint Shops oms (exceeding 64 gallons) Rooms ons) age Rooms/Spaces of) lassified as Severe IT is not met as evidenced ion and staff interview, the ontain hazardous rooms per lition), Life Safety Code, and 7.2.1.8.1. This deficient a patterned impact on the facility. It is not met as evidenced ion and staff interview, the ontain hazardous rooms per lition), Life Safety Code, and 7.2.1.8.1. This deficient a patterned impact on the facility. It is not met as evidenced ion and staff interview, the ontain hazardous rooms per lition), Life Safety Code, and 7.2.1.8.1. This deficient a patterned impact on the facility. It is not met as evidenced ion and staff interview, the ontain hazardous rooms per lition), Life Safety Code, and 7.2.1.8.1. This deficient a patterned impact on the facility.	K 355	K321 The door to the wheelchair storage was closed and is no longer proppe open. All other doors were audited facility to ensure compliance. All staff will be educated on leaving closed if no magnet locks are in pla Audits will be completed twice weel 8 weeks to ensure compliance. Aud be reviewed by the safety committed determine further action. The Director of Environmental Service designee is responsible for ensurin compliance. Date Certain: 5/13/2023	doors ce. kly for dits will e and ces or	5/13/23

AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01	
245272 B. WING	03/21/2023
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER STREET ADDRESS, CITY, STATE, ZI 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	IP CODE
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF OUT OF DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACT REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO TO DEFICIENCY DEF	TION SHOULD BE COMPLÉTION DATE
K 355 Based on observation and staff interview, the facility failed to maintain fire extinguishers per NFPA 101 (2012 edition), Life Safety Code, sections 19.3.5.12 and 9.7.4.1, and NFPA 10 (2010 edition), Standard for Portable Fire Extinguishers, section 6.1.3.3.1. These deficient findings could have an isolated impact on the residents within the facility. Findings include: Findings include: 1. On 03/21/2023 between 09:30 AM and 01:00 PM, it was revealed by observation that the fire extinguisher in the garage was blocked by two mini-refrigerators. 2. On 03/21/2023 between 09:30 AM and 01:00 PM, it was revealed by observation that the fire extinguisher in the art room was blocked by a table and magazine rack. An interview with the Director of Environmental Services verified these deficient findings at the time of discovery. K 372 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier.	relocated. Table t Room blocking relocated. on keeping d other items out as any fire once weekly for 8 ance. Audits will y committee and nental Services or

AND DIANIOE CORRECTION L' IDENTIFICATION NI IMPER		· '			E SURVEY IPLETED	
		245272	B. WING		03/:	21/2023
	PROVIDER OR SUPPLIER	ΓER	14	TREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 100TH STREET LOOMINGTON, MN 55425	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
K 918	in REMARKS. This REQUIREMENT by: Based on observatifacility failed to main NFPA 101 (2012 expections 19.3.7.1, 19.3.	anical smoke control system NT is not met as evidenced ion and staff interview, the ntain smoke barrier walls per lition), Life Safety Code, 9.3.7.3, 8.5.2.2, and 8.5.6.2. lings could have a widespread ents within the facility. etween 09:30 AM and 01:00 I by observation that there was wall above the exit doors e/ team two caused by wires. etween 09:30 AM and 01:00 I by observation that there was smoke barrier wall above the gle crest near room 200 on etween 09:30 AM and 01:00 I by observation that there was smoke barrier wall above the ndry in the basement. e Director of Environmental ese deficient findings at the - Essential Electric System - Essential Electric System	K 372	K372 Penetrations in the smoke barrier of above the doors near B26 laundry, near room 200 on the second floor been sealed per NFPA requirement Environmental Services will audit a smoke barriers to ensure no other penetrations were present through building. The facility maintenance team will educated on standards to seal all penetrations and review standards contractors. Audits will be completed twice wee 6 weeks to ensure compliance. Audite termine further action. The Director of Environmental Sendesignee is responsible for ensuring compliance. Date Certain: 5/19/2023	and have ts. II out the with kly for dits will ee and vices or Ig	5/13/23

