



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
November 27, 2023

Administrator
Centracare Willmar Care Center & Therapy Suites
1801 Willmar Avenue Southwest
Willmar, MN 56201

RE: CCN: 245410
Cycle Start Date: August 16, 2023

Dear Administrator:

On October 18, 2023, we notified you a remedy was imposed. On November 20, 2023, the Minnesota Department of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of November 6, 2023.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective November 16, 2023 did not go into effect. (42 CFR 488.417 (b))

In our letter of October 18, 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 November 16, 2023, due to denial of payment for new admissions. Since your facility attained substantial compliance on November 6, 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 Therefore, the NATCEP prohibition is rescinded.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,

A handwritten signature in black ink that reads 'H. Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Phone: 651-201-4384
Email: holly.zahler@state.mn.us



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November 27, 2023

Administrator
Centracare Willmar Care Center & Therapy Suites
1801 Willmar Avenue Southwest
Willmar, MN 56201

Re: Reinspection Results
Event ID: I0WQ12

Dear Administrator:

On October 10, 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 August 16, 2023. At this time these correction orders were found corrected.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in black ink that reads 'Holly Zahler'.

Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
Orville L. Freeman Building
HRD 3A 3rd Floor
PO Box 64900, 625 Robert St. N.
St. Paul, MN 55155
Phone: 651-201-4384
Email: holly.zahler@state.mn.us



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 7, 2023

Administrator
CentraCare Willmar Care Center & Therapy Suites
1801 Willmar Avenue Southwest
Willmar, MN 56201

RE: CCN: 245410
Cycle Start Date: August 16, 2023

Dear Administrator:

On August 16, 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 isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D), 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:

Judy Loecken, Unit Supervisor
St. Cloud B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: judy.loecken@state.mn.us
Office: (320) 223-7300 Mobile: (320) 241-7797

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 November 16, 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 February 16, 2024 (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/ltr_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

CentraCare Willmar Care Center & Therapy Suites

September 7, 2023

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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:

Travis Z. Ahrens
Interim State Fire Safety Supervisor
Health Care & Correctional Facilities/Explosives
MN Department of Public Safety-Fire Marshal Division
445 Minnesota St., Suite 145
St. Paul, MN 55101
Cell: 1-507-308-4189

Feel free to contact me if you have questions.

Sincerely,



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/16/2023
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NAME OF PROVIDER OR SUPPLIER CENTRACARE WILLMAR CARE CENTER & THERAPY SUITES	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WILLMAR AVENUE SOUTHWEST WILLMAR, MN 56201
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(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) COMPLETION DATE
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E 000	Initial Comments On 8/14/23 through 8/16/23, a survey for compliance with Appendix Z, Emergency Preparedness Requirements, §483.73(b)(6) was conducted during a standard recertification survey. The facility was IN compliance.	E 000		
F 000	INITIAL COMMENTS On 8/14/23 through 8/16/23, a standard recertification survey was conducted at your facility. A complaint investigation was also conducted. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities. The following complaints were reviewed with NO deficiencies cited: H54104528C (MN95259) H54104527C (MN92878) H54109145C (MN91651) H54104529C (MN91092) The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance. Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/15/2023
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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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/28/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245410	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 08/16/2023
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F 000 F 755 SS=D	Continued From page 1 validate substantial compliance with the regulations has been attained. Pharmacy Srvcs/Procedures/Pharmacist/Records CFR(s): 483.45(a)(b)(1)-(3) §483.45 Pharmacy Services The facility must provide routine and emergency drugs and biologicals to its residents, or obtain them under an agreement described in §483.70(g). The facility may permit unlicensed personnel to administer drugs if State law permits, but only under the general supervision of a licensed nurse. §483.45(a) Procedures. A facility must provide pharmaceutical services (including procedures that assure the accurate acquiring, receiving, dispensing, and administering of all drugs and biologicals) to meet the needs of each resident. §483.45(b) Service Consultation. The facility must employ or obtain the services of a licensed pharmacist who- §483.45(b)(1) Provides consultation on all aspects of the provision of pharmacy services in the facility. §483.45(b)(2) Establishes a system of records of receipt and disposition of all controlled drugs in sufficient detail to enable an accurate reconciliation; and §483.45(b)(3) Determines that drug records are in order and that an account of all controlled drugs is maintained and periodically reconciled. This REQUIREMENT is not met as evidenced by:	F 000 F 755		9/30/23

