DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

					ND TRANSMITTAL E SURVEY AGENCY	ID: Q1XV Facility ID: 00406
1. MEDICARE/MEDICAID PROVIDER N (L1) 245553 2.STATE VENDOR OR MEDICAID NO. (L2) 104740000 5. EFFECTIVE DATE CHANGE OF OWN		 NAME AND ADI PARKVIEW (L4) 308 SHERMA (L5) ELLSWORT PROVIDER/SUP 	MANOR NURSIN AN AVENUE H, MN	NG HOMI	E (L6) 56129 <u>02</u> (L7)	4. TYPE OF ACTION: 7 (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other
(L9) 6. DATE OF SURVEY 02/06 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	/2014 (L34) /2014 (L10)	01 Hospital 02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	05 HHA 06 PRTF 07 X-Ray 08 OPT/SP	09 ESRD 10 NF 11 ICF/IID 12 RHC	13 PTIP 22 CLIA 14 CORF 15 ASC 16 HOSPICE	8. Full Survey After Complaint FISCAL YEAR ENDING DATE: (L35) 09/30
11LTC PERIOD OF CERTIFICATION From (a): To (b): 12.Total Facility Beds 13.Total Certified Beds 14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 37 (L.37) (L38)	 37 (L18) 37 (L17) 19 SNF (L39) 	B. Not in Comp	ce With quirements	'aivers:	And/Or Approved Waivers Of The 2. Technical Personnel 3. 24 Hour RN 4. 7-Day RN (Rural SNF) 5. Life Safety Code * Code: A* 15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1):	6. Scope of Services Limit 7. Medical Director
16. STATE SURVEY AGENCY REMARK See Attached Remarks 17. SURVEYOR SIGNATURE George Shellum, DS	·	Date :	ATION DATE):		18. STATE SURVEY AGENCY AP	
				(L19) GIONAI	<u>Mark Meath, Enfo</u>	(L20)
 DETERMINATION OF ELIGIBILITY _X_ 1. Facility is Eligible to Par 2. Facility is not Eligible 			PLIANCE WITH CI ITS ACT:	VIL	 Statement of Financ Ownership/Control Both of the Above : 	ial Solvency (HCFA-2572) Interest Disclosure Stmt (HCFA-1513)
22. ORIGINAL DATE OF PARTICIPATION 03/01/1991 (L24) 25. LTC EXTENSION DATE:	23. LTC AGREEMI BEGINNING (L41) 27. ALTERNATIVI A. Suspension of	DATE E SANCTIONS	4. LTC AGREEMEN ENDING DATE (L25)		26. TERMINATION ACTION: VOLUNTARY 00 01-Merger, Closure 02-Dissatisfaction W/ Reimburseme 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	05-Fail to Meet Health/Safety
(L27)	B. Rescind Sus	pension Date:	(L44) (L45)			00-Active
28. TERMINATION DATE:	29	. INTERMEDIARY/C	ARRIER NO.		30. REMARKS	
	(L28)	03001		(L31)	Posted 04/11/2	2014 CO.
31. RO RECEIPT OF CMS-1539	32 (L32)	DETERMINATION C 01/16/2014	DF APPROVAL DAT	E (L33)	DETERMINATION APPRO	VAL

CCN 24-5553

The facility submitted documentation to attain an, Immediate Extraordinary and Sustained Mitigation during Sprinkler Installation.

On February 6, 2014, determination was made re: the 10 extraordinary measures, during sprinkler installation.CMS reviewed the documentation and determined the deficiency would be reduced to a scopy and severity level of "C", which puts the facility in substantial compliance and remedies previously recommended to the CMS Region V office would not be imposed. Refer to the CMS 2567 and related documentation for the 10 extraordinary measures.

On March 7, 2014, the Department of Public Safety complete a Post Certification Revisit to verify full compliance was acheived by installing sprinklers in non sprinklered areas as required under Federal requirements. The PCR verified all areas of the nursing home are sprinklered and the facility is in full compliance with Federal requirements.

Refer to the CMS 2567b

Effective March 7, 2014 the facility is certified for 37 skilled nursing facility beds.



Protecting, Maintaining and Improving the Health of Minnesotans

CMS Certification Number (CCN): 24-5553

March 27, 2014

Mr. Michael Werner, Administrator Parkview Manor Nursing Home 308 Sherman Avenue Ellsworth, MN 56129

Dear Mr. Werner:

The Minnesota Department of Health assists the Centers for Medicare and Medicaid Services (CMS) by surveying skilled nursing facilities and nursing facilities to determine whether they meet the requirements for participation. To participate as a skilled nursing facility in the Medicare program or as a nursing facility in the Medicaid program, a provider must be in substantial compliance with each of the requirements established by the Secretary of Health and Human Services found in 42 CFR part 483, Subpart B.

Based upon your facility being in substantial compliance, we are recommending to CMS that your facility be recertified for participation in the Medicare and Medicaid program.

Effective March 7, 2014 the above facility is certified for:

37 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 37 skilled nursing facility beds. You should advise our office of any changes in staffing, services, or organization, which might affect your certification status.

If, at the time of your next survey, we find your facility to not be in substantial compliance your Medicare and Medicaid provider agreement may be subject to non-renewal or termination.

Feel free to contact me if you have questions related to this letter.

Sincerely,

Mark meath

Mark Meath, Enforcement Specialist Program Assurance Unit Licensing and Certification Program Division of Compliance Monitoring P.O. Box 64900 St. Paul, Minnesota 55164-0900 Telephone: (651) 201-4118 Fax: (651) 215-9697 Email: mark.meath@state.mn.us

cc: Licensing and Certification File

General Information: (651) 201-5000 * TDD/TTY: (651) 201-5797 * Minnesota Relay Service: (800) 627-3529 * www.health.state.mn.us For directions to any of the MDH locations, call (651) 201-5000 * An Equal Opportunity Employer



Protecting, Maintaining and Improving the Health of Minnesotans

March 27, 2014

Mr. Michael Werner, Administrator Parkview Manor Nursing Home 308 Sherman Avenue Ellsworth, Minnesota 56129

RE: Project Number F5553022

Dear Mr. Werner:

On December 2, 2013, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on November 7, 2013. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), whereby corrections were required.

On December 31, 2013, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of the facility's plan of correction and on January 12, 2014, the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on November 7, 2013. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of December 17, 2013. Based on our visit, we had determined that your facility had not achieved substantial compliance with the deficiencies issued pursuant to our standard survey, completed on November 7, 2013. The deficiency not corrected is as follows:

• K0056 -- S/S: F -- NFPA 101 -- Life Safety Code Standard Bld: 01

The most serious deficiencies in your facility were found 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 attached CMS-2567, whereby corrections are required.

Sections 1819(h)(2)(D) and (E) and 1919(h)(2)(C) and (D) of the Act and 42 CFR 488.417(b) require that, regardless of any other remedies that may be imposed, denial of payment for new admissions must be imposed when the facility is not in substantial compliance 3 months after the last day of the survey identifying noncompliance. Thus, the CMS Region V Office concurs, is imposing the following remedy and has authorized this Department to notify you of the imposition:

• Mandatory Denial of payment for new Medicare and Medicaid admissions effective February 7, 2014. (42 CFR 488.417 (b))

On February 6, 2014, the Minnesota Department of Public Safety and the CMS Region V Office completed review of the ten (10) Extraordinary and Sustained Risk Mitigation Measures submitted by the facility demonstrated the deficiency cited at K56 pursuant to the standard survey, could be reduced to a scope and severity level of "C", determined the facility met the measures and has achieved substantial compliance.

Parkview Manor Nursing Home March 27, 2014 Page 2

Based on the determination your facility has obtained substantial compliance with, but has not totally corrected, the deficiencies issued pursuant to our standard survey, completed on November 7, 2013, effective February 6, 2014. The deficiency not fully corrected, but considered to be in substantial compliance is as follows:

• K0056 -- S/S: C -- NFPA 101 -- Life Safety Code Standard Bld: 01

Since these deficiencies are considered to be in substantial compliance, remedies outlined in our letter to you dated January 17, 2014 will not be imposed. As a result of obtaining substantial compliance, we recommended the following to the CMS Region V Office. CMS concurs with our recommendation and has authorized this Department to notify you of this action:

• Mandatory Denial of payment for new Medicare and Medicaid admissions effective February 7, 2014, be rescinded. (42 CFR 488.417 (b))

In addition, we advised you that, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 29, 2013, due to denial of payment for new admissions. Since your facility attained substantial compliance on October 1, 2013, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded.

On March 7, 2014, the Department of Public Safety completed PCR to verify deficiency cited a K56 related to the sprinkler system had been corrected. The PCR verified the installation of the sprinkler system in the formerly unsprinklered areas of the building had been acheived. As of March 7, 2014, the facility is considered to be a fully sprinklered nursing home.