1, '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		245272	B. WING _		03	/21/2023	
	PROVIDER OR SUPPLIER	ΓER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION SHOOT CROSS-REFERENCED TO THE APPLICATION OF CORRECTIVE ACTION SHOOT ACTION OF CORRECTIVE ACTION OF CORECTIVE ACTION OF CORRECTIVE ACTION OF CORRECTIVE ACTION OF CORREC	DULD BE	(X5) COMPLETION DATE	
K 918	and associated equatorite service within 10 services within 10 services shall be process d with NFPA 110. Generator sets are under load 30 minuted and 30 minuted and and another load conditions simulated cold start transfer of all EES competent personnes stored energy power accordance with Nicircuit breakers are program for periodic components is estart maintenance and the readily available. Electricuits are marked separate from normal the possibility of das source is a design installations. 6.4.4, 6.5.4, 6.6.4 (111, 700.10 (NFPA This REQUIREMED by: Based on a review and staff interview, Emergency Power NFPA 99 (2012 edited).	other alternate power source sipment is capable of supplying econds. If the 10-second during the monthly test, a ovided to annually confirm this esafety and critical branches. Esting of the generator and re performed in accordance inspected weekly, exercised tes 12 times a year in 20-40 exercised once every 36 uous hours. Scheduled test in sinclude a complete and automatic or manual loads, and are conducted by itel. Maintenance and testing of er sources (Type 3 EES) are in EPA 111. Main and feeder inspected annually, and a cally exercising the ablished according to rements. Written records of esting are maintained and ES electrical panels and readily identifiable, and hal power circuits. Minimizing mage of the emergency power consideration for new	K 9	K918 Generator Load Bank testing w scheduled and completed beforeertain. The preventative maintenance	re date		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		245272	B. WING		03/2	1/2023
	PROVIDER OR SUPPLIER	ER		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 920	Power Systems, se 8.4.9.2. This deficie widespread impact facility. Findings include: On 03/21/2023 betwit was revealed by a documentation that documentation show Emergency Power Stested for at least formonths. An interview with the Services verified that time of discovery. Electrical Equipmer CFR(s): NFPA 101 Electrical Equipmer Extension Cords Power strips in a paused for component patient-care-related (PCREE) assemble by qualified personn 10.2.3.6. Power strips in a paused for component patient-care related (PCREE) assemble by qualified personn 10.2.3.6. Power strips in a paused for component patient-care related (PCREE) assemble by qualified personn 10.2.3.6. Power strips for non-PCREE meet UL 13 strips for non-PCREE meet UL 13 strips for non-PCREE	or Emergency and Standby ction 8.4.9, 8.4.9.1, and ent finding could have a on the residents within the veen 09:30 AM and 01:00 PM, a review of available the facility could not provide wing that the facility 's Supply System (EPSS) was our hours within the last 36 e Director of Environmental ese deficient findings at the ent - Power Cords and Extens ent - Power Cords ent - Powe	K 92	system was updated to ensure Loa Testing is scheduled by regulation of forward and will be monitored by the Quality Assurance Performance Improvement (QAPI) Committee. The measures that will be taken to deficiency does not reoccur is a factoriew of the Emergency Generato Policy. The person responsible for compliate the director of environmental service Date Certain: 5/13/2023	ensure is es.	5/13/23
	· •	strips meet other UL er strips are used with general				