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F 755	<p>Continued From page 2</p> <p>Based on observation, interview, and document review, the facility failed to ensure supply and administration of ordered medications for 1 of 4 resident (R17) reviewed for pharmacy services.</p> <p>Findings include:</p> <p>R17's quarterly Minimum Data Set (MDS) dated 7/17/23, indicated intact cognition, was independent with most activities of daily living (ADLs). Diagnoses included coronary artery disease (coronary arteries struggle to supply the heart with enough blood, oxygen, and nutrients), heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), and hypertension (when the pressure in your blood vessels is too high).</p> <p>R17's current physician orders indicated an order for Metoprolol Succinate extended release 24 hour - 12.5 mg daily for diagnosis of essential hypertension and an order for Furosemide 20 mg daily for diagnosis of heart failure.</p> <p>During observation and interview on 8/16/23 at 7:48 a.m., licensed practical nurse (LPN)-A set up R17's morning medications, which was missing furosemide 20 mg. LPN-A stated the furosemide has not been delivered to facility from the VA (veteran's affairs) yet and that the facility had no stock medication in E-kit (emergency kit). LPN-A stated that R17 had not received Furosemide since 8/7/23.</p> <p>Record review on 8/16/23, revealed R17 did not receive Metoprolol Succinate 12.5 mg from 7/29/23 to 8/10/23.</p> <p>During an interview on 8/16/23 at 8:09 a.m.,</p>	F 755	<p>Tag: F755</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>Corrective Action: An audit was completed for medication administration compliance to ensure no other medications were unavailable or missing. The alternate pharmacy was contacted and the medication was provided. The MD and family was notified of the missing medication. Staff were educated on the medication unavailable policy and procedure. The patient was monitored closely for any adverse effects</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice</p> <p>Plan of Correction: A housewide medication administration compliance report was reviewed for the last 7 days to ensure no other residents had any ordered medication missing.</p> <p>How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur</p> <p>Corrective Action to Prevent Reoccurrence. Nursing staff will be reeducated on the policy procedure for medications unavailable. This will be done with an education inservice provided by our contracted pharmacy. A medication Unavailable worksheet will be placed on all medication carts for nursing staff to fill out if a medication is missing and what</p>	

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F 755	<p>Continued From page 3</p> <p>registered nurse (RN)-A stated when there was no supply of a medication, the pharmacy needed to be contact immediately and documentation made on what was done to get the medication to the facility.</p> <p>During an interview on 8/16/23 at 9:56 a.m., RN-B stated when a medication was not available the nurse on duty notified the pharmacy and requested the medication be delivered as soon as possible. RN-B stated the provider was notified when a medication was not administered. RN-B stated that both medications were very important for R17 to get due to his heart failure.</p> <p>During an interview on 8/16/23 at 11:01 a.m., director of nursing (DON) stated any medication not administered was considered a medication error. DON stated a medication error form was completed with an internal investigation with staff inquiring why the medication was not available and that the physician was notified right away of any medication errors. DON confirmed R17 did not receive Metoprolol for 11 days and Furosemide for 9 days due to it "not being available". DON stated, "that is a concern, both are significant medications".</p> <p>During an interview on 8/16/23 at 1:18 p.m., DON stated the physician was never notified that either of the medications were not administered to R17.</p> <p>A facility policy medication errors dated 8/23, indicated residents would receive medication in accordance with their physician's order.</p>	F 755	<p>action was taken to get the medication. Nursing staff will be reporting off at the end of shift regarding any medications that need to be followed up on. Nursing staff will make a progress note in the patients chart regarding the medication that is missing and what action was taken to get the medication.</p> <p>Audit process with length of time auditing will be completed: DON will run medication administration compliance reports to review any medications missing or not administered and review the medication unavailable worksheet for compliance. This auditing will be done 3x a week x 4 weeks, then weekly until and average of 90% or greater compliance is achieved.</p> <p>Report all results to QA – Results of the audit will be reported quarterly to Quality Assurance committee</p>	



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
September 7, 2023

Administrator
CentraCare Willmar Care Center & Therapy Suites
1801 Willmar Avenue Southwest
Willmar, MN 56201

Re: State Nursing Home Licensing Orders
Event ID: IOWQ11

Dear Administrator:

The above facility was surveyed on August 14, 2023 through August 16, 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 only a suggestion 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:

Judy Loecken, Unit Supervisor
St. Cloud B District Office
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
Midtown Square
3333 Division Street, Suite 212
Saint Cloud, Minnesota 56301-4557
Email: judy.loecken@state.mn.us
Office: (320) 223-7300 Mobile: (320) 241-7797

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.