A copy of the Statement of Deficiencies (CMS-2567) and CMS 2567b from the February 6, 2014 and March 7, 2014 visits are enclosed for you records.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Feel free to contact me if you have questions related to this letter.

Sincerely,

Mark meath

Mark Meath, Enforcement Specialist Program Assurance Unit Licensing and Certification Program Division of Compliance Monitoring P.O. Box 64900 St. Paul, Minnesota 55164-0900 Telephone: (651) 201-4118 Fax: (651) 215-9697 Email: mark.meath@state.mn.us

cc: Licensing and Certification File

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DAT COM	E SURVEY PLETED
		245553	B. WING			06/2014
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•	
PARKVIE	W MANOR NURSING	HOME		308 SHERMAN AVENUE ELLSWORTH, MN 56129		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI> TAG	PROVIDER'S PLAN OF CORRECTIC ((EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
{K 000}	INITIAL COMMENT	TS	{K 00	00}		
	reviewed and deter Extraordinary, and	I documentation and CMS RO mined the Immediate Sustained Risk Mitigation tallation was met and the S/S o "C", Substantial				
{K 056} SS=C	NFPA 101 LIFE SA If there is an autom installed in accorda for the Installation of provide complete co building. The syste accordance with NF Inspection, Testing, Water-Based Fire F supervised. There supply for the syste systems are equipp	FETY CODE STANDARD atic sprinkler system, it is nce with NFPA 13, Standard of Sprinkler Systems, to overage for all portions of the m is properly maintained in FPA 25, Standard for the and Maintenance of Protection Systems. It is fully is a reliable, adequate water m. Required sprinkler bed with water flow and tamper e electrically connected to the system. 19.3.5	{K 05	 10 extra ordinary Measur installation is completed f area previously not sprink The documents submitted measures to reduce the sc a "C" 	or the la lered. l met th	ast of the e 10
	Provider submitted reviewed and deter Extraordinary, and	s not met as evidenced by: I documentation and CMS RO mined the Immediate Sustained Risk Mitigation tallation was met and the S/S o "C", Substantial				
		ER/SUPPLIER REPRESENTATIVE'S SIGI		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.

PRINTED: 03/27/2014

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1)	Provider / Supplier / CLIA / Identification Number 245553	(Y2) Multiple Constr A. Building B. Wing	BUILDING 01	(Y3) Date of Revisit 3/7/2014
Name	of Facility		Street Address, City, State, Zip Code	
PARKVIEW MANOR NURSING HOME			308 SHERMAN AVENUE	
			ELLSWORTH, MN 56129	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/ or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5)	Date	(Y4) Item	(Y5)	Date	(Y4) Item	(Y5)	Date
		Correction			Correction			Correction
ID Prefix		Completed 03/07/2014	ID Profix		Completed	ID Profix		Completed
		03/07/2014						
•	NFPA 101 K0056		Reg. # LSC			Reg. #		
	10000							
		Correction			Correction			Correction
		Completed			Completed			Completed
ID Prefix		-	ID Prefix			ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC			LSC			LSC _		
		Correction			Consotion			Correction
		Correction Completed			Correction Completed			Correction Completed
ID Prefix			ID Prefix		Completed	ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC		-				LSC		
		Correction			Correction			Correction
ID Prefix		Completed	ID Prefix		Completed	ID Prefix		Completed
Reg. #		-	D #					
LSC						LSC		
		Correction			Correction			Correction
ID Prefix		Completed	ID Prefix		Completed	ID Prefix		Completed
		-	Bog #					
Reg. # LSC			Reg. # LSC			LSC		
Reviewed By	Reviewed I	Зу	Date:	Signature of Surve	yor:	·	Date	e:
State Agency	, MM/P	S	03/07/2014			03/	07/2014	
Reviewed By	Reviewed I	Зу	Date:	Signature of Surve	yor:		Date	e:
CMS RO								
Followup to	Survey Completed on:					Deficiencies. Was a	•	
11/8/2013				Uncorrecte	d Deficiencies	(CMS-2567) Sent to	o the Facility? YE	S NO

	-	ID HUMAN SERVICES					M APPROVED	
CENTER	S FOR MEDICARE &	MEDICAID SERVICES				OMB N	<u> </u>	
	F DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	· /		ONSTRUCTION Main Building 01	СОМ	TE SURVEY MPLETED	
		245553	B. WING				R / 07/2014	
NAME OF PR	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE			
	W MANOR NURSING HO	MF		308	SHERMAN AVENUE			
				ELL	SWORTH, MN 56129			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
{K 000}	INITIAL COMMENTS		{K 0	00}				
	reviewed and determi Extraordinary, and Su during Sprinkler Insta level was reduced to Compliance. The Department of Purevisit to verify the de pursuant to the stand corrected. The deficie compliance as of Feb of the Immediate Extr Risk Mitigation during than reducedd the sc which avoided the Ma for new Medicare and The March 7, 2014 re	ustained Risk Mitigation Illation was met and the S/S "C", Substantial ublic Safety conducted a ficiency cited at K56 ard survey had been ency was in substantial oruary 6, 2014 with approval aordinary and Sustained g sprinkler installation, which ope andseverity to a "C", andatory Denial of Payment d Medicaid Admisissions.						
		SUPPLIER REPRESENTATIVE'S SIGNATUI			TITLE		(X6) DATE	

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

(X6) DATE

PRINTED: 03/27/2014

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

					AND TRANSMITTAL TE SURVEY AGENCY			D: Q1XV acility ID: 00406
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5. EFFECTIVE DATE CHANGE OF OWN (L9)	NERSHIP	7. PROVIDER/SUI 01 Hospital	PPLIER CATEGORY 05 HHA	09 ESRD	<u>02</u> (L7) 13 PTIP 22 CL	8.	8. Full Survey After Complaint	
6. DATE OF SURVEY 01/12 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	/2014 (L34) (L10)	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/IID 12 RHC	14 CORF D 15 ASC 16 HOSPICE	FISCA	AL YEAR ENDING : 09/30	DATE: (L35)
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17. SURVEYOR SIGNATURE <u>Kathryn Serie, Unit S</u>	•		02/06/2014	(L19)	18. STATE SURVEY AGENCY APPROVAL Date:			
19. DETERMINATION OF ELIGIBILITY _X1. Facility is Eligible to Part 2. Facility is not Eligible		20. COM	D BY HCFA RE IPLIANCE WITH CI HTS ACT:		21. 1. Statement c 2. Ownership/ 3. Both of the	of Financial Solvence Control Interest Dis		-1513)
22. ORIGINAL DATE OF PARTICIPATION 03/01/1991 (L24) 25. LTC EXTENSION DATE: (L27)	23. LTC AGREEMI BEGINNING (L41) 27. ALTERNATIVI A. Suspension of B. Pascind Suc	DATE E SANCTIONS of Admissions:	24. LTC AGREEME ENDING DATE (L25) (L44)		26. TERMINATION ACT <u>VOLUNTARY</u> 01-Merger, Closure 02-Dissatisfaction W/ Reim 03-Risk of Involuntary Term 04-Other Reason for Withdra	_00_ bursement ination	<u>INVOLUNT.</u> 05-Fail to Me 06-Fail to Me <u>OTHER</u>	et Health/Safety
,	B. Rescind Sus	pension Date:	(L45)					
28. TERMINATION DATE:	29 (L28)	. INTERMEDIARY/C 03001	ARRIER NO.	(L31)	30. REMARKS Posted 04/11	/2014 CO).	
31. RO RECEIPT OF CMS-1539	32 (L32)	DETERMINATION (01/16/2014	OF APPROVAL DAT	Е (L33)	DETERMINATION A	PPROVAL		

CCN 24-5553

On December 31, 2013 the Department of Health a Post Certification Revisit (PCR) by review of the facility's plan of correction and on January 12, 2014 a PCR was completed at the facility by the Department of Public Safety. The facility was not in substantial compliance with Federal requirements. One life safety code deficiency (K56) was not corrected as a result of the new Federal requirement that all nursing homes be fully sprinklered. As a result of not being in substantial compliance, this Department recommended to the CMS Region V Office, they concurred with our recommendations and authoized this department to notify the facility of the following actions:

- Mandatory Denial of Payment for new Medicare and Medicaid Admissions

If Mandatory Denial of Payment for New Medicare and Medicaid Admissions goes into effect, the facility would be subject to

a loss of NATCEP beginning February 7, 2014.

Refer to the CMS 2567 for the results of this visit.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7011 2000 0002 5143 6923

January 17, 2014

Mr. Michael Werner, Administrator Parkview Manor Nursing Home 308 Sherman Avenue Ellsworth, Minnesota 56129

RE: Project Number S5553024

Dear Mr. Werner:

On December 2, 2013, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on November 7, 2013. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required.