AND DIANIOE CORRECTION L' IDENTIFICATION NI IMPER		l ` ′		(X3) DATE SURVEY COMPLETED	
	245272	B. WING		03/2	21/2023
	ΓER		1401 EAST 100TH STREET		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOULD I	BE	(X5) COMPLETION DATE
precautions. Extensubstitute for fixed of Extension cords us immediately upon of which it was installed 10.2.4. 10.2.3.6 (NFPA 99) (NFPA 70), 590.3 (Din the Requirement of Section 9.1.2 (Din the Requirement of Section 9.1.	sion cords are not used as a wiring of a structure. ed temporarily are removed completion of the purpose for ed and meets the conditions of 10.2.4 (NFPA 99), 400-8 (NFPA 70), TIA 12-5 NT is not met as evidenced ion and staff interview, the ntain the usage of electrical FPA 99 (2012 edition), Health e, sections 10.5.2.3.1 and (2012 edition), Life Safety NFPA 70, (2011 edition), Code, sections 400.8, and UL ent findings could have an the residents within the facility. The etween 09:30 AM and 01:00 I by observation that there was ed into another power strip in etween 09:30 AM and 01:00 I by observation that there was distributed in a cupboard lugged into it in the therapy.		K920 The power strips have been remove from the education room and therap gym. The maintenance team has authe facility to ensure compliance in careas. All staff will be educated on the pow cord and extension policy in complia with NFPA requirements. Audits will be completed once week weeks to ensure compliance. Audits be reviewed by the safety committed determine further action. The Director of Environmental Servi designee is responsible for ensuring compliance. Date Certain: 5/13/2023	oy udited other er ance ly for 8 s will e and ices or	5/13/23
CFR(s): NFPA 101					
	Continued From particular precautions. Extension cords us immediately upon to which it was installed 10.2.4. 10.2.3.6 (NFPA 99) (NFPA 70), 590.3 (DThis REQUIREMENT by: Based on observational Electrical Code, section 9.1.2 National Electrical Code	PROVIDER OR SUPPLIER LUTHER CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the usage of electrical adaptive devices NFPA 99 (2012 edition), Health Care Facilities Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, section 9.1.2, NFPA 70, (2011 edition), National Electrical Code, sections 400.8, and UL 1363. These deficient findings could have an isolated impact on the residents within the facility. Findings include: 1. On 03/21/2023 between 09:30 AM and 01:00 PM, it was revealed by observation that there was a power strip plugged into another power strip in the education room. 2. On 03/21/2023 between 09:30 AM and 01:00 PM, it was revealed by observation that there was a power strip routed through holes in a cupboard with a microwave plugged into it in the therapy room. An interview with the Director of Environmental Services verified these deficient findings at the time of discovery. Gas Equipment - Liguid Oxygen Equipment	PROVIDER OR SUPPLIER LUTHER CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the usage of electrical adaptive devices NFPA 99 (2012 edition), Life Safety Code, section 9.1.2, NFPA 70, (2011 edition), National Electrical Code, sections 400.8, and UL 1363. These deficient findings could have an isolated impact on the residents within the facility. Findings include: 1. On 03/21/2023 between 09:30 AM and 01:00 PM, it was revealed by observation that there was a power strip plugged into another power strip in the education room. 2. On 03/21/2023 between 09:30 AM and 01:00 PM, it was revealed by observation that there was a power strip routed through holes in a cupboard with a microwave plugged into it in the therapy room. An interview with the Director of Environmental Services verified these deficient findings at the time of discovery. Gas Equipment - Liguid Oxygen Equipment K 930	ROVIDER OR SUPPLIER LUTHER CARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES ILLOMINGTON, MN 55425) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCIES ILLOMINGTON, MN 55425) Continued From page 9 precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the usage of electrical adaptive devices NFPA 99 (2012 edition), Health Care Facilities Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.12, NFPA 70, C2011 edition), National Electrical Code, sections 10.6.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 70, C2011 edition), Mational Electrical Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 10.5.2.3.1 and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 40.5.2, and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code, sections 40.5.2, and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code sections 40.5.2, and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code sections 40.5.2, and 10.2.4.2.1, NFPA 101 (2012 edition), Life Safety Code secti	A BUILDING 01 - MAIN BUILDING 01 245272 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE 1401 EAST 100TH STREET BLOOMINGTON, MN 55425 SUMMARY STATEMENT OF DEFICIENCIES (EACH OFFICIENCY) (EACH OFFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 precautions. Extension cords are not used as a substitute for fixed wiring of a structure, Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590-3(D) (NFPA 70), T1A 12-5 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the usage of electrical adaptive devices NFPA 99 (2012 edition), Health Care Facilities Code, sections 9.1.2, NFPA 70, (2011 edition), National Electrical Code, sections 400.8, and UL 1933. These deficient findings could have an isolated impact on the residents within the facility. Findings include: 1. On 03/21/2023 between 09:30 AM and 01:00 PM, it was revealed by observation that there was a power strip plugged into another power strip in the education room. 2. On 03/21/2023 between 09:30 AM and 01:00 PM, it was revealed by observation that there was a power strip plugged into another power strip in the education room. An interview with the Director of Environmental Services verified these deficient findings at the time of discovery. An interview with the Director of Environmental Services verified these deficient findings at the time of discovery.

AND DIAN OF CORRECTION INTERNITIFICATION NITIMBER:		` ′	` '			X3) DATE SURVEY COMPLETED	
		245272	B. WING			03/2	21/2023
NAME OF PROVIDER OR SUPPLIER MARTIN LUTHER CARE CENTER				14	TREET ADDRESS, CITY, STATE, ZIP CODE 401 EAST 100TH STREET 8LOOMINGTON, MN 55425		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 930	The storage and us reservoir containers comply with section 99). 11.7 (NFPA 99) This REQUIREMENT by: Based on observation facility failed to main per NFPA 99 (2012). Code, section 11.7. have an isolated important the facility. Findings include: On 03/21/2023 between the facility of two liquid oxygen contains an early should be a contained to the PS1 door. Environmental Serve that was nearby should be a contained to the point of the PS1 door. Environmental Serve that was nearby should be a contained to the point of the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environmental Serve that was nearby should be a contained to the pS1 door. Environment	quid Oxygen Equipment e of liquid oxygen in base and portable containers s 11.7.2 through 11.7.4 (NFPA IT is not met as evidenced ion and staff interview, the ntain storage of liquid oxygen edition), Health Care Facilities 4. This deficient finding could pact on the residents within veen 09:30 AM and 01:00 PM, observation that there were ontainers stored in the hallway When the Director of ices and I talked with a nurse e stated that they have been by waiting to get picked up. e Director of Environmental ese deficient findings at the	K 9		K930 The liquid oxygen tank that was not was removed from the hallway, oth areas were audited to ensure no ot liquid oxygen tanks. Staff will review safe oxygen use and storage policy An oxygen storage audit will be conbe conducted once every week for weeks. The people responsible for the corraction and monitoring of compliancinclude the director of environments services and the director of nursing Date Certain: 5/13/2023	er her v the '. iducted eight ective e	