Holly Zahler, Compliance Analyst
Federal Enforcement | Health Regulation Division
Minnesota Department of Health
P.O. Box 64900
Saint Paul, Minnesota 55164-0970
Phone: 651-201-4384
Email: holly.zahler@state.mn.us

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/16/2023
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NAME OF PROVIDER OR SUPPLIER CENTRACARE WILLMAR CARE CENTER & TH	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WILLMAR AVENUE SOUTHWEST WILLMAR, MN 56201
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>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.</p> <p>INITIAL COMMENTS: On 8/14/23 through 8/16/23, a licensing survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was NOT in compliance with the MN State Licensure and the following correction orders are issued. Please indicate in your electronic plan of correction you have reviewed these orders and</p>	2 000		
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Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 09/15/23
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/16/2023
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NAME OF PROVIDER OR SUPPLIER CENTRACARE WILLMAR CARE CENTER & TH	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WILLMAR AVENUE SOUTHWEST WILLMAR, MN 56201
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2 000	<p>Continued From page 1</p> <p>identify the date when they will be completed.</p> <p>The following complaints were reviewed during the survey: H54104528C (MN95259), H54104527C (MN92878) H54109145C (MN91651), H54104529C (MN91092) and NO licensing orders were issued.</p> <p>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 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 which are in violation of the state statute after the statement, "This Rule is not met as evidence by." Following the surveyors findings are the Suggested Method of Correction and Time period for Correction.</p> <p>You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin <https://www.health.state.mn.us/facilities/regulation/infobulletins/ib14_1.html> The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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.</p>	2 000		
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00313	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 08/16/2023
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NAME OF PROVIDER OR SUPPLIER CENTRACARE WILLMAR CARE CENTER & TH	STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WILLMAR AVENUE SOUTHWEST WILLMAR, MN 56201
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(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 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. http://www.health.state.mn.us/divs/fpc/profinfo/info/obul.htm . The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. 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. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form.	2 000		
2 302	MN State Statute 144.6503 Alzheimer's disease or related disorder train ALZHEIMER'S DISEASE OR RELATED DISORDER TRAINING: MN St. Statute 144.6503 (a) If a nursing facility serves persons with Alzheimer's disease or related disorders, whether in a segregated or general unit, the facility's direct care staff and their supervisors must be trained in dementia care.	2 302		9/30/23

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2 302	<p>Continued From page 3</p> <p>(b) Areas of required training include: (1) an explanation of Alzheimer's disease and related disorders; (2) assistance with activities of daily living; (3) problem solving with challenging behaviors; and (4) communication skills. (c) The facility shall provide to consumers in written or electronic form a description of the training program, the categories of employees trained, the frequency of training, and the basic topics covered. (d) The facility shall document compliance with this section.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to ensure consumers were provided written or electronic information regarding training staff had received for dementia and/or Alzheimer's care. This had the potential to affect all 64 current residents family members, and/ or guardians, and consumers.</p> <p>Findings include:</p> <p>Training records verified "Dementia - A Refresher" was completed by all staff providing care for residents with dementia and/ or Alzheimer's. However, documents lacked evidence consumers were made aware training had occurred.</p> <p>During interview on 8/16/23 at 1:19 p.m., director of nursing (DON) stated staff training for dementia and/or Alzheimer's was for all staff, and</p>	2 302	<p>Tag: 2302</p> <p>Corrected</p>	
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2 302	<p>Continued From page 4</p> <p>they were trained upon hire and annually.</p> <p>During interview on 8/16/23 at 1:45 p.m., social worker (SW) stated there was no written or electronic notification provided to consumers with a description of the dementia training program, the categories of employees trained, the frequency of training, or the basic topics covered.</p> <p>SUGGESTED METHOD OF CORRECTION: The facility could review the Minnesota statutes for dementia training and develop a written or electronic means of communication for the dementia training to the consumer. The facility could implement the communication into their admission process. The facility could then create and implement an auditing system as part of their quality assurance program to maintain compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 302		
21520	<p>MN Rule 4658.1300 Subp. 1-4 Medications and Pharmacy Services; Definition</p> <p>Subpart 1. Controlled substances. "Controlled substances" has the meaning given in Minnesota Statutes, section 152.01, subdivision 4.</p> <p>Subp. 2. Schedule II drugs. "Schedule II drugs" means drugs with a high potential for abuse that have established medical uses as defined in Minnesota Statutes, section 152.02, subdivision 3.</p> <p>Subp. 3. Pharmacy services. "Pharmacy services" means services to ensure the accurate acquiring, receiving, and administering of all</p>	21520		9/30/23

