

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: S5IN

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00061

1. MEDICARE/MEDICAID PROVIDER NO. (L1) <b>245573</b>		3. NAME AND ADDRESS OF FACILITY (L3) <b>CLARA CITY CARE CENTER</b>			4. TYPE OF ACTION: <u>7</u> (L8)	
2.STATE VENDOR OR MEDICAID NO. (L2) <b>454040900</b>		(L4) <b>1012 NORTH DIVISION STREET PO BOX 797</b>			1. Initial 3. Termination 5. Validation 7. On-Site Visit	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7)			2. Recertification 4. CHOW 6. Complaint 9. Other	
6. DATE OF SURVEY <b>07/29/2015</b> (L34)		01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA			8. Full Survey After Complaint	
8. ACCREDITATION STATUS: <u>    </u> (L10)		02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF			FISCAL YEAR ENDING DATE: (L35)	
0 Unaccredited 1 TJC 2 AOA 3 Other		03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC			<b>09/30</b>	
11. LTC PERIOD OF CERTIFICATION		04 SNF 08 OPT/SP 12 RHC 16 HOSPICE				
From (a) : To (b) :		10.THE FACILITY IS CERTIFIED AS:				
12.Total Facility Beds <b>63</b> (L18)		X A. In Compliance With			And/Or Approved Waivers Of The Following Requirements: _____	
13.Total Certified Beds <b>63</b> (L17)		Program Requirements _____ 2. Technical Personnel			6. Scope of Services Limit	
		Compliance Based On: ____1. Acceptable POC			7. Medical Director	
		B. Not in Compliance with Program			8. Patient Room Size	
		Requirements and/or Applied Waivers:			9. Beds/Room	
		* Code: <b>A*</b> (L12)				
14. LTC CERTIFIED BED BREAKDOWN				15. FACILITY MEETS		
18 SNF 18/19 SNF 19 SNF ICF IID				1861 (e) (1) or 1861 (j) (1): (L15)		
63						
(L37) (L38) (L39) (L42) (L43)						

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE		Date :	18. STATE SURVEY AGENCY APPROVAL		Date:
<u>Brenda Fischer, Unit Supervisor</u>		07/29/2015	<u>Kate JohnsTon, Program Specialist</u>		08/10/2015
		(L19)			(L20)

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : _____	
<input checked="" type="checkbox"/> 1. Facility is Eligible to Participate <input type="checkbox"/> 2. Facility is not Eligible (L21)					
22. ORIGINAL DATE OF PARTICIPATION <b>10/01/1991</b> (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		26. TERMINATION ACTION: (L30)	
		24. LTC AGREEMENT ENDING DATE (L25)		VOLUNTARY <u>00</u> INVOLUNTARY	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS		01-Merger, Closure 05-Fail to Meet Health/Safety	
		A. Suspension of Admissions: (L44)		02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement	
		B. Rescind Suspension Date: (L45)		03-Risk of Involuntary Termination OTHER	
				04-Other Reason for Withdrawal 07-Provider Status Change	
28. TERMINATION DATE:		29. INTERMEDIARY/CARRIER NO. <b>03001</b> (L28)		00-Active	
				30. REMARKS	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE <b>07/20/2015</b> (L33)		Posted 08/25/2015 Co.	
				DETERMINATION APPROVAL	



*Protecting, Maintaining and Improving the Health of Minnesotans*

Electronically delivered  
August 10, 2015

Mr. Michael Stordahl, Administrator  
Clara City Care Center  
1012 North Division Street P.O. Box 797  
Clara City, Minnesota 56222

RE: Project Number S5573024

Dear Mr. Stordahl:

On June 25, 2015, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on June 11, 2015. 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 July 29, 2015, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of your plan of correction and on July 10, 2015 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 June 11, 2015. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of July 21, 2015. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on June 11, 2015, effective July 21, 2015 and therefore remedies outlined in our letter to you dated June 25, 2015, will not be imposed.

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.

Sincerely,

A handwritten signature in black ink, appearing to read "Kate Johnston", with a long, sweeping horizontal line extending to the right.

Kate Johnston, Program Specialist  
Licensing and Certification Program  
Health Regulation Division  
kate.johnston@state.mn.us  
Telephone: (651) 201-3992 Fax: (651) 215-9697  
Enclosure (s)  
cc: Licensing and Certification File

**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.

<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 245573	<b>(Y2) Multiple Construction</b> A. Building _____ B. Wing _____	<b>(Y3) Date of Revisit</b> 7/29/2015
<b>Name of Facility</b> CLARA CITY CARE CENTER	<b>Street Address, City, State, Zip Code</b> 1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222	

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 <u>F0226</u> Reg. # <u>483.13(c)</u> LSC _____	Correction Completed <u>07/21/2015</u>	ID Prefix <u>F0248</u> Reg. # <u>483.15(f)(1)</u> LSC _____	Correction Completed <u>07/21/2015</u>	ID Prefix <u>F0282</u> Reg. # <u>483.20(k)(3)(ii)</u> LSC _____	Correction Completed <u>07/21/2015</u>
ID Prefix <u>F0314</u> Reg. # <u>483.25(c)</u> LSC _____	Correction Completed <u>07/21/2015</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By BF/KJ	Date: 08/10/2015	Signature of Surveyor: 10562	Date: 07/29/2015
Reviewed By _____	Reviewed By	Date:	Signature of Surveyor:	Date:
CMS RO				

Followup to Survey Completed on: 6/11/2015	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>	YES	NO
YES	NO		

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<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 245573	<b>(Y2) Multiple Construction</b> A. Building <b>01 - MAIN BUILDING 01</b> B. Wing	<b>(Y3) Date of Revisit</b> 7/10/2015
<b>Name of Facility</b> CLARA CITY CARE CENTER	<b>Street Address, City, State, Zip Code</b> 1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222	

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 _____ Reg. # <b>NFPA 101</b> LSC <b>K0144</b>	Correction Completed <b>06/12/2015</b>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
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ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____ State Agency	Reviewed By <b>PS/KJ</b>	Date: <b>08/10/2015</b>	Signature of Surveyor: <b>34764</b>	Date: <b>07/10/2015</b>
Reviewed By _____ CMS RO	Reviewed By	Date:	Signature of Surveyor:	Date:

Followup to Survey Completed on: <b>6/9/2015</b>	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="display: inline-table; vertical-align: middle;"> <tr> <td style="text-align: center;">YES</td> <td style="text-align: center;">NO</td> </tr> </table>	YES	NO
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<b>(Y1) Provider / Supplier / CLIA / Identification Number</b> 245573	<b>(Y2) Multiple Construction</b> A. Building B. Wing <b>04 - 2010 KITCHEN ADDITION</b>	<b>(Y3) Date of Revisit</b> 7/10/2015
<b>Name of Facility</b> CLARA CITY CARE CENTER	<b>Street Address, City, State, Zip Code</b> 1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222	

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YES	NO		

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL

ID: S5IN

PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

Facility ID: 00061

1. MEDICARE/MEDICAID PROVIDER NO. (L1) <b>245573</b>		3. NAME AND ADDRESS OF FACILITY (L3) <b>CLARA CITY CARE CENTER</b>			4. TYPE OF ACTION: <u>2</u> (L8)	
2.STATE VENDOR OR MEDICAID NO. (L2) <b>454040900</b>		(L4) <b>1012 NORTH DIVISION STREET PO BOX 797</b>			1. Initial 3. Termination 5. Validation 7. On-Site Visit	
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9)		7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7)			2. Recertification 4. CHOW 6. Complaint 9. Other	
6. DATE OF SURVEY <b>06/11/2015</b> (L34)		01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA			8. Full Survey After Complaint	
8. ACCREDITATION STATUS: <u>    </u> (L10)		02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF			FISCAL YEAR ENDING DATE: (L35)	
0 Unaccredited 1 TJC 2 AOA 3 Other		03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC			<b>09/30</b>	
11. LTC PERIOD OF CERTIFICATION		10.THE FACILITY IS CERTIFIED AS:				
From (a) :		A. In Compliance With			And/Or Approved Waivers Of The Following Requirements: <u>    </u>	
To (b) :		Program Requirements			<u>    </u> 2. Technical Personnel <u>    </u> 6. Scope of Services Limit	
12.Total Facility Beds <b>63</b> (L18)		Compliance Based On:			<u>    </u> 3. 24 Hour RN <u>    </u> 7. Medical Director	
13.Total Certified Beds <b>63</b> (L17)		<u>    </u> 1. Acceptable POC			<u>    </u> 4. 7-Day RN (Rural SNF) <u>    </u> 8. Patient Room Size	
		X B. Not in Compliance with Program Requirements and/or Applied Waivers:			<u>    </u> 5. Life Safety Code <u>    </u> 9. Beds/Room	
		* Code: <b>B*</b> (L12)				
14. LTC CERTIFIED BED BREAKDOWN				15. FACILITY MEETS		
18 SNF	18/19 SNF	19 SNF	ICF	1861 (e) (1) or 1861 (j) (1):		(L15)
(L37)	63 (L38)	(L39)	(L42)			(L43)

16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):

17. SURVEYOR SIGNATURE		Date :	18. STATE SURVEY AGENCY APPROVAL		Date:
<u>Michelle Thompson, HFE NE II</u>		07/09/2015	<u>Kate JohnsTon, Enforcement Specialist</u>		07/16/2015
		(L19)			(L20)

PART II - TO BE COMPLETED BY HCFA REGIONAL OFFICE OR SINGLE STATE AGENCY

19. DETERMINATION OF ELIGIBILITY		20. COMPLIANCE WITH CIVIL RIGHTS ACT:		21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : <u>    </u>	
<u>    </u> 1. Facility is Eligible to Participate <u>    </u> 2. Facility is not Eligible					
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22. ORIGINAL DATE OF PARTICIPATION <b>10/01/1991</b> (L24)		23. LTC AGREEMENT BEGINNING DATE (L41)		26. TERMINATION ACTION: (L30)	
		24. LTC AGREEMENT ENDING DATE (L25)		VOLUNTARY <u>00</u> INVOLUNTARY	
25. LTC EXTENSION DATE: (L27)		27. ALTERNATIVE SANCTIONS		01-Merger, Closure 05-Fail to Meet Health/Safety	
		A. Suspension of Admissions: (L44)		02-Dissatisfaction W/ Reimbursement 06-Fail to Meet Agreement	
		B. Rescind Suspension Date: (L45)		03-Risk of Involuntary Termination OTHER	
				04-Other Reason for Withdrawal 07-Provider Status Change	
28. TERMINATION DATE:		29. INTERMEDIARY/CARRIER NO. <b>03001</b> (L31)		30. REMARKS	
		(L28)		Posted 07/20/2015 Co.	
31. RO RECEIPT OF CMS-1539 (L32)		32. DETERMINATION OF APPROVAL DATE (L33)		DETERMINATION APPROVAL	



*Protecting, Maintaining and Improving the Health of Minnesotans*

Electronically delivered

June 25, 2015

Mr. Michael Stordahl, Administrator  
Clara City Care Center  
1012 North Division Street P.O. Box 797  
Clara City, Minnesota 56222

RE: Project Number S5573024

Dear Mr. Stordahl:

On June 11, 2015, 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 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. 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:

**Opportunity to Correct - the facility is allowed an opportunity to correct identified deficiencies before remedies are imposed;**

**Electronic Plan of Correction - when a plan of correction will be due and the information to be contained in that document;**

**Remedies - 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;**

**Potential Consequences - the consequences of not attaining substantial compliance 3 and 6 months after the survey date; and**

**Informal Dispute Resolution - 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:

**Brenda Fischer, Unit Supervisor  
Minnesota Department of Health  
3333 West Division, #212  
St. Cloud, Minnesota 56301  
Telephone: (320)223-7338  
Fax: (320)223-7348**

**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 July 21, 2015, the Department of Health will impose the following remedy:

- State Monitoring. (42 CFR 488.422)

**ELECTRONIC PLAN OF CORRECTION (ePoC)**

An ePoC for the deficiencies must be submitted within **ten calendar days** of your receipt of this letter. Your ePoC 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,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

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

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

- 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 ePoC 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 ePoC 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 ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for the respective deficiencies (if any) is acceptable.