On December 31, 2013, the Minnesota Department of Health completed a revisit by review of the facility's plan of correction and on January 12, 2014, the Minnesota Department of Public Safety completed a revisit to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on November 7, 2013. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of December 17, 2013. Based on our visit, we have determined that your facility has not achieved substantial compliance with the deficiencies issued pursuant to our standard survey, completed on November 7, 2013. The deficiency not corrected is as follows:

K0056 -- S/S: F -- NFPA 101 -- Life Safety Code Standard Bld: 01

The most serious deficiencies in your facility were found 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 attached CMS-2567, whereby corrections are required.

Sections 1819(h)(2)(D) and (E) and 1919(h)(2)(C) and (D) of the Act and 42 CFR 488.417(b) require that, regardless of any other remedies that may be imposed, denial of payment for new admissions must be imposed when the facility is not in substantial compliance 3 months after the last day of the survey identifying noncompliance. Thus, the CMS Region V Office concurs, is imposing the following remedy and has authorized this Department to notify you of the imposition:

• Mandatory Denial of payment for new Medicare and Medicaid admissions effective February 7, 2014. (42 CFR 488.417 (b))

The CMS Region V Office will notify your fiscal intermediary that the denial of payment for new admissions is effective February 7, 2014. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective February 7, 2014. You should notify all Medicare/Medicaid residents admitted on or after this date of the restriction.

Further, Federal law, as specified in the Act at Sections 1819(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to a denial of payment. Therefore, Parkview Manor Nursing Home is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective February 7, 2014. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. If this prohibition is not rescinded, under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

A copy of the Statement of Deficiencies (CMS-2567) and the Post Certification Revisit Form (CMS-2567B) from this visit are enclosed.

APPEAL RIGHTS

If you disagree with this determination, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Department Appeals Board. Procedures governing this process are set out in Federal regulations at 42 CFR Section 498.40 et seq. A written request for a hearing must be filed no later than 60 days from the date of receipt of this letter. Such a request may be made to the Centers for Medicare and Medicaid Services at the following address:

Department of Health and Human Services Departmental Appeals Board, MS 6132 Civil Remedies Division Attention: Karen R. Robinson, Director 330 Independence Avenue, SW Cohen Building, Room G-644 Washington, DC 20201

A request for a hearing should identify the specific issues and the findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. You do not need to submit records or other documents with your hearing

request. The Departmental Appeals Board (DAB) will issue instructions regarding the proper submittal of documents for the hearing. The DAB will also set the location for the hearing, which is likely to be in Minnesota or in Chicago, Illinois. You may be represented by counsel at a hearing at your own expense.

DEPARTMENT CONTACT

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

Kathryn Serie, Unit Supervisor Minnesota Department of Health 1400 E. Lyon Street Marshall, MN 56258-2529

Office: (507) 537-7158 Fax: (507) 537-7194

PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your PoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,

Include signature of provider and date.

If an acceptable PoC 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 remedy be imposed:

• Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable PoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's PoC 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 PoC 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 PoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable PoC, a revisit of your facility will be conducted to verify that substantial compliance with the regulations has been attained. The revisit will occur after the date you identified that compliance was achieved in your allegation of compliance and/or plan of correction.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and we will recommend that the remedies imposed be discontinued effective the date of the on-site verification. Compliance is certified as of the date of the second revisit or the date confirmed by the acceptable evidence, whichever is sooner.

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

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by May 7, 2014 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

INFORMAL DISPUTE RESOLUTION

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

> Division of Compliance Monitoring P.O. Box 64900 St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting a PoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: <u>http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc_idr.cfm</u>

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 plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <u>http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</u>

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:

Mr. Patrick Sheehan, Supervisor Health Care Fire Inspections State Fire Marshal Division 444 Cedar Street, Suite 145 St. Paul, Minnesota 55101-5145

Telephone: (651) 201-7205 Fax: (651) 215-0541

Feel free to contact me if you have questions.

Sincerely,

Mark Meath

Mark Meath, Enforcement Specialist Licensing and Certification Program Division of Compliance Monitoring Minnesota Department of Health Telephone: (651) 201-4118 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File Ben Zwart, Engineering Services

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 245553	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 12/31/2013
Name of Facility		Street Address, City, State, Zip Code	
PARKVIEW MANOR NURSING HOME		308 SHERMAN AVENUE ELLSWORTH, MN 56129	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5	5) Date	(Y4) Item	(Y5)	Date
ID Prefix		Correction Completed 12/12/2013	ID Prefix		Correction Completed 12/12/2013			
	483.20(d), 483.20(k)(1)	-	Reg. # LSC	483.25	_	Reg. #		
		Correction			Correction			Correction
ID Prefix		Completed	ID Prefix		Completed	ID Prefix		Completed
Reg. # LSC		-	Reg. # LSC		_	Reg. # LSC		
ID Prefix		Correction Completed	ID Prefix		Correction Completed			Correction Completed
Reg. # LSC		-	Reg. # LSC		_	Reg. # LSC		
Reg. #		Correction Completed			Correction Completed			Correction Completed
Reg. #								
	Bautamaa		Deter					
Reviewed E State Agen	KS/chl	-	Date: 01/17/20	Signature of Su	urveyor: 0304	18	Date: 12/3	31/13
	By Reviewed	і Ву	Date:	Signature of Su	ırveyor:		Date:	
Followup t	o Survey Completed or 11/7/2013	n:				iencies. Was a Sur S-2567) Sent to the		NO

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 245553	(Y2) Multiple Construction A. Building B. Wing 01 - M	AIN BUILDING 01	(Y3) Date of Revisit 1/12/2014
Name of Facility		Street Address, City, State, Zip Code	
PARKVIEW MANOR NURSING HOME		308 SHERMAN AVENUE ELLSWORTH, MN 56129	

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item		(Y5) Date	(Y4) Item	(Y5)	Date	(Y4) Item	(Y5)	Date
ID Prefix		Correction Completed 12/17/2013	ID Prefix		Correction Completed	ID Prefix		Correction Completed
-	NFPA 101 K0074		Reg. #			Reg. #		
ID Prefix Reg. # LSC			ID Prefix		Correction Completed			
ID Prefix Reg. # LSC			Reg. #		Correction Completed	Reg. #		Correction Completed
Reg. #			Reg. #		Correction Completed	Reg. #		
ID Prefix Reg. # LSC			ID Prefix		Correction Completed			
Reviewed E State Agen Reviewed E CMS RO	cy PS.	ewed By /cbl ewed By	Date: 01/17/2014 Date:	Signature of Sur Signature of Sur	-	22373	Date: 01/1 Date:	2/14
	o Survey Complete 11/8/2013		C			ciencies. Was a Su S-2567) Sent to the		NO

F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DAT	O. 0938-03 E SURVEY
CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 0'	1 - MAIN BUILDING 01	COM	IPLETED
	245553	B, WING			R
ROVIDER OR SUPPLIER	210000		TREET ADDRESS, CITY, STATE, ZIP COD		2/06/2014
		30	08 SHERMAN AVENUE		
V MANOR NURSING HO	ME	E	LLSWORTH, MN 56129		
(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION	I SHOULD BE	(X5) COMPLETIC DATE
INITIAL COMMENTS	3	{K 000}			
reviewed and determ Extraordinary, and Su during Sprinkler Insta	ined the Immediate ustained Risk Mitigation Illation was met and the S/S				
If there is an automatinstalled in accordance for the Installation of provide complete cow building. The system accordance with NFF Inspection, Testing, a Water-Based Fire Pro supervised. There is supply for the system systems are equipped switches, which are e	tic sprinkler system, it is ce with NFPA 13, Standard Sprinkler Systems, to verage for all portions of the n is properly maintained in PA 25, Standard for the and Maintenance of otection Systems. It is fully a reliable, adequate water n. Required sprinkler d with water flow and tamper electrically connected to the	{K 056}			
Provider submitted d reviewed and determ Extraordinary, and Su during Sprinkler Insta	locumentation and CMS RO ined the Immediate ustained Risk Mitigation Illation was met and the S/S				
	SUMMARY ST (EACH DEFICIENC REGULATORY OR INITIAL COMMENTS Provider submitted of reviewed and determ Extraordinary, and So during Sprinkler Insta level was reduced to Compliance. NFPA 101 LIFE SAFI If there is an automat installed in accordance for the Installation of provide complete cov building. The system accordance with NFF Inspection, Testing, a Water-Based Fire Pro supervised. There is supply for the system systems are equippe switches, which are e building fire alarm system This STANDARD is a Provider submitted of reviewed and determ Extraordinary, and So during Sprinkler Insta level was reduced to	CORRECTION IDENTIFICATION NUMBER: IDENTIFICATION NUMBER: 245553 ROVIDER OR SUPPLIER V MANOR NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) INITIAL COMMENTS Provider submitted documentation and CMS RO reviewed and determined the Immediate Extraordinary, and Sustained Risk Mitigation during Sprinkler Installation was met and the S/S level was reduced to "C", Substantial Compliance. NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Provider submitted documentation and CMS RO reviewed and determined the Immediate Extraordinary, and Sustained Risk Mitigation during Sprinkler Installation was met and the S/S level was reduced to "C", Substantial	CORRECTION IDENTIFICATION NUMBER: A. BUILDING 0 245553 B. WING	CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 245553 B. WING	CORRECTION IDENTIFICATION NUMBER: A BUILDING 01 - MAIN BUILDING 01 COM 245553 B: WING

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

(X6) DATE

PRINTED: 02/24/2014

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.