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21520	<p>Continued From page 5</p> <p>drugs to meet the needs of each resident.</p> <p>Subp. 4. Drug regimen. "Drug regimen" means all prescribed and over-the-counter medications a resident is taking.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure supply and administration of ordered medications for 1 of 4 resident (R17) reviewed for pharmacy services.</p> <p>Findings include:</p> <p>R17's quarterly Minimum Data Set (MDS) dated 7/17/23, indicated intact cognition, was independent with most activities of daily living (ADLs). Diagnoses included coronary artery disease (coronary arteries struggle to supply the heart with enough blood, oxygen, and nutrients), heart failure (a condition that develops when your heart doesn't pump enough blood for your body's needs), and hypertension (when the pressure in your blood vessels is too high).</p> <p>R17's current physician orders indicated an order for Metoprolol Succinate extended release 24 hour - 12.5 mg daily for diagnosis of essential hypertension and an order for Furosemide 20 mg daily for diagnosis of heart failure.</p> <p>During observation and interview on 8/16/23 at 7:48 a.m., licensed practical nurse (LPN)-A set up R17's morning medications, which was missing furosemide 20 mg. LPN-A stated the furosemide has not been delivered to facility from the VA (veteran's affairs) yet and that the facility had no stock medication in E-kit (emergency kit). LPN-A stated that R17 had not received Furosemide</p>	21520	<p>Tag: 21520</p> <p>Corrected</p>	
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21520	<p>Continued From page 6</p> <p>since 8/7/23.</p> <p>Record review on 8/16/23, revealed R17 did not receive Metoprolol Succinate 12.5 mg from 7/29/23 to 8/10/23.</p> <p>During an interview on 8/16/23 at 8:09 a.m., registered nurse (RN)-A stated when there was no supply of a medication, the pharmacy needed to be contact immediately and documentation made on what was done to get the medication to the facility.</p> <p>During an interview on 8/16/23 at 9:56 a.m., RN-B stated when a medication was not available the nurse on duty notified the pharmacy and requested the medication be delivered as soon as possible. RN-B stated the provider was notified when a medication was not administered. RN-B stated that both medications were very important for R17 to get due to his heart failure.</p> <p>During an interview on 8/16/23 at 11:01 a.m., director of nursing (DON) stated any medication not administered was considered a medication error. DON stated a medication error form was completed with an internal investigation with staff inquiring why the medication was not available and that the physician was notified right away of any medication errors. DON confirmed R17 did not receive Metoprolol for 11 days and Furosemide for 9 days due to it "not being available". DON stated, "that is a concern, both are significant medications".</p> <p>During an interview on 8/16/23 at 1:18 p.m., DON stated the physician was never notified that either of the medications were not administered to R17.</p> <p>A facility policy medication errors dated 8/23,</p>	21520		
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21520	<p>Continued From page 7</p> <p>indicated residents would receive medication in accordance with their physician's order.</p> <p>SUGGESTED METHOD OF CORRECTION: The Director of Nursing and/or designee could assure policies are reviewed, revised, updated and that staff are trained and process ordering and ensuring all medications for residents are readily available.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	21520		
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245410	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/17/2023
NAME OF PROVIDER OR SUPPLIER CENTRACARE WILLMAR CARE CENTER & THERAPY SUITES			STREET ADDRESS, CITY, STATE, ZIP CODE 1801 WILLMAR AVENUE SOUTHWEST WILLMAR, MN 56201	
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K 000	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY</p> <p>An annual Life Safety Code survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division. At the time of this survey, Centracare Willmar was found in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19 Existing Health Care and the 2012 edition of NFPA 99, Health Care Facilities Code.</p> <p>Centracare Willmar is a 1-story building with no basement that was constructed at 6 different times. The original building was constructed in 1965 and was determined to be of Type II(111) construction. In 1995, an addition was constructed on the south side of the original building and was determined to be of Type II(111) construction. Since the original building and the 1995 addition are both Type II (111) construction they were both inspected as buildings under Existing Healthcare requirements. The first addition was built in 2011, and is a 1-story addition without a basement that is located on the south side and was determined to be of Type V(111) construction. The second addition was built in 2012, and is a 1-story addition without a basement that is located on the south side of the northeast wing and was determined to be of Type V(111) construction. The third addition was built in 2013, and is a 1-story addition without a basement that is located on the south side of the northwest wing and was determined to be of Type V(111) construction. The fourth addition to the</p>	K 000		

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

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 09/05/2023
FORM APPROVED
OMB NO. 0938-0391

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K 000	<p>Continued From page 1</p> <p>facility consisted of two buildings that were both built in 2014; both additions are 1-story additions without basements that are located on the west side of the 2011 addition. It was determined that both 2014 additions are of Type V(111) construction. Surveyed as one building.</p> <p>The facility is equipped with a fire alarm system that has smoke detection in the corridors and in spaces that are open to the corridors, and that is monitored for automatic fire department notification. The facility is fully protected by an automatic fire sprinkler system.</p> <p>The facility has a capacity of 78 beds and had a census of 52 at the time of the survey.</p> <p>The requirement at 42 CFR, Subpart 483.70(a) is MET.</p>	K 000		