#### **VERIFICATION OF SUBSTANTIAL COMPLIANCE**

Upon receipt of an acceptable ePoC, 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 ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

### **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 September 11, 2015 (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.

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 December 11, 2015 (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:

Clara City Care Center  
June 25, 2015  
Page 5

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

This request must be sent within the same ten days you have for submitting an ePoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: [http://www.health.state.mn.us/divs/fpc/profinfo/ltc/ltc\\_idr.cfm](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  
pat.sheehan@state.mn.us  
Telephone: (651) 201-7205  
Fax: (651) 215-0525

Feel free to contact me if you have questions.

Sincerely,



Kate Johnston, Program Specialist  
Licensing and Certification Program  
Health Regulations Division  
Telephone: (651) 201-3992 Fax: (651) 215-9697

Enclosure (s)

cc: Licensing and Certification File

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

PRINTED: 07/09/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245573</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARA CITY CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 000	INITIAL COMMENTS  The facility's plan of correction (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.  Upon receipt of an acceptable POC an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 226 SS=D	483.13(c) DEVELOP/IMPLMENT ABUSE/NEGLECT, ETC POLICIES  The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect, and abuse of residents and misappropriation of resident property.  This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to implement the abuse prohibition policy to ensure background studies were completed and current for 1 of 5 new employees (DA)-A, employee records reviewed for background studies.  Findings include:  Review of the facility policy titled Clara City Care Center Abuse Prevention Plan dated 9/08, indicated measures to be taken to minimize the risk of abuse, including all employees to have a background check initiated at hire, and directed,	F 226	It is the policy of the Clara City Care Center to minimize the risk for resident abuse. This policy includes Initial screening of employees including background checks, as well as initial and on-going training with employees regarding risks of abuse and prevention.  The background study for the affected employee was called into the Minnesota Health Department immediately following the discovery that it had not been completed. During the time that has passed since the survey it has been	7/21/15	

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

TITLE

(X6) DATE

Electronically Signed

07/06/2015

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.

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F 226	Continued From page 1 "Employees shall not have direct contact with residents pending the outcome of the background check."  Review of new employee background checks on 6/11/15, indicated Dietary aide (DA)-A completed a background Study Acknowledgement on 4/3/15, however, the results of the background study were not received by the facility prior to (DA)-A's orientation in the facility. (DA)-A had been working in the facility without a completed background study since 4/3/15.  During interview on 6/11/15, at 1:35 p.m. Business office associate (BA)-A stated (DA)-A's background check was never submitted to the Department of Human Services (DHS) and, "Somehow this was missed." BA-A stated the facility had no system in place to ensure background checks were coming in timely, and the facility was currently working on implementing a tracking system, but did not have one currently in place.	F 226	determined that the individual is qualified to provide direct care to vulnerable adults by the Minnesota Department of Health. To ensure that all employees have a background study initiated prior to their start we will have the Payroll Manager or designee audit the background studies to ensure there completion on a monthly basis. (See attached audit sheet). During this audit the Payroll Manager or designee will review all new hires and check for a form related to initiating the background study and the follow-up form that displays the results. This form will be signed by the person doing the audit and will be monitored periodically by the Administrator to ensure the audits are completed on an ongoing basis.		
F 248 SS=E	483.15(f)(1) ACTIVITIES MEET INTERESTS/NEEDS OF EACH RES  The facility must provide for an ongoing program of activities designed to meet, in accordance with the comprehensive assessment, the interests and the physical, mental, and psychosocial well-being of each resident.  This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to provide consistent, structured activity engagement for 4 of 5	F 248	It is the policy of the Clara City Care Center to provide individualized activity based programming for residents with	7/21/15	

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F 248	<p>Continued From page 2 residents (R34, R58, R62 and R31) reviewed for activities.</p> <p>Findings include:</p> <p>R34's quarterly Minimum Data Set (MDS) dated 4/30/2015, indicated the resident had severe cognitive impairment and required extensive assistance to complete activities of daily living. The MDS staff assessment of activity preferences indicated R34 preferred reading books, newspapers, or magazines, listening to music, being around animals such as pets, doing things with groups of people, participating in favorite activities, and spending time outdoors. R34's diagnoses, as identified in the MDS, included Alzheimer's disease.</p> <p>R34's Care Area Assessment (CAA) for communication dated 2/2/2015, identified R34 was rarely understood and rarely understands others. The CAA also indicated R34's speech was unclear and non-sensical, she became easily distracted, was at risk for not having her needs met, social isolation, and decreased activity.</p> <p>R34's activities quarterly assessment dated 5/6/2015, indicated the plan of care for activities was, "Reviewed and remains." The assessment also indicated R34 was read to by staff, listened to music from the TV, and received music and sensory therapy from activity and hospice staff. The assessment instructed staff, "Watch for body language as we are unable to understand [R34's] verbal sounds."</p> <p>During observation on 6/9/2015, at 3:11 p.m. R34 was seated and reclined in a chair, facing the TV in the living room on the secured unit. R34 sat</p>	F 248	<p>cognitive impairments in a structured environment, on a constant basis.</p> <p>R31, R34, R58, and R62 will be reassessed by the Activities Director (ADC) or designee to ascertain specific interests and needs. Resources used to complete assessments include but are not limited to interviews of resident, family, nursing staff and activities staff. Their care plans will be individualized to include specific leisure interests both past and present and specific, measurable goals.</p> <p>Assessments and care plans of all current residents will be reviewed and reassessed to ascertain specific interests and needs. The care plan will also include specific leisure interests and specific, measurable goals. The ADC or designee will also develop and implement a "Resident Information Card" for all residents with moderate to severe cognitive impairments that will be kept at the nurse's station on the unit where the resident resides to assist nursing and activities staff in offering preferred activities. This will include past and current interests (from initial Activities Assessment and Comprehensive assessments), food and snack likes and dislikes, special diet needs, and activity interventions to try when resident is agitated, upset, etc., as well as things that do not work for that specific resident. Nursing and Activities staff will be encouraged to add new interests as they are noted and to remove things the resident no longer appears to enjoy. These will also be initiated for new</p>		

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F 248	<p>Continued From page 3</p> <p>with her hands folded, dozing off and not paying attention to the TV program. As other residents and staff intermittently walked past, R34 remained seated in the recliner.</p> <p>During observation on 6/10/2015, at 7:05 a.m. prior to the breakfast meal, until 8:01 a.m., R34 was reclined with her feet up in a chair, facing the TV, which was tuned to a morning news program. Following breakfast, NA-C assisted R34 to ambulate out from the dining room, positioning R34 into the recliner chair directly to the left as they exited the dining area. The TV was still tuned to the news program during this time. At 9:15 a.m. activities assistant (AA)-B entered the secured unit, and formed a circle of residents in the center of the living area, and led balloon exercise activity. R34 remained seated in the recliner and was not invited to participate in the activity. At 9:50 a.m., activities assistant (AA)-B concluded the balloon exercise activity, and turned music on for the residents in the living area. At 10:02 a.m., NA-C assisted R34 to stand and ambulated her to another recliner facing the TV. R34 was provided no further engagement during this observation.</p> <p>During interview on 6/10/2015, at 10:02 a.m., AA-B stated R34 usually doesn't participate in activity's, and didn't ask her to join because she could still observe the group doing the activity.</p> <p>A review of Caring Place Activity Calendar June 2015, indicated the week day activities included: music, physical games, cognitive stimulation, reminisce, exercise, sensory stimulation, beauty care, devotions. For the majority of the activities listed, the calendar did not identify specific times when the activities were to occur.</p>	F 248	<p>admissions with moderate to severe cognitive impairments. These will also be initiated for residents with cognitive decline per IDT consensus. The ADC or designee will be responsible for audits of all resident care plans for 10% of residents weekly over the next 90 days using the Activities Care Plan Audit tool. If positive results, the frequency of audits will be changed to quarterly with assessments and randomly on an as needed basis. Results of these audits, as well as any concerns noted will be discussed at quarterly QA meetings.</p> <p>It will be the responsibility of the ADC or designee to provide education to nursing and activities staff regarding offering residents preferred activities and components of different activity groups, how they are to be conducted (one example ; try pull residents in from the perimeter and if they choose not to, spend one on one time with them following group time) and charting of the activity.</p> <p>The Caring Place (CP) activity calendar will now have set times for an activity (including off-unit activities) and the group activities held in the unit will be designated AM and PM with corresponding Activity Aide (AA) assigned to each. The AA will have a tracking /audit sheet in place for 2 full weeks of the times the activity staff is in the CP, along with what activities were offered and how many residents attended (See attached). This will include off-unit activities and number of residents attending. The ADC or designee will be</p>		

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F 248	<p>Continued From page 4</p> <p>On 6/11/2015, at 8:45 a.m. AA-A was leading an exercise group called movercise on the secured unit. During the group activity, R34 was in her room getting her hair shampooed. After providing hair care, NA-A stood next to R34, guided her to ambulate from her room to the living area, and then assisted R34 into a recliner. At 9:14 a.m., the activity ended and AA-A asked the residents if anyone wanted to watch a black and white movie, and tuned the TV to some old time music. R34 remained seated in the recliner.</p> <p>During interview on 6/11/2015, at 10:01 a.m. NA-A stated when R34 was "cognizant and ambulatory" she would often attended numerous entertainment activities, but R34 would rather simply watch than participate. NA-A stated R34 did not participate in this morning's exercise group because she spends a lot of time in the recliner watching TV.</p> <p>R34's activity attendance sheet dated June 2015, identified a list of activities, and provided space for staff to write a code (the numbers 0-9) indicating the resident's response to or involvement in an activity. The numbers indicated the following:</p> <ol style="list-style-type: none"> <li>1. independent participation</li> <li>2. limited participation</li> <li>3. extensive assistance</li> <li>4. total dependence</li> <li>5. refused</li> <li>6. not available</li> <li>7. observed</li> <li>8. present but not engaged</li> <li>9. resident choice; and</li> <li>0. done twice</li> </ol>	F 248	<p>responsible for weekly audits of this tracking form, including resident responses for 90 days. The ADC or designee will review the results of audits and if needed will re-educate the staff. If audit results are positive, the audits will then be changed to quarterly and randomly as needed. Audit results will be discussed at quarterly QA meetings.</p> <p>The activity attendance sheet was changed to reflect the specific activity the resident initiated and self directed; activity was removed. The corresponding activity policies will be reviewed and updated to include current plan of correction.</p> <p>CNAs will now have a supplemental activity schedule that will include structured activities to offer residents 4 times a day, after breakfast, after lunch, after dinner and before hour of sleep. They will take attendance on the same form by recording resident response and then initial the activity. The ADC or designee will monitor these forms weekly for 90 days weeks and reeducate staff as needed. Then the ADC will monitor these records quarterly with resident assessments and include the information in the assessments. Activities and Nursing staff will be using the Terminology for Resident Engagement (TRE) list for a consistent description of the resident response to the activity between departments (See attached). A summary of staff compliance and resident response to these additional structured activities will be brought to the next facility QA meeting.</p>		