						APPROVED
		& MEDICAID SERVICES				0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 01 - MAIN BUILDING 01	COM	SURVEY PLETED
		245553	B. WING		F 01 /1	२ । 2/2014
NAME OF I	PROVIDER OR SUPPLIER		Ş	STREET ADDRESS, CITY, STATE, ZIP CODE		
PARKVIE	EW MANOR NURSING	HOME		308 SHERMAN AVENUE ELLSWORTH, MN 56129		
(X4) ID PREFIX TAG	(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 SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
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{K 056} SS=F	If there is an autom installed in accorda for the Installation of provide complete of	FETY CODE STANDARD natic sprinkler system, it is noce with NFPA 13, Standard of Sprinkler Systems, to overage for all portions of the	{K 056}			
	accordance with NF Inspection, Testing, Water-Based Fire F supervised. There supply for the systems systems are equipp	em is properly maintained in FPA 25, Standard for the , and Maintenance of Protection Systems. It is fully is a reliable, adequate water em. Required sprinkler bed with water flow and tamper e electrically connected to the system. 19.3.5				
	This STANDARD is	s not met as evidenced by:				
		DER/SUPPLIER REPRESENTATIVE'S SIGI		TITLE		(X6) DATE

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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.

PRINTED: 01/17/2014



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7002 0860 0006 5192 3964

February 24, 2014

Mr. Michael Werner, Administrator Parkview Manor Nursing Home 308 Sherman Avenue Ellsworth, Minnesota 56129

RE: Project Number F5553022

Dear Mr. Werner:

On December 2, 2013, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on November 7, 2013. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F), whereby corrections were required.

On December 31, 2013, the Minnesota Department of Health completed a revisit by review of the facility's plan of correction and on January 12, 2014, the Minnesota Department of Public Safety completed a revisit to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on November 7, 2013. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of December 17, 2013. Based on our visit, we had determined that your facility had not achieved substantial compliance with the deficiencies issued pursuant to our standard survey, completed on November 7, 2013. The deficiency not corrected is as follows:

• K0056 -- S/S: F -- NFPA 101 -- Life Safety Code Standard Bld: 01

The most serious deficiencies in your facility were found 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 attached CMS-2567, whereby corrections are required.

Sections 1819(h)(2)(D) and (E) and 1919(h)(2)(C) and (D) of the Act and 42 CFR 488.417(b) require that, regardless of any other remedies that may be imposed, denial of payment for new admissions must be imposed when the facility is not in substantial compliance 3 months after the last day of the survey identifying noncompliance. Thus, the CMS Region V Office concurs, is imposing the following remedy and has authorized this Department to notify you of the imposition:

Parkview Manor Nursing Home February 24, 2014 Page 2

• Mandatory Denial of payment for new Medicare and Medicaid admissions effective February 7, 2014. (42 CFR 488.417 (b))

On February 6, 2014, the Minnesota Department of Public Safety and the CMS Region V Office completed review of the ten (10) Extraordinary and Sustained Risk Mitigation Measures provided by the facility and determined the deficiency cited at K56 pursuant to the standard survey, could be reduced to a scope and severity level of "C" (be widespread deficiencies that constitute no actual harm with potential for no more than minimal harm).

Based on the determination your facility has obtained substantial compliance with, but has not totally corrected, the deficiencies issued pursuant to our standard survey, completed on November 7, 2013, effective December 17, 2013. The deficiency not corrected is as follows:

• K0056 -- S/S: C -- NFPA 101 -- Life Safety Code Standard Bld: 01

The most serious deficiencies in your facility were found to be (Level C), as evidenced by the attached CMS-2567, whereby corrections are required.

Since these deficiencies are considered to be in substantial compliance, remedies outlined in our letter to you dated January 17, 2014 will not be imposed. As a result of obtaining substantial compliance, we recommended the following remedy, CMS Region V Office has concurs, is imposing the following rememdy and has authorized this Department to notify you of this imposition:

• Mandatory Denial of payment for new Medicare and Medicaid admissions effective February 7, 2014, be rescinded. (42 CFR 488.417 (b))

In addition, we advised you that, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 29, 2013, due to denial of payment for new admissions. Since your facility attained substantial compliance on October 1, 2013, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

A copy of the Statement of Deficiencies (CMS-2567) for this visit is enclosed.

PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your PoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected

by the same deficient practice;

- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation o compliance; and,
- Include signature of provider and date.

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

If an acceptable PoC 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:

• Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));

• Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable PoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's PoC 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 PoC 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 PoC for their respective deficiencies (if any) is acceptable.

Parkview Manor Nursing Home February 24, 2014 Page 4

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable PoC, a revisit of your facility may be conducted to verify that substantial compliance with the regulations has been attained. The revisit would occur after the date you identified that compliance was achieved in your plan of correction.

INFORMAL DISPUTE RESOLUTION

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 Division of Compliance Monitoring P.O. Box 64900 St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting a PoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: http://www.health.state.mn.us/divs/fpc/profinfo/ltc/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 plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm

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:

Mr. Patrick Sheehan, Supervisor Health Care Fire Inspections State Fire Marshal Division 444 Cedar Street, Suite 145 St. Paul, Minnesota 55101-5145

Telephone: (651) 201-7205

Fax: (651) 215-0541

Parkview Manor Nursing Home February 24, 2014 Page 5

Feel free to contact me if you have questions related to this letter.

Sincerely,

Mark Meath

Mark Meath, Enforcement Specialist Program Assurance Unit Licensing and Certification Program Division of Compliance Monitoring Telephone: (651) 201-4118 Fax: (651) 215-9697 Email: mark.meath@state.mn.us

cc: Licensing and Certification File

5553r14lscSubstCompl.rtf

Minnesota	State Fire Marshal Division-CMS Survey Draft Statemen	t of Deficiencies	Pageof(
PROJEC	T NUMBER: PROVIDER NAME		SURVEY DATE			
/	Parkview Man					
Admini		Phone Num	ber: 507, 967.2482			
Email a	ddress: rkviewmanor@fro	atiennet.	net			
These a	State Fire Inspector: Shellum, George These are preliminary findings only. A complete and final Statement of Deficiencies 2567 report will be					
provide	d by mail.					
At the apple	he time of this inspection, this facility was found to c icable to Skilled Nursing Facilities/Nursing Facilitie	omply with the requiren s participating in the Me	nents of the 2000 Life Safety Code dicare/Medicaid programs.			
The The	following fire/life safety deficiencies were found du	ring this inspection:				
K TAG S& S	Draft Summary of Deficiency(ies)		Clearance			
	Verification of Compli A Hachment Four, Part	mee w/ cms	S&C 13-55 -LSC,			
18	Attachment Four, Part	I: Jmme	diate, Ottra-			
	ordinary & Sustained Sprinker Distallation	Risk Mitisa	tion during			
TTOM	Sprinker Installation	•				
ITEM # 1	Yes					
#Z						
#3						
	Yes					
#5	Yes					
#6	Yes					
	Yes					
#8	Yes		A /			
#9	Not yet determined / no	it yet requi	red by CMS-VES			
#10	Allerified on -site: five	sprinklen il	nstallation			
	is underway YES B) Completion date not 1.	due aller (14/20/2014-VES			
	B) competition diante nor la	ater trian .				

Meath, Mark (MDH)

From:	Suzuki, Jan M. (CMS/CQISCO) <jan.suzuki@cms.hhs.gov></jan.suzuki@cms.hhs.gov>
Sent:	February 18, 2014 1:27 PM
То:	Meath, Mark (MDH)
Subject:	RE: Parkview Manor N.H 10 Extraordinary Measures Fulfilled

Mark,

Can you please, or have someone, create a revisit survey shell for the 2/6/14 visit and make the K56 a C?

Let me know if you have questions.

Thanks,

Jan Suzuki Principal Program Representative Centers for Medicare & Medicaid Services RO V, Chicago Midwest Division of Survey and Certification LTC Certification and Enforcement Branch (P) 312-886-5209 (F) 443-380-6602 jan.suzuki@cms.hhs.gov

INFORMATION NOT RELEASABLE TO THE PUBLIC UNLESS AUTHORIZED BY LAW: This information has not been publicly disclosed and may be privileged and confidential. It is for internal government use only and must not be disseminated, distributed, or copied to persons not authorized to receive the information. Unauthorized disclosure may result in prosecution to the full extent of the law. If you receive email that is deemed inappropriate, defaces the federal government or offensive in any way, please report it immediately to 312.886.6432.

From: Meath, Mark (MDH) [mailto:mark.meath@state.mn.us]
Sent: Tuesday, February 11, 2014 2:49 PM
To: Suzuki, Jan M. (CMS/CQISCO)
Subject: FW: Parkview Manor N.H. - 10 Extraordinary Measures Fulfilled
Importance: High

Hi Jan,

Attached is the information from Pat Sheehan of the SFM.

Let me know if you have additional questions.

THANK YOU.

Mark Meath

MARK MEATH, ENFORCEMENT SPECIALIST PROGRAM ASSURANCE UNIT LICENSING AND CERTIFICATION PROGRAM DIVISION OF COMPLIANCE MONITORING 85 EAST SEVENTH PLACE, SUITE 220 P.O. BOX 64900 ST. PAUL, MN 55164-0900 TELEPHONE: (651) 201-4118 FAX: (651) 215-9697 EMAIL: MARK.MEATH@STATE.MN.US



From: Sheehan, Pat (DPS)
Sent: February 07, 2014 4:43 PM
To: Meath, Mark (MDH)
Subject: FW: Parkview Manor N.H. - 10 Extraordinary Measures Fulfilled
Importance: High

The email and attachment from George are self-explanatory as this all relates to Parkview Manor NH in Ellsworth.

We will be doing at least one more, or a final, inspection in about another 30 days or so, depending on George's schedule and/or proximity to Ellsworth.

Let me know if you need anything further.

Patrick Sheehan, Fire Safety Supervisor Office: 651-201-7205 Cell: 651-470-4416 Health Care & Corrections Fire Inspections Minnesota State Fire Marshal Division Est. 1905 445 Minnesota St., Suite 145, St Paul, MN 55101-5145 FAX: 651-215-0525 Web: fire.state.mn.us

From: Shellum, George (DPS)
Sent: Friday, February 07, 2014 8:44 AM
To: Sheehan, Pat (DPS)
Cc: Whitney, Marian (DPS)
Subject: Parkview Manor N.H. - 10 Extraordinary Measures Fulfilled
Importance: High

Mr. Sheehan:

On February 06, 2014 I conducted a site visit at Parkview Manor N.H. [245553], in Ellsworth, MN. The purpose of this visit was to verify the facility's compliance with <u>CMS Ref: S&C 13-55-LSC (revised)</u>, <u>Attachment Four, Part I – Immediate</u>,

Extraordinary & Sustained Risk Mitigation during Sprinkler Installation, Items 1 through 10. I am referring to these requirements as "the 10 Extraordinary Measures."

Based upon a review of documentation provided by Michael Werner, Administrator, coupled with an inspection of the premises, I have verified the facility meets these 10 Extraordinary Measures. Additionally, Mr. Werner advises that installation of a complete, automatic fire sprinkler system will occur not later than March 31, 2014, and that implementation of the 10 extraordinary measures will continue until project completion.

Last, I provided Mr. Werner with a hand-written report, verifying my findings. A .pdf of same is attached above.

If there are questions, please let me know. Thank you.

Respectfully,

George Shellum, Deputy State Fire Marshal - Inspector Minnesota Department of Public Safety State Fire Marshal Division 445 Minnesota Street, Suite 145 St. Paul, MN 55101-5145 Office: 320-327-8465 Cellular: 651-769-7774 eMail: <u>George.Shellum@state.mn.us</u> Web: <u>www.fire.state.mn.us</u>

Meath, Mark (MDH)

From:	Sheehan, Pat (DPS)
Sent:	March 10, 2014 1:49 PM
То:	parkviewmanor@frontiernet.net; Meath, Mark (MDH); Zwart, Benjamin (MDH);
	Stephen.Pelinski@cms.hhs.gov; Jan.Suzuki@cms.hhs.gov
Cc:	Shellum, George (DPS); Whitney, Marian (DPS)
Subject:	Parkview Manor Fire Sprinkler Completion

To All – on Thursday, March 7, 2014, DSFM George Shellum and I conducted a site-visit at Parkview Manor to review the fire sprinkler system that had been installed in the formerly unsprinklered areas of the building.

This is to inform you all that as of March 7, 2014, Parkview Manor in Ellsworth, Mn., can now be considered to be a fully fire sprinklered nursing home.

Do not hesitate to call me if any on you have questions.

Patrick Sheehan, Fire Safety Supervisor Office: 651-201-7205 Cell: 651-470-4416

Health Care & Corrections Fire Inspections Minnesota State Fire Marshal Division Est. 1905 445 Minnesota St., Suite 145, St Paul, MN 55101-5145 FAX: 651-215-0525 Web: fire.state.mn.us

From: parkviewmanor@frontiernet.net [mailto:parkviewmanor@frontiernet.net]
Sent: Monday, February 24, 2014 9:23 AM
To: Sheehan, Pat (DPS); Meath, Mark (MDH); Zwart, Benjamin (MDH); <u>Stephen.Pelinski@cms.hhs.gov</u>; Jan.Suzuki@cms.hhs.gov
Subject: Parkview Manor sprinkler completion

Pat Sheehan, Mark Meath, Ben Zwart, Stephen Pelinski, and Jan Suzuki

Parkview Manor of Ellsworth MN Provider #24-5553 NPI # 1306840368 has competed the sprinkler installation and system has been operational since 2/21/14. The entire facility is protected.

Mike Werner 507 967 2482

DEPARTMENT OF HEALTH	MEDIC	CARE/MEDICAL			AND TRANSMITTAL	EDICARE & MF	ID: Q1XV
MEDICARE/MEDICAID PROVIDER N (L1) 245553 2.STATE VENDOR OR MEDICAID NO.	- TO BE COMPLETED BY THE STATE SU 3. NAME AND ADDRESS OF FACILITY (L3) PARKVIEW MANOR NURSING HOME (L4) 308 SHERMAN AVENUE			Facility ID: 00406 4. TYPE OF ACTION: 2 (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW	2. Recertification		
(L2) 104740000 5. EFFECTIVE DATE CHANGE OF OWN (L9) 6. DATE OF SURVEY 11/07/2 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other		(L5) ELLSWOR1 7. PROVIDER/SU 01 Hospital 02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	,	8Y 09 ESRD 10 NF 11 ICF/IID 12 RHC	(L6) 56129 <u>02</u> (L7) 13 PTIP 22 CLIA 14 CORF 0 15 ASC 16 HOSPICE	5. Validation 7. On-Site Visit 8. Full Survey A FISCAL YEAR EN 09/30	
 11LTC PERIOD OF CERTIFICATION From (a): To (b): 12.Total Facility Beds 13.Total Certified Beds 	37 (L18) 37 (L17)	Complian 1 X B. Not in Con-		am	And/Or Approved Waivers Of T 2. Technical Personnel 3. 24 Hour RN 4. 7-Day RN (Rural SNI 5. Life Safety Code * Code: B *	6. Scope o 7. Medical	f Services Limit I Director Room Size
14. LTC CERTIFIED BED BREAKDOWN	1				15. FACILITY MEETS		
18 SNF 18/19 SNF 37 (L37) (L38)	19 SNF (L39)	ICF (L42)	IID (L43)		1861 (e) (1) or 1861 (j) (1):	(L15)	
16. STATE SURVEY AGENCY REMARK See Attached Remarks	KS (IF APPLICABL	E SHOW LTC CANCI	ELLATION DATE):	:			
17. SURVEYOR SIGNATURE Date :				18. STATE SURVEY AGENCY APPROVAL Date:			
Joseph Garvey, HFE NE II 01/03/2014 (L19)			(L19)	Shellae Dietrich, Program Specialist_ 01/16/2014			
РА	RT II - TO BE	E COMPLETED	BY HCFA RE	GIONA	L OFFICE OR SINGLE ST	CATE AGENCY	
 DETERMINATION OF ELIGIBILITY 1. Facility is Eligible to Part 2. Facility is not Eligible 	icipate (L21)		MPLIANCE WITH C GHTS ACT:	CIVIL	 Statement of Final Ownership/Control Both of the Above 	ol Interest Disclosure Sti	
22. ORIGINAL DATE	23. LTC AGREEM	IENT 2	4. LTC AGREEM	ENT	26. TERMINATION ACTION:		(L30)
OF PARTICIPATION 03/01/1991	BEGINNING	DATE	ENDING DATH		<u>VOLUNTARY</u> <u>00</u> 01-Merger, Closure	05-Fai	LUNTARY l to Meet Health/Safety
(L24)	(L41)		(L25)		02-Dissatisfaction W/ Reimbursem 03-Risk of Involuntary Termination		l to Meet Agreement
 LTC EXTENSION DATE: 27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L27) B. Rescind Suspension Date: 		OTHER OTHER		ovider Status Change			
			(L45)				
28. TERMINATION DATE: 29. 1		. INTERMEDIARY/	CARRIER NO.		30. REMARKS		
	(L28)	03001		(L31)	Posted 01/16/20	14 CO. Q12	XV
31. RO RECEIPT OF CMS-1539	32	. DETERMINATION	OF APPROVAL DA	ATE			
	(L32)			(L33)	DETERMINATION APPR	ROVAL	