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F 248	<p>Continued From page 5</p> <p>A review of R34's activity attendance sheets from 3/10/2015, to 5/10/2015, indicated R34 had a total of 489 recorded interactions, and her activity participation was as follows:</p> <p>"was read to, cognitive stimulant" 48 times  "provided music by staff or peer or special music" 23 times  "tape/CD/radio and music therapy" 32 times  "outdoors/swing, garden/plants" 8 times  "small group social, therapy" 11 times  "therapy/rehab/physical games" 18 times  "self-directed act" [activity] 78 times  "TV/movie" 29 times  "massage therapy, beauty shop, manicure" 8 times  "sensory stimulant,b' day,coffee" 22 times  "lobby" 90 times  "Church service/communion" 10 times  "pastoral, animal or baby visit" 13 times  "One - one program &amp; family visits" 13 times  "pop visit" 68 times  "hospice visits" 18 times</p> <p>An analysis of R34's participation log indicated the majority of R34's activities were:</p> <p>"lobby," (90 times or 18%)  "self-directed activities (78 times or 16%)  "pop visits" (68 times or 14%)</p> <p>During interview on 6/11/2015, at 1:31 p.m., the activities director (AD) stated R34 had an activity need due to her diagnosis, and it was challenging to provide for her. The AD stated R34 was cognitively declining, and not as engaged as she</p>	F 248			

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F 248	<p>Continued From page 6</p> <p>was upon admission. The AD stated R34 always enjoyed music, going outside, engaging her in small groups, and batting the balloon. AD stated the "pop visits" were simple "greetings" to residents, which included "looking them in the eye, and telling them 'hello, which were brief interactions lasting a minute or two. The self directed activity was anything a resident did on his or her own, without staff involvement such as, "A resident going up and down the hall, and waving their arms. They're getting exercise." The AD stated there was no specific documentation of R34's self directed activities, and stated R34 spent the bulk of her time doing lobby time, because the resident, "Benefited from the stimulation in the living room." The AD stated activity staff spend about 3 hours daily just on the Caring Place (secured) unit, and the activity calendar is only suggestions for activities, and staff may go on the unit, try the activity listed, and if it doesn't work, they will do something else the residents want to do. The AD stated if a resident chose not to participate in a group activity, the activity staff should provide the resident with some kind of individual activity after the group is over. The AD stated R34 could have more one to one visits and R34 and other residents, should always be invited to participate in the group activities</p> <p>During interview on 6/11/2015, at 1:59 p.m., activities assistant (AA)-A stated there were usually two or three activity staff on duty, and each staff member was required to spend at least one hour on the Caring Place [secured] unit daily, which meant the secured unit would get two to three hours of direct service. AA-A stated activity staff typically worked on the secure unit from 8:30 to 9:30 a.m., from 11 to 12 noon, and then from</p>	F 248			

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F 248	<p>Continued From page 7</p> <p>3:30 to about 5 p.m. AA-A stated the secured unit's activity calendar was just a guideline for staff, and before each staff member went into the secure unit, activity staff would communicate with each other as what had been done, and then do whatever was left. AA-A stated staff, "Had a pretty good idea what they [the residents] liked in the past, and each resident had care planned goals."</p> <p>During an interview on 6/11/2015 at 2:52 p.m., nursing assistant (NA)-B stated during the p.m. shift, activities in the secured unit were what was suggested by the residents, and the NA's don't have anything planned. NA-B also stated the activities' staff worked later on Mondays and Thursdays for BINGO, however, the BINGO took place outside the secured unit, and usually only about 3 residents from the secured unit went to play. NA-B stated R34 did not go off the unit to play BINGO, and aside from usual cares, eating, and toileting, "There really are no organized activity on the secured unit after supper."</p> <p>Although R34's activity record indicated she averaged nearly 160 contact interactions monthly, nearly half (48%) of the documented activity interactions--pop visits, self-directed activities and lobby time--required little or no staff engagement with the resident. Further, there was a lack of a consistent, organized resident invitation and activity engagement on the secured unit, as well as no evidence of opportunity of a structured engagement following the evening meal on the secured unit, as afforded to residents elsewhere in the facility.</p> <p>A facility policy, "Caring Place Activity Program," updated 11/20/12, indicated the facility policy was</p>	F 248			

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F 248	<p>Continued From page 8</p> <p>"...to provide individualized activity based programming for residents with cognitive impairments in a structured environment, on a constant basis."</p> <p>R31's quarterly MDS dated 5/25/15, indicated severe cognitive impairment, and R31 was dependent on staff for for transfers, bed mobility, locomotion on and off the unit, eating, toileting, and personal hygiene. The MDS also indicated R31's cognitive skills for daily decision making were severely impaired and R31 never/rarely made decisions. R31's diagnoses, as identified in the MDS, included dementia and Parkinson's Disease (a disorder of the central nervous system that affects movement, often including tremors).</p> <p>R31's annual MDS, staff assessment of daily and activity preferences, dated 8/26/14, indicated R31 preferred reading books, newspapers, or magazines, listening to music, doing things with groups of people, participating in favorite activities, spending time outdoors, and participating in religious activities or practices.</p> <p>R31's care plan dated 8/29/14, indicated the goal for R31 was, "Will be seen at bedside for LEEP (Life Enrichment for Extended Care People) visits, massage and music therapy up to 3 times weekly and other one on one activities if he is not up for small groups."</p> <p>R31's Activities Quarterly Assessment dated 6/10/15, identified "Activities attendance has remained the same (to 0-7) also the participation level hasn't changed much since the last ARD (Assessment Reference Date). He [R31]</p>	F 248			

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F 248	<p>Continued From page 9</p> <p>continues to move his arms about, will make eye contact at times, a rare smile or a word, and a deeper breath as he is taken outdoors as he takes in the fresh air."</p> <p>During observation on 6/9/15, from 3:02 p.m. to 3:20 p.m., R31 was lying in bed with his eyes open continuously swinging his arms up and down and from side to side, bumping his arms against one another and against his abdomen.</p> <p>During observation on 6/10/15, at 6:59 a.m. R31 was in bed lying on his left side. His right arm was in constant movement, swinging up and down and back and forth and often one arm was hitting the other. At 9:26 a.m. R31 was in his bed lying on his right side with his eyes closed swinging his right arm up and down and back and forth, often hitting his other arm. At 12:25 p.m. R31 was observed in the dining room and staff were feeding him lunch.</p> <p>During observation on 6/11/15, at 1:14 p.m. R31 was sitting in his wheelchair outside of his room.</p> <p>During interview on 6/10/15, at 12:57 p.m. NA-D stated the staff do not do much activity with R31. NA-D stated she believed R31 spent a lot of time in bed because, "What else is there for him to do?" NA-D stated the facility had a lot of activities for residents who have no cognitive impairment, but R31 had severe cognitive impairment so there isn't a lot of activity for him to do. NA-D stated R31 does not have a TV (television), and stated the nurses try to keep him off his bottom, so he doesn't attend many activities.</p> <p>During interview on 6/10/15, at 2:07 p.m. NA-E stated she was not aware of R31 attending any</p>	F 248			

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F 248	<p>Continued From page 10</p> <p>activities, and stated R31 cannot do anything with his arms, and has no cognitive ability to go to any activities.</p> <p>R31's Activity Attendance Sheet were reviewed from March 2015, through May 2015, which identified a list of activities and provided space for staff to document "codes" for each one to identify the resident's involvement in the activity as follows:</p> <ol style="list-style-type: none"> <li>1. Independent Participation,</li> <li>2. Limited Participation,</li> <li>3. Extensive Assistance,</li> <li>4. Total Dependence,</li> <li>5. Refused,</li> <li>6. Not Available,</li> <li>7. Observed,</li> <li>8. Present But Not Engaged,</li> <li>9. Resident Choice,</li> </ol> <p>0=Done Twice</p> <p>The record identified R31 had attended the following activities from March 2015, through May 2015:</p> <p>"Read to" attended twelve times;  "Reminisce" attended one time;  "Cognitive Stimulation" attended one time;  "Taped Stories" one time, present but not engaged;  "Crafts/Art" attended one time;  "Dining Music" attended 19 times;  "Special Music" attended two times;  "Staff/Peer Music" attended four times;  "Tape/CD/Radio" attended one time;  "Music Therapy" attended 13 times;  "Outdoors/Swing" attended two times;  "Small Group Therapy" attended eight times;</p>	F 248			

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F 248	<p>Continued From page 11</p> <p>"Small Group Social" attended one time; "Intergenerational" attended one time; "Intervention" attended five times; "Self-Directed Act" attended 76 times; "TV/Movie" attended five times, present but not engaged; "Bird Watching" attended one time; "Massage Therapy" attended 13 times; "Sensory Stimulation" attended 11 times; "Special Snack" attended two times, extensive assistance; "B/day/Coffee Party" attended one time; "Lobby" attended 74 times; "Special/Holiday Party" attended one time; "Bible Study" attended three times; "Church Service" attended four times; "LEEP" attended 16 times; "One-One Program" attended nine times; "One-One Social" attended two times; "Pop Visits" attended 25 times; "Med Visit In or Out" attended 3 times.</p> <p>The March 2015, through May 2015, attendance sheets indicated the majority of R31's attendance at activities was "Self-Directed Acts" which involved R31 moving his arms up and down, "Lobby," or "Pop Visits".</p> <p>During interview on 6/10/15, at 2:18 p.m. AD-A stated R31 had mostly bedside activities, and R31's arm movements are considered an exercise and documented as a self-directed activity on R31's activity log. AD-A stated they are unsure if R31's activities are effective, because R 31 does not communicate.</p> <p>R58's annual MDS dated 9/22/14, indicated the resident had severe cognitive impairment, usually</p>	F 248			

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F 248	<p>Continued From page 12</p> <p>was understood and usually able to understand others, had difficulty putting sentences together, was legally blind with a visual field deficit, frequently incontinent of bowel and bladder, and required assistance for all activities of daily living. R58 had behaviors including inattention, disorganized thinking, physical behavior toward others, rejection of care, and wandering.</p> <p>R58's Clara City Care Center Activity Interest Assessment dated 5/18/13, indicated R58's interests included cards and games, baking, knitting, quilting and sewing, dancing, baseball, a variety of music, trips to the casino, parades, church, concerts, visiting family and peers, movies, news, and comedies. R58's vision was listed as highly impaired indicating she could only see objects.</p> <p>R58's care plan dated 10/10/2013, indicated behavioral symptoms exhibited by delusions, paranoid statements, physical and verbal aggression, wandering, and rummaging. Care planned goals for R58 was to, "Exhibit decreased agitation, physical and verbal aggression, paranoid statements, exit seeking, and self transfers through the following approaches: Avoid over-stimulation (e.g., noise, crowding), Divert behavior by: providing meaningful activities." R58's care plan for activities dated 9/30/14, identified strengths, needs and preferences as Macular degeneration, and resident goes back and forth in time, and is confused. The resident enjoyed in the past bingo, cards, dominoes, baking, knitting, sewing, dancing, baseball, music, reading, church, TV, and socials. The care planned goals included R58 will participate in activities to the best of her ability related to vision, cognitive, and mobility</p>	F 248			



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F 248	<p>Continued From page 13</p> <p>impairments at large and small groups that she attends each day. Staff was directed to provide the resident assistance to and from her destinations, provide prompts and cues for both vision and cognitive impairments, and be aware the resident goes back and forth in time of her life from young child herself to having her own children. Staff was to read to her and turn on Minnesota Twin games for her to listen to.</p> <p>R58's Clara City Care Center Activity Attendance Sheets reviewed from March 2015, to June 2015, indicated R58 regularly participated in the following activities:</p> <p>Being read to 41 days. Staff/peer music or listening to a compact disc 36 days. Sitting in the lobby (common area on unit) 75 days. Self directed activity 77 days.</p> <p>While R58's assessment indicated she enjoyed listening to the Minnesota Twins, there was no evidence this activity was offered.</p> <p>During observation on 6/9/15, at 3:55 p.m., all residents on the unit were sitting or pacing the unit, and no activities were in progress at this time.</p> <p>During observation on 6/10/15, at 9:22 a.m., activities staff was present on the secured unit engaging residents in a balloon toss game. R58 was pacing the unit and was not participating in activity.</p> <p>During observation on 06/10/15, at 2:32 p.m., no activities were in progress on the unit. All the</p>	F 248			

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F 248	<p>Continued From page 14</p> <p>residents on the unit were sitting in chairs or wandering around the unit with no direction or engagement with staff. R58 was pacing on the unit.</p> <p>During observation on 6/10/15, at 2:33 p.m. R58 was sitting in a chair in the day room, facing the window. There was a cooking show on the TV, however, R58 was looking straight ahead and not engaged in her surroundings.</p> <p>During observation on 06/10/15, at 2:38 p.m. R58 was pacing around the common area of unit, wiping the window sill and table with her hands. Staff gave her a cup of coffee, and R58 immediately walked over to the piano, placed the full coffee cup on top of the piano, and continued to pace the unit.</p> <p>During observation on 6/11/15, at 8:41 a.m. AA-C entered the secured unit, went in to the dining room where the residents were eating their morning meal, and read devotions to the residents in the dining room. This activity was completed in four minutes at which time (AA)-C left the unit.</p> <p>During observation on 6/11/15, at 8:54 a.m., (AA)-C entered the unit and led a video taped exercise group. R58 did not participate in the activity. At 9:18 a.m., activity aide left the unit after completing activity. R58 was sitting in a chair in the common area, not engaged in the activity.</p> <p>During interview on 6/10/15, at 2:22 p.m. (AA)-B stated Activity staff go to the secured unit for an hour every morning, and are usually in the unit about three hours daily. AA-B stated on Monday through Saturday, they do activities including</p>	F 248			

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F 248	<p>Continued From page 15</p> <p>hitting the balloon, playing kick ball, doing trivia, and going outside. For self directed activities, AA-B stated anything a resident is doing willingly is considered a self directed activity, including wandering on the unit.</p> <p>During interview on 6/11/15, at 1:21 p.m. NA- D stated R58 did not participate in activities off the unit. She stated on the unit activities include cognitive stimulation (e.g. staff start a riddle and residents try to finish it). She stated the activity department comes to the unit to do activities with the residents, and on Friday evenings activity staff will put a video tape of a church service on and nursing staff put in a movie when church is over.</p> <p>During interview on 06/11/15, at 1:21 p.m. NA-C stated R58 likes to dance, enjoys doing memory games, folding and cleaning, enjoys music, will bat the balloon, ball toss, ball kick, likes to sit outside, and likes animals.</p> <p>During multiple observations of R58 from 6/8/15, to 6/11/15, the resident was not observed participating in any of the activities she was identified to enjoy according to the activity assessment or by staff.</p> <p>During interview on 06/11/15, at 3:44 p.m. AD stated R58 will do activities if she is in the "mood," and if not the activity staff will go back and try later.</p> <p>R62's annual MDS dated 4/13/15, indicated the resident had severe cognitive impairment, required assistance with all activities of daily living, had minimal difficulty with hearing, highly impaired vision, had behaviors including verbal</p>	F 248			

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F 248	<p>Continued From page 16 behaviors, rejection of care, and wandering daily.</p> <p>R62's Clara City Care Center Activity Long Term Initial Assessment dated 1/29/14, indicated R62 expressed interest in cards and games, jig saw puzzles, baking, needle work, quilting and sewing, dancing, various music, books, gardening, parades, wheeling outside, watching the news on television, liked dogs and cats, and enjoys visiting with peers.</p> <p>R62 care plan dated 9/30/2014, indicated R62 had moderate to severe cognitive impairment with periods of crying, agitation, delusions, hallucinations, refusal of medications, and refusal of cares with interventions including to avoid over-stimulation (e.g., noise, crowding), provide meaningful activities as appropriate to decrease restlessness. Resident enjoyed sorting things, likes to have her purse, and ensure the resident is seated where constant or near constant observation is possible. R62's care plan for psychosocial well-being and activities indicated the resident enjoyed music, visiting, being read to, reminiscing, small groups, physical games, sensory, and social activities. The activity goal was to stay in group activities for 10 minutes at a time and to socialize appropriately with staff and peers. Care planned interventions include: provide prompts, cues and redirection as needed, make simple concise statements, provide extra time for comprehension and response, encourage favorite group activities, and work one to one to keep her interest in group activities for 10 minutes.</p> <p>Review of R62's Clara City Care Center Activity Attendance Sheet between March 2015, and June 2015, indicated R62 participated in the</p>	F 248			

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F 248	<p>Continued From page 17 following activities: Being read to 26 days. Staff/peer music or listening to a compact disc 22 days. Sitting in the lobby (common area of unit) 60 days. Self-directed activity 58 days. Gardening four times.</p> <p>During observation 06/09/2015, at 3:27 p.m. R62 was sitting in her wheel chair at a table in the common area of the secured unit, and no activities were in progress during the observation.</p> <p>During observation on 6/10/15, at 9:22 a.m. R62 was in her wheel chair sitting in the common area of secured unit, and there were no activities in progress during the observation.</p> <p>During observation on 6/10/15, at 9:27 a.m., R62 was brought to church off the unit by an activity staff.</p> <p>During observation on 6/10/15, at 2:33 p.m. R62 was seated in her wheel chair in the common area of the secured unit and was pulling on her shirt and had her sweater pulled off. There was no activity's going on during this observation.</p> <p>During observation on 6/11/15, at 8:41 a.m., AA-C entered the dining room of the secured unit and read the daily devotions during the breakfast meal. The activity was completed at 8:45 a.m., 4 minutes later, and AA-C left the unit.</p> <p>During observation on 6/11/15, at 8:54 a.m. AA-C entered the unit and led a video taped exercise group. R62 did not participate in the activity, and AA-C completed the activity and left the unit at</p>	F 248			

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F 248	<p>Continued From page 18 9:18 a.m.</p> <p>During observation on 6/11/15, at 2:45 p.m. R62 was sitting in the hallway of the secured unit in her wheel chair and was crying. R62 propelled herself down to the end of the hall and remained there facing the exit door crying for an additional 5 minutes. During this time, three staff members were observed walking past her, however, no staff attempted to intervene or engage R62 in any activity's.</p> <p>During interview on 6/11/15, at 9:37 a.m. NA-C stated R62 attends mass on Wednesday, goes to the birthday party of the month, will bat the balloon and participate in ball toss, and does memory games. She stated sometimes R62 is unable to participate. Staff offer to bring her to activities outside the secured unit and sometimes she doesn't want to go, or she goes and comes back due to agitation.</p> <p>During interview on 6/11/15, at 1:16 p.m. NA- A stated, R62 cries, "Quite a bit," and staff try to give her blankets, heat pads, and food. NA-A stated R62 enjoys having her back scratched and likes to dig through her purse and loves to rummage through drawers.</p> <p>During interview on 6/11/15, at 2:45 p.m. NA-B stated R62 had been wandering in the hallway crying since staff got her up from her nap. NA-B stated staff will try to reposition the resident and give her medications when she is crying, however, she was not sure what activities the resident enjoyed or what could be tried to try to distract her when she was sad.</p> <p>During interview on 6/11/15, at 2:45 p.m. NA- E</p>	F 248			

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F 248	<p>Continued From page 19</p> <p>stated R62 had been crying since they got her up from her nap about 5 minutes ago. NA-E was unsure what staff could do for R62 when she was upset, and was unaware of what activities R62 enjoyed or what interventions would be appropriate.</p> <p>During interview on 6/11/15, at 3:25 p.m., AD stated R62 liked bingo, cards, and jigsaw puzzles when she was admitted to the facility, however, the resident was no longer capable of doing those activities anymore. AD-D stated R62's self directed activities included "fiddling" with things, take things from one place to another, and going up to residents and touch their arm and try to "mother them." AD stated R62 liked to sing along with music, loves dogs, cats, and any pets. AD-D stated if staff puts things in R62's hands she will usually participate in the activity.</p> <p>Review of a policy labeled Clara City Care Center Activity Department Policy And Procedure, dated 6/22/10: "It is the policy of the Clara City Care Center to have an organized activities program that shall be designed to meet the needs of all residents for occupation, diversion and maintenance." The following procedures are outlined in the policy: The activities program shall create a normal living environment that is compatible with the needs and interests of the residents, The resident shall be encouraged to be involved in his own care through a purposeful activity program that allows him to function at his maximum physical, mental, social and emotional capacity.</p> <p>The facility policy titled 1-1 Program, dated 6/24/10, included, "It is the policy of the Clara City</p>	F 248			

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
F 248	Continued From page 20 Care Center to serve low functioning residents and those who do not come to group activities, due to r/t [related to]., preferences, disease, bed rest, etc."	F 248			
F 282 SS=D	483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN  The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review the facility failed to follow the care plan for 1 of 3 residents (R28) reviewed for pressure ulcers.  Findings include:  R28's current Physician Orders dated 6/4/15, indicated the resident had diagnoses including diabetes mellitus, ischemic heart disease, hypertension, post hip replacement, and kidney disease.  R28's care plan dated 6/5/15, indicated he was at risk for pressure ulcer development, potential for skin breakdown related to diabetes, recent left hip repair, impaired mobility, chronic kidney disease, coronary artery disease, hypothyroidism, hypertension, edema, and required staff assistance with activity of daily living function. The care plan indicated R28 had a pressure ulcer on his upper left buttock cheek which resolved on 6/5/15, had a current pressure ulcer on the	F 282	It is the goal of the Clara City Care Center that the services provided or arranged by the facility be provided by qualified persons in accordance with each resident's plan of care.  R28's care plan was reviewed and a new Tissue Tolerance Test (TTT) was completed. The new TTT assessment indicated that R28 is able to tolerate 2 hours up in a chair with a ROHO cushion and 1 ½ hours in bed with an MA-85 low air loss alternating pressure mattress without areas of redness noted on any area of the body. Since his sacral ulcer has healed, he is able to be up in his chair more frequently (for all meals and activities as he desires). R28's turning and repositioning program was changed from every hour to every two hours while in chair and every 1 ½ hours while in bed. Heel-lift boots were purchased for R28 to replace the Prevalon boots that were	7/21/15	



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F 282	<p>Continued From page 21</p> <p>right heel, and the left heel was boggy and discolored. The care plan listed approaches of treatment per medical doctor and wound clinic, daily skin checks by NA's (nursing assistant) with cares, and to turn and reposition R28 every one hour.</p> <p>During continuous observation on 6/10/15, from 7:01 a.m. until 8:29 a.m. (one hour and 28 minutes) R28 was not repositioned. At 8:29 a.m. registered nurse (RN)-D and nursing assistant (NA)-F repositioned R28 to his left side.</p> <p>During interview on 6/10/15, at 8:30 a.m. RN-D stated R28 was on a one hour turning and repositioning schedule due to reoccurring and current pressure ulcers. RN-D stated the resident had a pressure ulcer on his coccyx that had healed on 6/5/15, but still had a pressure ulcer on his right heel.</p> <p>During interview on 6/10/15, at 8:34 a.m. NA-F stated she had last repositioned R28 at 7:00 a.m. NA-F stated R28 should have been repositioned again at 8:00 a.m. according to his plan of care, however, she was busy with cares and wasn't able to reposition him until 8:29 a.m.</p> <p>Although R28 had current and reoccurring pressure ulcers on his heels, the facility failed to follow the individualized interventions on the care plan to heal the current pressure ulcers and prevent new areas from forming.</p>	F 282	<p>being utilized, as it seemed that the breakdown on his heels occurred when he was up in his wheelchair, rather than in bed. The existing dark area on his right heel has lightened and decreased in size significantly since changing to the heel- lift boots. The new repositioning schedule and pressure reduction boots were implemented and communicated to staff via Focus Sheet Change Form.</p> <p>The DON or designee will be responsible for auditing staff compliance with R28's turning and repositioning schedule and ensure that the pressure reduction devices are used appropriately per his plan of care one time weekly for 60 days. In addition, the DON or designee will be responsible for randomly auditing staff compliance with the turning and repositioning schedules and use of pressure relieving devices of different residents at risk for skin breakdown per their plans of care one time weekly for 60 days and if results of these audits are positive, they will then be done randomly on an as needed basis. Results of these audits as well as any concerns noted will be discussed at quarterly QA meetings.</p> <p>Turning and repositioning schedules will be added to Focus Sheets that CNAs carry on their person at all times. The facility will continue to add a Focus Sheet Change Form that all direct care staff are responsible to read at the beginning of their shift (during shift to shift report) for all changes in plans of care for all residents. The Temporary Care Plan for</p>		