DEPARTMENT OF HEALTH AND H	UMAN SERVICES	CENTERS FOR MEDICAR	E & MEDICAID SERVICES
]	MEDICARE/MEDICAID CERTIFICATION	AND TRANSMITTAL	ID: Q1XV
P	ART I - TO BE COMPLETED BY THE STA	TE SURVEY AGENCY	Facility ID: 00406
C&T REMARKS - CMS 1539 FORM	STATE AGENCY REMARKS		

CCN# 24-5553

At the time of the standard survey completed 11/07/2013, the facility was not in substantial compliance and the most serious deficiencies were found to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F) whereby corrections are required. The facility has been given an opportunity to correct before remedies are imposed. See attached CMS-2567 for survey results. Post Certification Revisit to follow.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7011 2000 0002 5143 7463

December 2, 2013

Mr. Michael Werner, Administrator Parkview Manor Nursing Home 308 Sherman Avenue Ellsworth, Minnesota 56129

RE: Project Number S5553024

Dear Mr. Werner:

On November 7, 2013, a standard 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 constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the attached CMS-2567 whereby corrections are required. A copy of the Statement of Deficiencies (CMS-2567) is enclosed.

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.

This letter provides important information regarding your response to these deficiencies and addresses the following issues:

<u>Opportunity to Correct</u> - the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed;

<u>Plan of Correction</u> - when a plan of correction will be due and the information to be contained in that document;

<u>Remedies</u> - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS) if substantial compliance is not attained at the time of a revisit;

<u>Potential Consequences</u> - the consequences of not attaining substantial compliance 3 and 6 months after the survey date; and

<u>Informal Dispute Resolution</u> - your right to request an informal reconsideration to dispute the attached deficiencies.

Please note, it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

DEPARTMENT CONTACT

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

Kathryn Serie, Unit Supervisor Minnesota Department of Health 1400 E. Lyon St. Marshall, MN 56258 Telephone: (507) 537-7158 Fax: (507) 537-7194

OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by December 17, 2013, the Department of Health will impose the following remedy:

• State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by December 17, 2013 the following remedy will be imposed:

• Per instance civil money penalties. (42 CFR 488.430 through 488.444)

PLAN OF CORRECTION (PoC)

A PoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your PoC must:

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that the deficient practice will not recur;
- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Include signature of provider and date.

If an acceptable PoC 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:

- Optional denial of payment for new Medicare and Medicaid admissions (42 CFR 488.417 (a));
- Per day civil money penalty (42 CFR 488.430 through 488.444).

Failure to submit an acceptable PoC could also result in the termination of your facility's Medicare and/or Medicaid agreement.

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's PoC will serve as your allegation of compliance upon the Department's acceptance. Your signature at the bottom of the first page of the CMS-2567 form will be used as verification of compliance. In order for your allegation of compliance to be acceptable to the Department, the PoC 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 PoC for the respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

Parkview Manor Nursing Home December 2, 2013 Page 4

Upon receipt of an acceptable PoC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification. A Post Certification Revisit (PCR) will occur after the date you identified that compliance was achieved in your plan of correction.

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 PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the PoC.

Original deficiencies not corrected

If your facility has not achieved substantial compliance, we will impose the remedies described above. If the level of noncompliance worsened to a point where a higher category of remedy may be imposed, we will recommend to the CMS Region V Office that those other remedies be imposed.

Original deficiencies not corrected and new deficiencies found during the revisit

If new deficiencies are identified at the time of the revisit, those deficiencies may be disputed through the informal dispute resolution process. However, the remedies specified in this letter will be imposed for original deficiencies not corrected. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed.

Original deficiencies corrected but new deficiencies found during the revisit

If new deficiencies are found at the revisit, the remedies specified in this letter will be imposed. If the deficiencies identified at the revisit require the imposition of a higher category of remedy, we will recommend to the CMS Region V Office that those remedies be imposed. You will be provided the required notice before the imposition of a new remedy or informed if another date will be set for the imposition of these remedies.

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 February 7, 2014 (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). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

Parkview Manor Nursing Home December 2, 2013 Page 5

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by May 7, 2014 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. 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.

INFORMAL DISPUTE RESOLUTION

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 Division of Compliance Monitoring P.O. Box 64900 St. Paul, Minnesota 55164-0900

This request must be sent within the same ten days you have for submitting a PoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: http://www.health.state.mn.us/divs/fpc/profinfo/ltc/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 plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <u>http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</u>

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:

Mr. Patrick Sheehan, Supervisor Health Care Fire Inspections State Fire Marshal Division 444 Cedar Street, Suite 145 St. Paul, Minnesota 55101-5145

Telephone: (651) 201-7205 Fax: (651) 215-0541 Parkview Manor Nursing Home December 2, 2013 Page 6

Feel free to contact me if you have questions.

Sincerely,

Xe ato motor

Kate Johnston, Program Specialist Licensing and Certification Program Division of Compliance Monitoring Telephone: (651) 201-3992 Fax: (651) 215-9697 Enclosure (s) cc: Licensing and Certification File

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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		245553	B. WING _		11/07/2013
AME OF F	PROVIDER OR SUPPLIER	• • • • • • • • • • • • • • • • • • •	· · · · · · · · · · · · · · · · · · ·	STREET ADDRESS, CITY, STATE, ZIP CODE	
ARKVIE	W MANOR NURSING	HOME		308 SHERMAN AVENUE ELLSWORTH, MN 56129	an a
	SI IMMARY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORREC	
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	as your allegation of Department's accept	of correction (POC) will serve f compliance upon the otance. Your signature at the age of the CMS-2567 form will ion of compliance	X		
	Upon receipt of an a revisit of your facilit validate that substa	acceptable POC an on-site y may be conducted to ntial compliance with the en attained in accordance with			
F 279 SS=D	your verification. 483.20(d), 483.20(k COMPREHENSIVE	i)(1) DEVELOP	F 27	79	
		he results of the assessment and revise the resident's n of care.	20000 12/18/1	ed 2	1997 - 19
	plan for each reside objectives and time medical, nursing, ar	velop a comprehensive care ent that includes measurable tables to meet a resident's nd mental and psychosocial tified in the comprehensive	- KW	8	
	to be furnished to at highest practicable psychosocial well-be	describe the services that are ttain or maintain the resident's physical, mental, and eing as required under ervices that would otherwise			
	be required under §	483.25 but are not provided		RECEIVED	
	§483.10, including t under §483.10(b)(4)	he right to refuse treatment		DEC 1 6 2013	
				Manestoa Department of Health Marchall	
	This REQUIREMEN	IT is not met as evidenced			
RATORY	DIRECTOR'S OR PROVID	RSUPPLIER REPRESENTATIVE'S SIGN	ATURE	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.

PRINTED: 12/02/2013

CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 1998-0391 VAILUMENT OF PROVIDENCIENCUM In providence/pro			AND HUMAN SERVICES				FORM	APPROVED
24553 B. WIND 11/07/2013 NAME OF PROVUER OR SUPPLER STREET ADDRESS, CITY, STATE, 2P CODE 308 BHERMAN AVENUE 208 BHERMAN AVENUE PARKYIEW MANOR NURSING HOME SUMMARY STATEMENT OF DEFICIENCIES D D 10/07/2013 (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCE 208 BHERMAN AVENUE CONTENTION (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCE 208 BHERMAN AVENUE CONTENTION (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCE 208 BHERMAN AVENUE CONTENTION (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCE 208 BHERMAN AVENUE CONTENTION (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCE 208 BHERMAN AVENUE CONTENTION (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCE 208 BHERMAN AVENUE CONTENTION (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCE 208 BHERMARY STATEMENT OF DEFICIENCIES (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCE 208 BHERMARY STATEMENT OF DEFICIENCIES (X)(I) SUMMARY STATEMENT OF DEFICIENCIES PERCENTION 208 BHERMARY STATEMENT	STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			E CONSTRUCTION ((X3) DATI	E SURVEY
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		During interview with	n NA-C on 11/7/13 at 7:37					. E

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Event ID: Q1XV11

Facility ID: 00406

If continuation sheet Page 2 of 6

PRINTED: 12/02/2013

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DEC 1 6 2013

Minnestoa Department of Health Marchall

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	APPROVED 0.0938-0391
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PARKVIE	W MANOR NURSING	HOME			08 SHERMAN AVENUE LLSWORTH, MN 56129		
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Event ID: Q1XV11