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F 282	Continued From page 22	F 282	<p>Management of Skin Integrity will be included with the Temporary Care Plan for all new admissions until a comprehensive care plan has been completed. The DON or designee will audit 10% of the Focus Sheets weekly until all current the Focus Sheets and care plans of all current residents have been audited to ensure that they match the care plan and that the care plan has been implemented. If positive results, the audits will be changed to randomly on an as needed basis. Results of these audits and any concerns noted will be discussed at quarterly QA meetings.</p> <p>The facility has policies and procedures in place to ensure that a resident who enters our facility without pressure ulcers will not develop pressure ulcers, unless their clinical condition demonstrates that the development of pressure ulcers was unavoidable, and a resident who has pressure ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new pressure ulcers from developing. These policies were reviewed and updated as well. A policy will be developed regarding the development and implementation of care plans and reviewed with the RN Managers responsible for this. This will be monitored with the audits of focus sheets and care plans as mentioned in the previous paragraph.</p> <p>Staff education regarding the importance of turning/ repositioning and offloading as</p>		

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F 282	Continued From page 23	F 282	<p>necessary interventions to maintain current skin integrity and prevent skin breakdown, as well as use of support surfaces will be provided by WCC RN at staff meetings scheduled for July 9, 2015. Education regarding the same topics will also be provided on a shift to shift basis to ensure the information reaches all staff members.</p> <p>The facility employs a Wound Care Nurse. She is responsible for assessment and management of the skin condition of all residents in the facility. She has not yet completed the Wound Care Certification course. She does intend to complete this in the near future; however there is a WCC (Wound Care Certified) RN available on the campus for consultation. In collaboration with the DON and WCC RN (if needed), the Wound Care Nurse is responsible for assessing all skin concerns, development and implementation of policies and procedures, and development and implementation of the plan of care for all residents relating to skin issues. The wound nurse is responsible for reporting to the QA committee and initiating, monitoring, and assessing and quality improvement measures based on data collected and analysis of such data. The QA committee will then determine if a root-cause analysis is indicated based on the data collected and the analysis of such data.</p>		
F 314 SS=D	483.25(c) TREATMENT/SVCS TO PREVENT/HEAL PRESSURE SORES	F 314		7/21/15	

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F 314	Continued From page 24  Based on the comprehensive assessment of a resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.  This REQUIREMENT is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure 1 of 1 resident (R28) who had had a history of pressure ulcers, was provided care as assessed to prevent the development of new pressure ulcers.  Findings include:  R28's current Physician Orders dated 6/4/15, indicated the resident was admitted to the facility on 11/21/14, and had diagnoses including diabetes mellitus, ischemic heart disease, hypertension, post hip replacement, and kidney disease.  R28's significant change MDS dated 2/3/15, indicated the resident was at risk for pressure ulcers, had a stage 2 pressure ulcer dated 1/19/15, had a stage 4 pressure ulcer, and one unstagable deep tissue, with suspected deep tissue injury in evolution. The MDS further identified the dimension of the unhealed stage 3 or 4 pressure ulcer or eschar was 4.0 centimeter (cm) x 2.4 cm x 1.0 cm, and the most severe tissue type for any pressure ulcer had eschar with	F 314	It is the policy of the Clara City Care Center that based on the comprehensive assessment of the resident, the facility must ensure that a resident who enters the facility without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates that they were unavoidable; and a resident having pressure sores receives necessary treatment and services to promote healing, prevent infection and prevent new sores from developing.  R28's care plan was reviewed and a new Tissue Tolerance Test (TTT) was completed. The new TTT assessment indicated that R28 is able to tolerate 2 hours up in a chair with a ROHO cushion and 1 ½ hours in bed with an MA-85 low air loss alternating pressure mattress without areas of redness noted on any area of the body. Since his sacral ulcer has healed, he is able to be up in his chair more frequently (for all meals and		

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F 314	<p>Continued From page 25</p> <p>brown, black, or tan tissue that adheres firmly to the wound bed or ulcer edges, maybe softer or harder then surrounding skin. The MDS further identified R28 had a pressure relieving device in chair/bed, was on a turning repositioning program, and had nutrition or hydration interventions in place to manage skin problems.</p> <p>R28's Care Area Assessment (CAA) dated 2/3/15, indicated R28, "Is at high risk for pressure ulcer development", ... he is only up for noon meal due to current skin concerns. {R28} has had a gradual weight decline since admission. On 1/26/15, resident was started on Renal (for kidneys), vitamin daily, and zinc supplement (aide in wound healing) x 14 days. {R28} was also started on Juvan (supplement to aide in healing pressure ulcers) daily per Nancy Drange NP (nurse practioner) who is following him for heel and ulcer on left upper buttocks."</p> <p>R28's current care plan dated 6/5/15, indicated the resident was at risk for pressure ulcer development, potential for skin breakdown related to diabetes, recent left hip repair, impaired mobility, chronic kidney disease, coronary artery disease, hypothyroidism, hypertension, edema, and need for assist with activity of daily living function. The care plan identified, the pressure ulcer on the upper left buttock cheek resolved on 6/5/15, and had a pressure ulcer on right heel and the left heel is boggy and discolored. The care plan listed approaches of treatment per medical doctor and wound clinic, daily skin checks by NA's (nursing assistant) with cares, and to turn and reposition every one hour. The care plan indicated up until 6/5/15, R28 was up in the wheelchair for noon and supper meal only. The care plan listed approaches for healing and</p>	F 314	<p>activities as he desires). R28¿s turning and repositioning program was changed from every hour to every two hours while in chair and every 1 ¿ hours while in bed. Heel-lift boots were purchased for R28 to replace the Prevalon boots that were being utilized, as it seemed that the breakdown on his heels occurred when he was up in his wheelchair, rather than in bed. The existing dark area on his right heel has lightened and decreased in size significantly since changing to the heel- lift boots. The new repositioning schedule and pressure reduction boots were implemented and communicated to staff via Focus Sheet Change Form.</p> <p>The DON or designee will be responsible for auditing staff compliance with R28¿s turning and repositioning schedule and ensure that the pressure reduction devices are used appropriately per his plan of care one time weekly for 60 days. In addition, the DON or designee will be responsible for randomly auditing staff compliance with the turning and repositioning schedules and use of pressure relieving devices of different residents at risk for skin breakdown per their plans of care one time weekly for 60 days and if results of these audits are positive, they will then be done randomly on an as needed basis. Results of these audits as well as any concerns noted will be discussed at quarterly QA meetings.</p> <p>Turning and repositioning schedules will be added to Focus Sheets that CNAs carry on their person at all times. The</p>		

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F 314	<p>Continued From page 26</p> <p>prevention of pressure ulcers including a pressure reducing cushion to wheelchair, roho (cushion that has interconnected air cells) cushion to wheelchair, pressure reducing mattress to bed, alternating pressure mattress, refer to certified wound nurse, podiatrist as needed, weekly body audits at bath time, and prevalon boots (protection against heel pressure ulcers and foot drop, minimize pressure, friction and shear on feet, heels and ankles. It elevates the foot and separating the heel from the mattress). The care plan further identified R28 had a pressure reducing mattress to the bed.</p> <p>R28's Tissue Tolerance Test (TTT), a tool which can be used to determine a repositioning schedule, dated 2/3/15, identified R28 was at high risk for pressure ulcer development, required assist of two with bed mobility, required a mechanical lift for transfers, and needed a one hour turning and repositioning schedule due to multiple skin concerns. A follow up TTT was completed on 5/1/15, with the same determination as the one completed on 2/3/15. During continuous observation 6/10/15, from 7:01 a.m. until 8:29 a.m. (one hour and 28 minutes) R28 was not repositioned. At 8:29 a.m. registered nurse (RN)-D and nursing assistant (NA)-F repositioned R28 to his left side. During interview 6/10/15, at 8:30 a.m. RN-D stated R28 is on a one hour turning and repositioning schedule due to he multiple and reoccurring pressure ulcers the resident has had. RN-D stated R28 had a pressure ulcer on his buttocks that had recently healed on 6/5/15, but still has a dark area on his right heel. During interview 6/10/15, at 8:34 a.m. NA-F stated she had last repositioned R28 at 7:00 a.m. and the resident should have been repositioned</p>	F 314	<p>facility will continue to add a Focus Sheet Change Form that all direct care staff are responsible to read at the beginning of their shift (during shift to shift report) for all changes in plans of care for all residents. The Temporary Care Plan for Management of Skin Integrity will be included with the Temporary Care Plan for all new admissions until a comprehensive care plan has been completed. The DON or designee will audit 10% of the Focus Sheets weekly until all current the Focus Sheets and Care plans of all current residents have been audited to ensure that they match the care plan and that the care plan has been implemented. If positive results, the audits will be changed to quarterly, they will then be done randomly on an as needed basis. Results of these audits and any concerns noted will be discussed at quarterly QA meetings.</p> <p>The facility has policies and procedures in place to ensure that a resident who enters our facility without pressure ulcers will not develop pressure ulcers, unless their clinical condition demonstrates that the development of pressure ulcers was unavoidable, and a resident who has pressure ulcers receives the necessary treatment and services to promote healing, prevent infection, and prevent new pressure ulcers from developing. These policies were reviewed and updated as well. A policy will be developed regarding the development and implementation of care plans and reviewed with the RN Managers responsible for this. This will be monitored</p>		

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F 314	<p>Continued From page 27</p> <p>again at 8:00 a.m., however, she was busy with cares and wasn't able to reposition R28 until 8:29 a.m.</p> <p>During interview on 6/10/15, at 11:55 a.m. the director of nursing (DON) stated R28 had been assessed to be repositioned every hour due to reoccurring and current skin breakdown/ pressure ulcers.</p> <p>During interview on 6/11/15, at 10:35 a.m. RN-B reviewed R28's MDS and stated the significant change MDS dated 2/3/15, R28 was noted to have a stage 4 pressure ulcer on his buttocks, a stage two pressure ulcer on his right heel, and a unstagable pressure ulcer on his left heel. RN-B stated after completing the TTT on 2/2/15, the facility placed the resident on an every one hour turning and repositioning schedule related to the multiple, reoccurring pressure ulcers.</p> <p>During observation on 6/11/15, at 1:43 p.m. RN-B assessed R28's skin. RN-B stated R28's left heel pressure ulcer was scabbed over with no eschar, and the right heel pressure ulcer measured 1.5 cm x 0.8 cm of dark purple, which was eschar, and was considered to be an unstagable pressure ulcer to his right heel. R28's coccyx was not able to be observed, however, RN-B stated R28's pressure ulcer on the buttocks (coccyx) had healed on 6/5/15, 6 days prior to the observation.</p> <p>Although R28 was assessed to be turned and repositioned every hour related to multiple reoccurring pressure ulcers, the resident was observed not being repositioned for one hour and 28 minutes.</p> <p>The Facility policy titled Clara City Care Center Skin Policy and Procedure dated 6/7/12, indicated to ensure a resident who enters the facility without pressure ulcers does not develop ulcers unless the individual's clinical condition</p>	F 314	<p>with the audits of focus sheets and care plans as mentioned in the previous paragraph.</p> <p>In order to ensure that residents with pressure ulcers receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing, the DON and Wound Nurse will meet monthly with the Registered Dietician to discuss current residents at nutritional risk as well as residents with current skin issues and possible nutritional interventions. In addition, the DON and Wound Nurse will meet weekly to discuss current skin issues and interventions. The WCC RN will be available for consultation as needed for worsening skin issues or lack of wound healing. The facility will also initiate a form for the physician to fill out when it is felt that a pressure ulcer was unavoidable to ensure adequate assessment and documentation of this.</p> <p>Staff education regarding the importance of turning/ repositioning and offloading as necessary interventions to maintain current skin integrity and prevent skin breakdown, as well as use of support surfaces will be provided by WCC RN at staff meetings scheduled for July 9, 2015. Education regarding the same topics will also be provided on a shift to shift basis to ensure the information reaches all staff members.</p> <p>The facility employs a Wound Care Nurse. She is responsible for assessment and</p>		


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F 314	Continued From page 28 demonstrates that they were unavoidable, and nursing personnel will develop a plan of care with interventions consistent with the resident and family preferences, goals and abilities, and in order to create an environment for the resident's adherence to the pressure ulcer prevention/maintenance of skin integrity treatment plan. The plan of care should include: Impaired mobility, pressure relief, nutritional status, incontinence, skin condition checks, pain infection, treatments, interventions, and education of resident, family, and staff.	F 314	management of the skin condition of all residents in the facility. She has not yet completed the Wound Care Certification course. She does intend to complete this in the near future; however there is a WCC (Wound Care Certified) RN available on the campus for consultation. In collaboration with the DON and WCC RN (if needed), the Wound Care Nurse is responsible for assessing all skin concerns, development and implementation of policies and procedures, and development and implementation of the plan of care for all residents relating to skin issues. The wound nurse is responsible for reporting to the QA committee and initiating, monitoring, and assessing and quality improvement measures based on data collected and analysis of such data. The QA committee will then determine if a root-cause analysis is indicated based on the data collected and the analysis of such data.		



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K 000	<p><b>INITIAL COMMENTS</b></p> <p><b>FIRE SAFETY</b></p> <p>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 WILL BE USED AS VERIFICATION OF COMPLIANCE.</p> <p>UPON RECEIPT OF AN ACCEPTABLE POC, AN ON-SITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division. At the time of this survey, Clara City Care Center was found not in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 19 Existing Health Care.</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES ( K-TAGS) TO:</p> <p>HEALTH CARE FIRE INSPECTIONS STATE FIRE MARSHAL DIVISION 444 CEDAR STREET, SUITE 145 ST. PAUL, MN 55101-5145, or</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
**Electronically Signed**

TITLE

(X6) DATE  
**07/02/2015**

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

PRINTED: 07/09/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245573</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARA CITY CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>Continued From page 1</p> <p>By e-mail to: Barbara.lundberg@state.mn.us and Marian.Whitney@state.mn.us</p> <p>THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:</p> <ol style="list-style-type: none"> <li>1. A description of what has been, or will be, done to correct the deficiency.</li> <li>2. The actual, or proposed, completion date.</li> <li>3. The name and/or title of the person responsible for correction and monitoring to prevent a reoccurrence of the deficiency.</li> </ol> <p>The facility was inspected as two separate buildings:</p> <p>Clara City Care Center is a 1-story building with partial basement. The building was constructed at 5 different times. The original building was constructed in 1966 and was determined to be of Type II(111) construction. In 1970, an addition was constructed and was determined to be of Type II(111) construction. In 1989, an addition was constructed and was determined to be of Type II (111) construction. The 1997 an addition was constructed and was determined to be of Type II(111) construction. The facility added a new kitchen addition in 2010 constructed of type II(111) construction. Because the original building and the 4 additions do not met the construction types allowed for existing buildings, the facility</p>	K 000		

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K 000	Continued From page 2 was surveyed as two building.  The facility is fully fire sprinkler protected. The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors that is monitored for automatic fire department notification. The facility has a capacity of 66 beds and had a census of 56 at time of the survey.	K 000			
K 144 SS=F	The requirement at 42 CFR, Subpart 485.623(D) is NOT MET as evidenced by: <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This STANDARD is not met as evidenced by: <b>NFPA 101 (2000) LIFE SAFETY CODE SURVEY REGULATION - Generators must be inspected weekly and exercised under load at not less than 30% of the EPS nameplate rating, for 30 minutes per month and shall be in accordance with NFPA 99 (1999 edition) and NFPA 110 (1999 edition).</b>  This STANDARD is not met as evidenced by: Based upon a staff interview and review of available records, the facility did not perform weekly inspections form 10/16/2014- 06-09-2015	K 144	The Maintenance Director or designee will perform weekly inspections of the generator to ensure everything is in working order. These inspections will then be recorded on a log and kept in the maintenance records book for review. This log will be reviewed monthly by the Administrator or designee for the next 3 months and if the inspections are being completed and recorded appropriately the log will be reviewed quarterly thereafter.	6/12/15	

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
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K 144	Continued From page 3 for the emergency generator. In a fire or other emergency, this deficient practice could adversely affect all residents, staff and visitors.  This deficient practice was verified by the Maintenance Director (MR).	K 144			

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

F5573023

PRINTED: 07/09/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>245573</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>04 - 2010 KITCHEN ADDITION</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/09/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>CLARA CITY CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222</b>	
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K 000	<p><b>INITIAL COMMENTS</b></p> <p><b>FIRE SAFETY</b></p> <p>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 FORM CMS-2567 WILL BE USED AS VERIFICATION OF COMPLIANCE.</p> <p>UPON RECEIPT OF AN ACCEPTABLE POC, AN ON-SITE REVISIT OF YOUR FACILITY MAY BE CONDUCTED TO VALIDATE THAT SUBSTANTIAL COMPLIANCE WITH THE REGULATIONS HAS BEEN ATTAINED IN ACCORDANCE WITH YOUR VERIFICATION.</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division, on June 09, 2015. At the time of this survey, Building 02 of Clara City Care Center was found not to be in substantial compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC), Chapter 18 New Health Care Occupancies.</p> <p>PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY DEFICIENCIES ( K-TAGS) TO:</p> <p>Health Care Fire Inspections State Fire Marshal Division 445 Minnesota Street, Suite 145 St. Paul, MN 55101-5145, or</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		07/02/2015

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K 000	Continued From page 1 By eMail to: Marian.Whitney@state.mn.us  THE PLAN OF CORRECTION FOR EACH DEFICIENCY MUST INCLUDE ALL OF THE FOLLOWING INFORMATION:  1. A description of what has been, or will be, done to correct the deficiency.  2. The actual, or proposed, completion date.  3. The name and/or title of the person responsible for correction and monitoring to prevent a reoccurrence of the deficiency.  Building 02 of Clara City Care Center consists of a kitchen addition, constructed in 2010. Building 02 is one-story in height, has no basement, is fully fire sprinkler protected, and was determined to be of Type II(111) construction. In 2015, an addition was added to this area with a link to as Assisted living with a 2-hour fire wall. This area also has a physical therapy area. This area also has no basement and is fully sprinkler protected and smoke detection in corridors, and was determined to be a Type II (III) construction.  The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors which is monitored for automatic fire department notification. The facility has a licensed capacity of 66 beds and had a census of 56 at time of the survey.  The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidenced by:	K 000			
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		6/12/15	

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K 144 SS=F	Continued From page 2  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This STANDARD is not met as evidenced by: NFPA 101 (2000) LIFE SAFETY CODE SURVEY REGULATION - Generators must be inspected weekly and exercised under load at not less than 30% of the EPS nameplate rating, for 30 minutes per month and shall be in accordance with NFPA 99 (1999 edition) and NFPA 110 (1999 edition).  This STANDARD is not met as evidenced by: Based upon a staff interview and review of available records, the facility did not perform weekly inspections form 10/16/2014- 06-09-2015 for the emergency generator. In a fire or other emergency, this deficient practice could adversely affect all residents, staff and visitors.  This deficient practice was verified by the Maintenance Director (MR).	K 144	The Maintenance Director or designee will perform weekly inspections of the generator to ensure everything is in working order. These inspections will then be recorded on a log and kept in the maintenance records book for review. This log will be reviewed monthly by the Administrator or designee for the next 3 months and if the inspections are being completed and recorded appropriately the log will be reviewed quarterly thereafter.		



*Protecting, Maintaining and Improving the Health of Minnesotans*

Electronically submitted  
June 25, 2015

Mr. Michael Stordahl, Administrator  
Clara City Care Center  
1012 North Division Street P.O. Box 797  
Clara City, Minnesota 56222

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5573024

Dear Mr. Stordahl:

The above facility was surveyed on June 8, 2015 through June 11, 2015 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, Health Regulation 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 only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

You have agreed to participate in the electronic receipt of State licensure orders consistent with the Minnesota Department of Health Informational Bulletin 14-01, available at <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm> . The State licensing orders are delineated on the attached Minnesota Department of Health orders being submitted to you electronically. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute after the statement, "This Rule



Clara City Care Center

June 25, 2015

Page 2

is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.

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

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

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

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,

A handwritten signature in black ink, appearing to read "Kate Johnston". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kate JohnsTon, Program Specialist  
Licensing and Certification Program  
Health Regulations Division  
Telephone: (651) 201-3992 Fax: (651) 215-9697  
Enclosure (s)  
cc: Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARA CITY CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222</b>
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On June 6th,7th,8th and 9th, 2015 surveyors of this Department's staff, visited the above provider and the following correction orders are issued. When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health, Division of Compliance Monitoring, Licensing and</p>	2 000	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.	

Minnesota Department of Health LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  Electronically Signed	TITLE	(X6) DATE <b>07/06/15</b>
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Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
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2 000	Continued From page 1  Certification Program, 3333 West Division St, Suite 212, St Cloud, MN 56301.	2 000	The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and 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.	
2 565	MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use  Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident.  This MN Requirement is not met as evidenced by: Based on observation, interview, and document review the facility failed to follow the care plan for	2 565	Corrected	7/21/15

Minnesota Department of Health

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2 565	<p>Continued From page 2</p> <p>1 of 3 residents (R28) reviewed for pressure ulcers.</p> <p>Findings include:</p> <p>R28's current Physician Orders dated 6/4/15, indicated the resident had diagnoses including diabetes mellitus, ischemic heart disease, hypertension, post hip replacement, and kidney disease.</p> <p>R28's care plan dated 6/5/15, indicated he was at risk for pressure ulcer development, potential for skin breakdown related to diabetes, recent left hip repair, impaired mobility, chronic kidney disease, coronary artery disease, hypothyroidism, hypertension, edema, and required staff assistance with activity of daily living function. The care plan indicated R28 had a pressure ulcer on his upper left buttock cheek which resolved on 6/5/15, had a current pressure ulcer on the right heel, and the left heel was boggy and discolored. The care plan listed approaches of treatment per medical doctor and wound clinic, daily skin checks by NA's (nursing assistant) with cares, and to turn and reposition R28 every one hour.</p> <p>During continuous observation on 6/10/15, from 7:01 a.m. until 8:29 a.m. (one hour and 28 minutes) R28 was not repositioned. At 8:29 a.m. registered nurse (RN)-D and nursing assistant (NA)-F repositioned R28 to his left side. During interview on 6/10/15, at 8:30 a.m. RN-D stated R28 was on a one hour turning and repositioning schedule due to reoccurring and current pressure ulcers. RN-D stated the resident had a pressure ulcer on his coccyx that had healed on 6/5/15, but still had a pressure ulcer on his right heel.</p>	2 565		