Facility ID: 00406

If continuation sheet Page 3 of 6

PRINTED: 12/02/2013

RECEIVED

DEC 1 6 2013

Manestoa Department of Health Marshall

		AND HUMAN SERVICES				FORM	: 12/02/2013 APPROVED . 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l` '		E CONSTRUCTION		E SURVEY IPLETED
		245553	B. WING			11/	07/2013
NAME OF F	PROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
PARKVIE		G HOME			08 SHERMAN AVENUE ILLSWORTH, MN 56129		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIZ TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE	(X5) COMPLETION DATE
F 309	Continued From pa	-	F 3	09			
	Findings include:						n an
	11/05/13 at 11:42 a bruising was evider hands. The bruising encompassed the e was also noted to h see through dressir dorsal hand with a dressing. Further, F Band-Aid across th the right pointer and R5's record was rev	and interview with R5 on .m., it was observed that at on the dorsal aspect of both g was dark purple in color and entire back of both hands. R5 ave an Opsite dressing (clear ng) over the bruising on the left skin tear noted under the R5 was noted to have a e proximal knuckle area on d middle fingers.					
	diagnoses that inclu congestive heart fa documentation of b on shower day. Dur	uded pneumonia, diabetes and ilure. The record included ody audits conducted weekly ing review of the audits, r, bruising, nor other skin					
	11/6/13 at 6:40 p.m had bruising on the reason the bruising stated that R5 some	h nursing assistant (NA)-B on ., NA-B stated R5 frequently hands but was unsure the had occurred. NA-B further etimes bumps his hands on hd lift when being transferred					
	a.m., NA-C stated F	h NA-C on 11/7/13 at 7:37 R5 frequently had bruising on Inaware what caused the					
· · · · ·							

Event ID: Q1XV11

Facility ID: 00406

If continuation sheet Page 4 of 6

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CENTE	RS FOR MEDICARE	& MEDICAID SERVICES			FORM APPROVED OMB NO. 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		245553	B. WING _		11/07/2013
NAME OF I	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		STREET ADDRESS, CITY, STATE, ZIP 308 SHERMAN AVENUE	CODE
PARKVIE	EW MANOR NURSING	G HOME		ELLSWORTH, MN 56129	ar and Ar Ar An Ar Ar An An Ar An Ar
(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 ACTIC CROSS-REFERENCED TO TH DEFICIENCY)	ON SHOULD BECOMPLETIONE APPROPRIATEDATE
F 309	During interview wi (LPN)-A on 11/7/13 she was aware of F right hand abrasion LPN-A stated she k the hospital with the verified the record assessment identif following R5's retur the bruising should	age 4 th licensed practical nurse at 7:41 a.m., LPN-A stated R5's left hand skin tear and a but was unsure of the cause. believed R5 had returned from e bruising and skin tear. LPN-A lacked any documented ying the skin concerns in from the hospital, and stated have been addressed upon uring subsequent weekly skin		9	
	of altered skin integ joint disease and in rashy, dark redden was no problem ide	ed 9/13/13, identified a problem grity related to degenerative nmobility as manifested by ed area to buttocks. There entified, nor approaches care plan that addressed R5's pruising history.			
	(DON) on 11/7/13 a care plan lacked ar related to bruising o it would be her exp least document bru plan could be deve verified R5's medic	ted to the bruising, skin tear			
	resident's admissio documents, R1 was including legal blind interview with R1 o	viewed. According to the on history and physical s admitted with a diagnosis dness. During observation and n 11/6/13 at 10:13 a.m., R1 a large dark purple bruise to			

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		AND HUMAN SERVICES		м×	FORM APPROVED
CENTER	S FOR MEDICARE	& MEDICAID SERVICES		0	MB NO. 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DATE SURVEY COMPLETED
		245553	B. WING		11/07/2013
NAME OF F	ROVIDER OR SUPPLIER	I	S	TREET ADDRESS, CITY, STATE, ZIP CODE	
	W MANOR NURSING	NOME	30	08 SHERMAN AVENUE	
PARKVIE			E	LLSWORTH, MN 56129	····
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
F 309	another bruise was which was also dat she did not know h bruises. Additional record n documentation abo or progress notes, plan updated on 9/ impaired skin integ (assessment which breakdown) risk so included: (1) inspe skin assessment b dry skin and (4) ba Documentation wa assessment had b risk factors for bru implement prevent During interview w (LPN)-A on 11/7/1 she was not award and wrist. After of LPN-A indicated th bruises easily, sta bumps it on the lift On 11/7/13 at 9:55 and confirmed she to the hand and w staff had reported bumped her arm of R1 bruises easily.	hand. On 11/7/13 at 9:29 a.m., a noted above R1's right wrist rk purple in color. R1 stated low she had sustained the eview revealed no but the bruising in the nursing or on flowsheets. R1's care (27/13, identified a risk for prity related to overall Braden in indicates risk of skin core of 19. Interventions of the skin daily, (2) weekly by licensed staff, (3) moisturize athe with mild soap. as lacking to indicate a skin een conducted to determine ising in order to determine and tative measures. with licensed practical nurse 3 at 9:28 a.m., she stated that e of the bruises on R1's hand oservation of the bruises, nat R1 has very fragile skin and ting, "I think sometimes she	F 309	 F309 Resident 5 and Resident 1 and skin tears were assessed and documented in nursing notes. A cawas established addressing these is All residents with bruises tears, etc. will have areas of impair integrity assessed and documented plan will be established. Nursing Staff was in-servi educated on 12/4/13 on need and p for improved documentation of nor pressure related skin issues. CNA's document on shower sheets and communicate to charge nurse any a concern. Areas will be addressed a documented. A care plan will be established. QA nurse will monitor skin assure areas are being assessed, documented, and care planned. Director of Nurses will monassure plan is sustained. 	are plan issues. and skin red skin . A care ce rocess n- s will areas of and n to
	measured, docum monitored until res	ented in the chart and solved.			

Event ID: Q1XV11

Facility ID: 00406

If continuation sheet Page 6 of 6

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EMENT	OF DEFICIENCIES - CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	X3 DATE SURVEY COMPLETED
		245553	B. WING		11/08/2013
AME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z P	CODE
ARKVIE	W MANOR NURSING	HOME		308 SHERMAN AVENUE ELLSWORTH, MN 56129	
ix4i 'U PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG	THE PERFORMANCE TO T	DN SHOULD BE COMPLETE
K 000	INITIAL COMMEN	TS	K	000	
	FIRE SAFETY			DOCON	
	ALLEGATION OF DEPARTMENT'S A SIGNATURE AT TI PAGE OF THE CM	OC WILL SERVE AS YOUR COMPLIANCE UPON THE ACCEPTANCE. YOUR HE BOTTOM OF THE FIRST IS-2567 FORM WILL BE CATION OF COMPLIANCE.		POC ok PS 1-3-19	
	ONSITE REVISIT CONDUCTED TO SUBSTANTIAL CO REGULATIONS H	OF AN ACCEPTABLE POC, AN OF YOUR FACILITY MAY BE VALIDATE THAT OMPLIANCE WITH THE AS BEEN ATTAINED IN VITH YOUR VERIFICATION,		·	
	Minnesota Departi Fire Marshal Divis the time of this sur Home was found of compliance with th in Medicare/Medic 483.70(a), Life Sa edition of National (NFPA) Standard	Survey was conducted by the ment of Public Safety, State ion, on November 8, 2013. At rvey, Parkview Manor Nursing not to be in substantial he requirements for participation caid at 42 CFR, Subpart fety from Fire, and the 2000 Fire Protection Association 101, Life Safety Code (LSC), ng Health Care Occupancies.			
	PLEASE RETURI CORRECTION FO DEFICIENCIES (I Health Care Fire I State Fire Marsha 445 Minnesota SI St. Paul, MN 5510	OR THE FIRE SAFETY K-TAGS) TO: nspections Il Division reet, Suite 145		JAN - 2 2014 MN DEPT. OF PUBLIC SAFET STATE FIRE MARSHAL DIVISIO	N
	1	A PUPPLIER REPRESENTATIVE'S S	1	y / TITLE	-mott xe part

other standings provide sublicent protection to the patients. (See instructions.) Exception nursing notices, the anongs stated above are disclosible so days following the date of survey whether or not a plan of correction is provided. For hursing homes, the above findings and plans of correction are disclosable 14 days following the date those documents are made available to the facility. If deliciencies are cited, an approved plan of correction is requisite to continue the program participation.