Minnesota Department of Health

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2 565	<p>Continued From page 3</p> <p>During interview on 6/10/15, at 8:34 a.m. NA-F stated she had last repositioned R28 at 7:00 a.m. NA-F stated R28 should have been repositioned again at 8:00 a.m. according to his plan of care, however, she was busy with cares and wasn't able to reposition him until 8:29 a.m. Although R28 had current and reoccurring pressure ulcers on his heels, the facility failed to follow the individualized interventions on the care plan to heal the current pressure ulcers and prevent new areas from forming.</p> <p><b>A SUGGESTED METHOD FOR CORRECTION:</b> The director of nursing (DON) or designee could develop and implement policies and procedures to ensure that resident care plans are implement; provide staff education; develop monitoring systems or audit to ensure ongoing compliance. Report the findings to the Quality Assurance Committee.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty one (21) days.</p>	2 565		
2 900	<p>MN Rule 4658.0525 Subp. 3 Rehab - Pressure Ulcers</p> <p>Subp. 3. Pressure sores. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:</p> <p>A. a resident who enters the nursing home without pressure sores does not develop pressure sores unless the individual's clinical condition demonstrates, and a physician authenticates, that they were unavoidable; and</p>	2 900		7/21/15

Minnesota Department of Health

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2 900	<p>Continued From page 4</p> <p>B. a resident who has pressure sores receives necessary treatment and services to promote healing, prevent infection, and prevent new sores from developing.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview, and document review, the facility failed to ensure 1 of 1 resident (R28) who had had a history of pressure ulcers, was provided care as assessed to prevent the development of new pressure ulcers.</p> <p>Findings include:</p> <p>R28's current Physician Orders dated 6/4/15, indicated the resident was admitted to the facility on 11/21/14, and had diagnoses including diabetes mellitus, ischemic heart disease, hypertension, post hip replacement, and kidney disease.</p> <p>R28's significant change MDS dated 2/3/15, indicated the resident was at risk for pressure ulcers, had a stage 2 pressure ulcer dated 1/19/15, had a stage 4 pressure ulcer, and one unstagable deep tissue, with suspected deep tissue injury in evolution. The MDS further identified the dimension of the unhealed stage 3 or 4 pressure ulcer or eschar was 4.0 centimeter (cm) x 2.4 cm x 1.0 cm, and the most severe tissue type for any pressure ulcer had eschar with brown, black, or tan tissue that adheres firmly to the wound bed or ulcer edges, maybe softer or harder then surrounding skin. The MDS further identified R28 had a pressure relieving device in chair/bed, was on a turning repositioning program, and had nutrition or hydration interventions in place to manage skin problems.</p>	2 900	Corrected	

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2 900	<p>Continued From page 5</p> <p>R28's Care Area Assessment (CAA) dated 2/3/15, indicated R28, "Is at high risk for pressure ulcer development", ... he is only up for noon meal due to current skin concerns. {R28} has had a gradual weight decline since admission. On 1/26/15, resident was started on Renal (for kidneys), vitamin daily, and zinc supplement (aide in wound healing) x 14 days. {R28} was also started on Juvan (supplement to aide in healing pressure ulcers) daily per Nancy Drange NP (nurse practioner) who is following him for heel and ulcer on left upper buttocks."</p> <p>R28's current care plan dated 6/5/15, indicated the resident was at risk for pressure ulcer development, potential for skin breakdown related to diabetes, recent left hip repair, impaired mobility, chronic kidney disease, coronary artery disease, hypothyroidism, hypertension, edema, and need for assist with activity of daily living function. The care plan identified, the pressure ulcer on the upper left buttock cheek resolved on 6/5/15, and had a pressure ulcer on right heel and the left heel is boggy and discolored. The care plan listed approaches of treatment per medical doctor and wound clinic, daily skin checks by NA's (nursing assistant) with cares, and to turn and reposition every one hour. The care plan indicated up until 6/5/15, R28 was up in the wheelchair for noon and supper meal only. The care plan listed approaches for healing and prevention of pressure ulcers including a pressure reducing cushion to wheelchair, roho (cushion that has interconnected air cells) cushion to wheelchair, pressure reducing mattress to bed, alternating pressure mattress, refer to certified wound nurse, podiatrist as needed, weekly body audits at bath time, and prealon boots (protection against heel pressure</p>	2 900		

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2 900	<p>Continued From page 6</p> <p>ulcers and foot drop, minimize pressure, friction and shear on feet, heels and ankles. It elevates the foot and separating the heel from the mattress). The care plan further identified R28 had a pressure reducing mattress to the bed.</p> <p>R28's Tissue Tolerance Test (TTT), a tool which can be used to determine a repositioning schedule, dated 2/3/15, identified R28 was at high risk for pressure ulcer development, required assist of two with bed mobility, required a mechanical lift for transfers, and needed a one hour turning and repositioning schedule due to multiple skin concerns. A follow up TTT was completed on 5/1/15, with the same determination as the one completed on 2/3/15. During continuous observation 6/10/15, from 7:01 a.m. until 8:29 a.m. (one hour and 28 minutes) R28 was not repositioned. At 8:29 a.m. registered nurse (RN)-D and nursing assistant (NA)-F repositioned R28 to his left side. During interview 6/10/15, at 8:30 a.m. RN-D stated R28 is on a one hour turning and repositioning schedule due to he multiple and reoccurring pressure ulcers the resident has had. RN-D stated R28 had a pressure ulcer on his buttocks that had recently healed on 6/5/15, but still has a dark area on his right heel. During interview 6/10/15, at 8:34 a.m. NA-F stated she had last repositioned R28 at 7:00 a.m. and the resident should have been repositioned again at 8:00 a.m., however, she was busy with cares and wasn't able to reposition R28 until 8:29 a.m. During interview on 6/10/15, at 11:55 a.m. the director of nursing (DON) stated R28 had been assessed to be repositioned every hour due to reoccurring and current skin breakdown/ pressure ulcers. During interview on 6/11/15, at 10:35 a.m. RN-B</p>	2 900		



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2 900	<p>Continued From page 7</p> <p>reviewed R28's MDS and stated the significant change MDS dated 2/3/15, R28 was noted to have a stage 4 pressure ulcer on his buttocks, a stage two pressure ulcer on his right heel, and a unstagable pressure ulcer on his left heel. RN-B stated after completing the TTT on 2/2/15, the facility placed the resident on an every one hour turning and repositioning schedule related to the multiple, reoccurring pressure ulcers. During observation on 6/11/15, at 1:43 p.m. RN-B assessed R28's skin. RN-B stated R28's left heel pressure ulcer was scabbed over with no eschar, and the right heel pressure ulcer measured 1.5 cm x 0.8 cm of dark purple, which was eschar, and was considered to be an unstagable pressure ulcer to his right heel. R28's coccyx was not able to be observed, however, RN-B stated R28's pressure ulcer on the buttocks (coccyx) had healed on 6/5/15, 6 days prior to the observation. Although R28 was assessed to be turned and repositioned every hour related to multiple reoccurring pressure ulcers, the resident was observed not being repositioned for one hour and 28 minutes. The Facility policy titled Clara City Care Center Skin Policy and Procedure dated 6/7/12, indicated to ensure a resident who enters the facility without pressure ulcers does not develop ulcers unless the individual's clinical condition demonstrates that they were unavoidable, and nursing personnel will develop a plan of care with interventions consistent with the resident and family preferences, goals and abilities, and in order to create an environment for the resident's adherence to the pressure ulcer prevention/maintenance of skin integrity treatment plan. The plan of care should include: Impaired mobility, pressure relief, nutritional status, incontinence, skin condition checks, pain</p>	2 900		

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2 900	Continued From page 8  infection, treatments, interventions, and education of resident, family, and staff.  A SUGGESTED METHOD FOR CORRECTION: The director of nursing (DON) or designee could develop and implement policies and procedures to ensure that residents with current or at risk for pressure ulcers receive timely services; educate staff as appropriate; then develop monitoring systems or audit to ensure ongoing compliance and report the findings to the Quality Assurance Committee.  TIME PERIOD FOR CORRECTION: Twenty one (21) days.	2 900		
21435	MN Rule 4658.0900 Subp. 1 Activity and Recreation Program; General  Subpart 1. General requirements. A nursing home must provide an organized activity and recreation program. The program must be based on each individual resident's interests, strengths, and needs, and must be designed to meet the physical, mental, and psychological well-being of each resident, as determined by the comprehensive resident assessment and comprehensive plan of care required in parts 4658.0400 and 4658.0405. Residents must be provided opportunities to participate in the planning and development of the activity and recreation program.  This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to provide consistent, structured activity engagement for 4 of 5	21435	Corrected	7/21/15

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21435	<p>Continued From page 9</p> <p>residents (R34, R58, R62 and R31) reviewed for activities.</p> <p>Findings include:</p> <p>R34's quarterly Minimum Data Set (MDS) dated 4/30/2015, indicated the resident had severe cognitive impairment and required extensive assistance to complete activities of daily living. The MDS staff assessment of activity preferences indicated R34 preferred reading books, newspapers, or magazines, listening to music, being around animals such as pets, doing things with groups of people, participating in favorite activities, and spending time outdoors. R34's diagnoses, as identified in the MDS, included Alzheimer's disease.</p> <p>R34's Care Area Assessment (CAA) for communication dated 2/2/2015, identified R34 was rarely understood and rarely understands others. The CAA also indicated R34's speech was unclear and non-sensical, she became easily distracted, was at risk for not having her needs met, social isolation, and decreased activity.</p> <p>R34's activities quarterly assessment dated 5/6/2015, indicated the plan of care for activities was, "Reviewed and remains." The assessment also indicated R34 was read to by staff, listened to music from the TV, and received music and sensory therapy from activity and hospice staff. The assessment instructed staff, "Watch for body language as we are unable to understand [R34's] verbal sounds."</p> <p>During observation on 6/9/2015, at 3:11 p.m. R34 was seated and reclined in a chair, facing the TV in the living room on the secured unit. R34 sat with her hands folded, dozing off and not paying</p>	21435		

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21435	<p>Continued From page 10</p> <p>attention to the TV program. As other residents and staff intermittently walked past, R34 remained seated in the recliner.</p> <p>During observation on 6/10/2015, at 7:05 a.m. prior to the breakfast meal, until 8:01 a.m., R34 was reclined with her feet up in a chair, facing the TV, which was tuned to a morning news program. Following breakfast, NA-C assisted R34 to ambulate out from the dining room, positioning R34 into the recliner chair directly to the left as they exited the dining area. The TV was still tuned to the news program during this time. At 9:15 a.m. activities assistant (AA)-B entered the secured unit, and formed a circle of residents in the center of the living area, and led balloon exercise activity. R34 remained seated in the recliner and was not invited to participate in the activity. At 9:50 a.m., activities assistant (AA)-B concluded the balloon exercise activity, and turned music on for the residents in the living area. At 10:02 a.m., NA-C assisted R34 to stand and ambulated her to another recliner facing the TV. R34 was provided no further engagement during this observation.</p> <p>During interview on 6/10/2015, at 10:02 a.m., AA-B stated R34 usually doesn't participate in activity's, and didn't ask her to join because she could still observe the group doing the activity.</p> <p>A review of Caring Place Activity Calendar June 2015, indicated the week day activities included: music, physical games, cognitive stimulation, reminisce, exercise, sensory stimulation, beauty care, devotions. For the majority of the activities listed, the calendar did not identify specific times when the activities were to occur.</p> <p>On 6/11/2015, at 8:45 a.m. AA-A was leading an</p>	21435		