FORM CMS 2557(02 99) Providua Versions Obsolete

If continuation sheet Page 1 of 6

PRINTED: 11-25 2013 FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO: 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES X3: DATE SURVEY STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER A BUILDING 01 - MAIN BUILDING 01 P. WING 245553 11/08/2013 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER **308 SHERMAN AVENUE** PARKVIEW MANOR NURSING HOME ELLSWORTH, MN 56129 PROVIDER'S PLAN OF CORRECTION (95) COMPLETION L'AIE SUMMARY STATEMENT OF DEFICIENCIES 10 (X4) IC LEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX CROSS REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION. TAG TAG DEFICIENCY) K056 K 000 K 000 Continued From page 2 of Type II (111) construction by a 2-hour fire wall The building is a single story with 1. assembly, with opening protectives consisting of no basement non-combustible (Type 1) a factory labeled, self-closing, positive latching, built. It is partially sprinklered. It has 4 90 minute fire rated double door assembly. separate smoke corridors that are separated by 2 hour fire walls and protected by self The 1980 Addition consists solely of an attached closing positive latching 90 minute rated Generator Room, which is separated from the Nursing Home by a 2-hour fire wall, with no doors. The entire building has fire alarm communicating openings. This room is system with smoke and/or heat detection accessible only from the building exterior. that is monitored by automatic fire department notification system. All staff The facility has a fire alarm system with smoke are trained on fire procedures. Fire drills detection located at smoke barrier doors and in are conducted. The facility has staff in the spaces open to the corridors, which are building 24 hours per day. The nurses monitored for automatic fire department station no more than 94 feet from any notification. Additionally, all Resident Rooms are resident room with out sprinkler. Resident equipped with automatic smoke alarms. The facility has a capacity of 37 beds and had a rooms are in one straight hallway so line census of 34 at time of the survey. of sight can be achieved from anywhere. The building meets all building codes. The The requirement at 42 CFR, Subpart 483.70(a) is building meets all life safety codes. The NOT MET as evidenced by: K 056 building meets all National Fire Protection K 056 NEPA 101 LIFE SAFETY CODE STANDARD Association Codes except for the one that SS=F will be corrected NFPA 701. If there is an automatic sprinkler system, it is installed in accordance with NFPA 13. Standard The facility owner, the city of for the Installation of Sprinkler Systems, to Ellsworth has contracted with two provide complete coverage for all portions of the consultants to try to do long range building. The system is properly maintained in planning to try to decide what the building accordance with NFPA 25, Standard for the is going to be used for in the future. This Inspection, Testing, and Maintenance of process started in April of 2012. The Water Based Fire Protection Systems. It is fully facility has downsized from 70 beds to 37 supervised. There is a reliable, adequate water supply for the system. Required sprinkler in the small community of 510 people. We systems are equipped with water flow and tamper are fighting to remain open and currently switches, which are electrically connected to the have 29 residents. A letter has been sent building fire alarm system. 19.3.5 to HCFA contact. James Merrill on 12-20-13 to decide options. Copies of all

FCRM CM5 2567 02 89, Previous Versions Obsorere

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

	OF DEFICIENCIES E COMPECTION	(X1) PROVIDER SUPPLIER OLIA IDENTIFICATION NUMBER		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) 0415 3 (PVP) CONTIFIE
		245553	E WING		11/08 2013
	BOVICES OF SUPPLIES	S HOME	31	TREET ADDRESS CITY, STATE, 2/P CODE 08 SHERMAN AVENUE LLSWORTH, MN 56129	
D4 E PREFD TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	PREF X TAG	PROVIDERS PLAN OF COPRE (EACH CORRECTIVE ACTION SHO CROSSIREFERENCED TO THE APP DEFICIENCY	DUE BE COMPLE
	Based on observa a complete automa accordance with C dated August 16, 2 deficient practice of residents, staff and FINDINGS INCLUI On 11/08/2013 bet observation reveal fire sprinkler syste commercial kitche Room Addition are system. As such, the faciliti partially fire sprinkli compliance with th S&C-13-55-LSC, of This deficient prac administrator (MW NFPA 101 LIFE S/ Draperies, curtains and other loosely is serving as furnishic care occupancies provisions of 10.3, the Installation of S curtains are in acc	is not met as evidenced by: tion, the facility failed to install atic fire sprinkler system, in MS Ref: S&C-13-55-LSC, 013. In a fire emergency, this ould adversely affect 37 of 37 t visitors. DE: ween 11:00 AM and 1:30 PM, ed the absence of a complete m in this facility. Only the n area and the 1993 Resident protected with a fire sprinkler y can only be considered to be er protected, and is not in e requirements at CMS Ref: lated 08/16/2013.	K 074	correspondence has been sent t Minnesota State Fire Marshall. Sheehan. 2. The facility had a bid fire sprinkler system. The Boar Directors/ City of Ellsworth has try to keep the facility open at 1 meeting. The facility will be fu sprinklered. A letter of engager install a sprinkler system was si 12-20-13. Flow testing will tak week of 1-10-14 Plan drawings completed 1-17-14. Permits ar authorization will be completed 31-14. Complete installation w by 4-30-14. While the facility is not fully sp the Immediate. Extraordinary a Sustained Risk Midigation" Crit will be in place as listed in CMS 13-55-LSC Attachment four. Th will be completed for staff by 1 Have verbal commitment for m inspections to satisfy criteria #8 meets criteria#3 and#4. The 29 of Parkview Manor are safe. 3. Mike Werner, Administ monitor situation and assure tha is achieved,	Pat to put in a d of s decided to 2-18-13 lly ment to gned on e place s will be ad week of 1- ill be done rinklered, and teria 1-10 S S and C- raining for -10-13, onthly fire . Building, tresidents

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PRINTED 11.95/2013 FORM APPROVED OMB NO: 0938-0391

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

STATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/GUA IDENT/PICATION NUMBER		IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01	COMPLETED
		245553	E WING		11 08 2013
	PROVIDER OF SUPPLIE EW MANOR NURSI			STREET ADDRESS, CITY, ETATE, 219 GODE 308 SHERMAN AVENUE ELLSWORTH, MN 56129	
124 ID PRET V TAG	(EACH DEFICIE/	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL FLSC IDENTIFYING INFORMATION)	D PREFU TAG	PROVIEERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS REFERENCED TO THE APPROP DEFICIENCY.	BE DEAT. NOT
K 074	specified when te methods cited in NEPA 13 Newly introduced specified when te	page 4 pancies meets the criteria ested in accordance with the 10.3.2 (2) and 10.3.3. 19.7.5.1, f mattresses meet the criteria ested in accordance with the 0.3.2 (3) , 10.3.4. 19.7.5.3	К 0	74	
	Based on obser facility failed to p introduced uphol requirements at Section 19.7.5.2 a fire emergency adversely affect visitors. FINDINGS INCL On 11/08/2013 b observation reve upholstered reci- Day area, and th approved autom interview with the was confirmed th chairs had been and no document that each piece of furniture was tes (1998) and NFP.	 is not met as evidenced by: vation and staff interview, the rovide documentation that newly stered furniture met the NFPA 101 (2000), Ohapter 19, and Chapter 10, Section 10.3. In (this deficient practice could 15 of 37 residents, staff and UDE: etween 11:00 AM and 1:30 PM, aled approximately ten (10) ning chairs located in the Main is area was not protected by an atic fire sprinkler system. In an e facility administrator (MW), it hat some of the upholstered newly introduced into the facility, itation could be provided verifying of newly introduced upholstered ted in accordance with NFPA 261 A 266 (1998), and did not meet NFPA 101 (00) Sections 10.3.2 		 K074 All furniture in common a will checked to see that meets NF standard. If no tags are present or furniture, then an approved fire suppression application will be do documented. If an application can applied, then removal of furniture done. Vendors have been contacted documentation of fire retardant qu An inventory system has been estit to document each furnishing. December 17th, 2013 the documentation will be available. Mike Werner, Administration be responsible to monitor that concontinues. 	PA 101 in the second se

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Protontinuasion sheet Page 15 (MA



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7011 2000 0002 5143 7463

December 2, 2013

Mr. Michael Werner, Administrator Parkview Manor Nursing Home 308 Sherman Avenue Ellsworth, MN 56129

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5553024

Dear Mr. Werner:

The above facility was surveyed on November 5, 2013 through November 7, 2013 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Compliance Monitoring Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 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 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 deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). 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 after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction

Parkview Manor Nursing Home December 2, 2013 Page 2 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.

When all orders are corrected, the order form should be signed and returned to this office at Minnesota Department of Health, 1400 E Lyon St Marshall, Mn 56258-2529. 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 Kathy Serie at (507) 537-7158.

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 note it is your responsibility to share the information contained in this letter and the results of this visit with the President of your facility's Governing Body.

Please feel free to call me with any questions.

Sincerely,

Kate Johnston, Program Specialist Licensing and Certification Program Division of Compliance Monitoring Telephone: (651) 201-3992 Fax: (651) 215-9697 Enclosure (s) cc: Licensing and Certification File

Parkview Manor Nursing Home December 2, 2013 Page 3