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21435	<p>Continued From page 11</p> <p>exercise group called movercise on the secured unit. During the group activity, R34 was in her room getting her hair shampooed. After providing hair care, NA-A stood next to R34, guided her to ambulate from her room to the living area, and then assisted R34 into a recliner. At 9:14 a.m., the activity ended and AA-A asked the residents if anyone wanted to watch a black and white movie, and tuned the TV to some old time music. R34 remained seated in the recliner.</p> <p>During interview on 6/11/2015, at 10:01 a.m. NA-A stated when R34 was "cognizant and ambulatory" she would often attended numerous entertainment activities, but R34 would rather simply watch than participate. NA-A stated R34 did not participate in this morning's exercise group because she spends a lot of time in the recliner watching TV.</p> <p>R34's activity attendance sheet dated June 2015, identified a list of activities, and provided space for staff to write a code (the numbers 0-9) indicating the resident's response to or involvement in an activity. The numbers indicated the following:</p> <ol style="list-style-type: none"> <li>1. independent participation</li> <li>2. limited participation</li> <li>3. extensive assistance</li> <li>4. total dependence</li> <li>5. refused</li> <li>6. not available</li> <li>7. observed</li> <li>8. present but not engaged</li> <li>9. resident choice; and</li> <li>0. done twice</li> </ol> <p>A review of R34's activity attendance sheets from 3/10/2015, to 5/10/2015, indicated R34 had a</p>	21435		

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21435	<p>Continued From page 12</p> <p>total of 489 recorded interactions, and her activity participation was as follows:</p> <p>"was read to, cognitive stimulant" 48 times                      "provided music by staff or peer or special music" 23 times                      "tape/CD/radio and music therapy" 32 times                      "outdoors/swing, garden/plants" 8 times                      "small group social, therapy" 11 times                      "therapy/rehab/physical games" 18 times                      "self-directed act" [activity] 78 times                      "TV/movie" 29 times                      "massage therapy, beauty shop, manicure" 8 times                      "sensory stimulant,b' day,coffee" 22 times                      "lobby" 90 times                      "Church service/communion" 10 times                      "pastoral, animal or baby visit" 13 times                      "One - one program &amp; family visits" 13 times                      "pop visit" 68 times                      "hospice visits" 18 times</p> <p>An analysis of R34's participation log indicated the majority of R34's activities were:</p> <p>"lobby," (90 times or 18%)                      "self-directed activities (78 times or 16%)                      "pop visits" (68 times or 14%)</p> <p>During interview on 6/11/2015, at 1:31 p.m., the activities director (AD) stated R34 had an activity need due to her diagnosis, and it was challenging to provide for her. The AD stated R34 was cognitively declining, and not as engaged as she was upon admission. The AD stated R34 always enjoyed music, going outside, engaging her in small groups, and batting the balloon. AD stated the "pop visits" were simple "greetings" to</p>	21435		

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21435	<p>Continued From page 13</p> <p>residents, which included "looking them in the eye, and telling them 'hello, which were brief interactions lasting a minute or two. The self directed activity was anything a resident did on his or her own, without staff involvement such as, "A resident going up and down the hall, and waving their arms. They're getting exercise." The AD stated there was no specific documentation of R34's self directed activities, and stated R34 spent the bulk of her time doing lobby time, because the resident, "Benefited from the stimulation in the living room." The AD stated activity staff spend about 3 hours daily just on the Caring Place (secured) unit, and the activity calendar is only suggestions for activities, and staff may go on the unit, try the activity listed, and if it doesn't work, they will do something else the residents want to do. The AD stated if a resident chose not to participate in a group activity, the activity staff should provide the resident with some kind of individual activity after the group is over. The AD stated R34 could have more one to one visits and R34 and other residents, should always be invited to participate in the group activities</p> <p>During interview on 6/11/2015, at 1:59 p.m., activities assistant (AA)-A stated there were usually two or three activity staff on duty, and each staff member was required to spend at least one hour on the Caring Place [secured] unit daily, which meant the secured unit would get two to three hours of direct service. AA-A stated activity staff typically worked on the secure unit from 8:30 to 9:30 a.m., from 11 to 12 noon, and then from 3:30 to about 5 p.m. AA-A stated the secured unit's activity calendar was just a guideline for staff, and before each staff member went into the secure unit, activity staff would communicate with each other as what had been done, and then do</p>	21435		

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21435	<p>Continued From page 14</p> <p>whatever was left. AA-A stated staff, "Had a pretty good idea what they [the residents] liked in the past, and each resident had care planned goals."</p> <p>During an interview on 6/11/2015 at 2:52 p.m., nursing assistant (NA)-B stated during the p.m. shift, activities in the secured unit were what was suggested by the residents, and the NA's don't have anything planned. NA-B also stated the activities' staff worked later on Mondays and Thursdays for BINGO, however, the BINGO took place outside the secured unit, and usually only about 3 residents from the secured unit went to play. NA-B stated R34 did not go off the unit to play BINGO, and aside from usual cares, eating, and toileting, "There really are no organized activity on the secured unit after supper."</p> <p>Although R34's activity record indicated she averaged nearly 160 contact interactions monthly, nearly half (48%) of the documented activity interactions--pop visits, self-directed activities and lobby time--required little or no staff engagement with the resident. Further, there was a lack of a consistent, organized resident invitation and activity engagement on the secured unit, as well as no evidence of opportunity of a structured engagement following the evening meal on the secured unit, as afforded to residents elsewhere in the facility.</p> <p>A facility policy, "Caring Place Activity Program," updated 11/20/12, indicated the facility policy was "...to provide individualized activity based programming for residents with cognitive impairments in a structured environment, on a constant basis."</p> <p>R31's quarterly MDS dated 5/25/15, indicated</p>	21435		



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21435	<p>Continued From page 15</p> <p>severe cognitive impairment, and R31 was dependent on staff for for transfers, bed mobility, locomotion on and off the unit, eating, toileting, and personal hygiene. The MDS also indicated R31's cognitive skills for daily decision making were severely impaired and R31 never/rarely made decisions. R31's diagnoses, as identified in the MDS, included dementia and Parkinson's Disease (a disorder of the central nervous system that affects movement, often including tremors).</p> <p>R31's annual MDS, staff assessment of daily and activity preferences, dated 8/26/14, indicated R31 preferred reading books, newspapers, or magazines, listening to music, doing things with groups of people, participating in favorite activities, spending time outdoors, and participating in religious activities or practices.</p> <p>R31's care plan dated 8/29/14, indicated the goal for R31 was, "Will be seen at bedside for LEEP (Life Enrichment for Extended Care People) visits, massage and music therapy up to 3 times weekly and other one on one activities if he is not up for small groups."</p> <p>R31's Activities Quarterly Assessment dated 6/10/15, identified "Activities attendance has remained the same (to 0-7) also the participation level hasn't changed much since the last ARD (Assessment Reference Date). He [R31] continues to move his arms about, will make eye contact at times, a rare smile or a word, and a deeper breath as he is taken outdoors as he takes in the fresh air."</p> <p>During observation on 6/9/15, from 3:02 p.m. to 3:20 p.m., R31 was lying in bed with his eyes open continuously swinging his arms up and down and from side to side, bumping his arms</p>	21435		

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21435	<p>Continued From page 16</p> <p>against one another and against his abdomen.</p> <p>During observation on 6/10/15, at 6:59 a.m. R31 was in bed lying on his left side. His right arm was in constant movement, swinging up and down and back and forth and often one arm was hitting the other. At 9:26 a.m. R31 was in his bed lying on his right side with his eyes closed swinging his right arm up and down and back and forth, often hitting his other arm. At 12:25 p.m. R31 was observed in the dining room and staff were feeding him lunch.</p> <p>During observation on 6/11/15, at 1:14 p.m. R31 was sitting in his wheelchair outside of his room.</p> <p>During interview on 6/10/15, at 12:57 p.m. NA-D stated the staff do not do much activity with R31. NA-D stated she believed R31 spent a lot of time in bed because, "What else is there for him to do?" NA-D stated the facility had a lot of activities for residents who have no cognitive impairment, but R31 had severe cognitive impairment so there isn't a lot of activity for him to do. NA-D stated R31 does not have a TV (television), and stated the nurses try to keep him off his bottom, so he doesn't attend many activities.</p> <p>During interview on 6/10/15, at 2:07 p.m. NA-E stated she was not aware of R31 attending any activities, and stated R31 cannot do anything with his arms, and has no cognitive ability to go to any activities.</p> <p>R31's Activity Attendance Sheet were reviewed from March 2015, through May 2015, which identified a list of activities and provided space for staff to document "codes" for each one to identify the resident's involvement in the activity as follows:</p>	21435		

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21435	<p>Continued From page 17</p> <ol style="list-style-type: none"> <li>1. Independent Participation,</li> <li>2. Limited Participation,</li> <li>3. Extensive Assistance,</li> <li>4. Total Dependence,</li> <li>5. Refused,</li> <li>6. Not Available,</li> <li>7. Observed,</li> <li>8. Present But Not Engaged,</li> <li>9. Resident Choice,</li> </ol> <p>0=Done Twice</p> <p>The record identified R31 had attended the following activities from March 2015, through May 2015:</p> <p>"Read to" attended twelve times;  "Reminisce" attended one time;  "Cognitive Stimulation" attended one time;  "Taped Stories" one time, present but not engaged;  "Crafts/Art" attended one time;  "Dining Music" attended 19 times;  "Special Music" attended two times;  "Staff/Peer Music" attended four times;  "Tape/CD/Radio" attended one time;  "Music Therapy" attended 13 times;  "Outdoors/Swing" attended two times;  "Small Group Therapy" attended eight times;  "Small Group Social" attended one time;  "Intergenerational" attended one time;  "Intervention" attended five times;  "Self-Directed Act" attended 76 times;  "TV/Movie" attended five times, present but not engaged;  "Bird Watching" attended one time;  "Massage Therapy" attended 13 times;  "Sensory Stimulation" attended 11 times;  "Special Snack" attended two times, extensive assistance;</p>	21435		

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21435	<p>Continued From page 18</p> <p>"B/day/Coffee Party" attended one time; "Lobby" attended 74 times; "Special/Holiday Party" attended one time; "Bible Study" attended three times; "Church Service" attended four times; "LEEP" attended 16 times; "One-One Program" attended nine times; "One-One Social" attended two times; "Pop Visits" attended 25 times; "Med Visit In or Out" attended 3 times.</p> <p>The March 2015, through May 2015, attendance sheets indicated the majority of R31's attendance at activities was "Self-Directed Acts" which involved R31 moving his arms up and down, "Lobby," or "Pop Visits".</p> <p>During interview on 6/10/15, at 2:18 p.m. AD-A stated R31 had mostly bedside activities, and R31's arm movements are considered an exercise and documented as a self-directed activity on R31's activity log. AD-A stated they are unsure if R31's activities are effective, because R 31 does not communicate.</p> <p>R58's annual MDS dated 9/22/14, indicated the resident had severe cognitive impairment, usually was understood and usually able to understand others, had difficulty putting sentences together, was legally blind with a visual field deficit, frequently incontinent of bowel and bladder, and required assistance for all activities of daily living. R58 had behaviors including inattention, disorganized thinking, physical behavior toward others, rejection of care, and wandering.</p> <p>R58's Clara City Care Center Activity Interest Assessment dated 5/18/13, indicated R58's interests included cards and games, baking, knitting, quilting and sewing, dancing, baseball, a</p>	21435		

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21435	<p>Continued From page 19</p> <p>variety of music, trips to the casino, parades, church, concerts, visiting family and peers, movies, news, and comedies. R58's vision was listed as highly impaired indicating she could only see objects.</p> <p>R58's care plan dated 10/10/2013, indicated behavioral symptoms exhibited by delusions, paranoid statements, physical and verbal aggression, wandering, and rummaging. Care planned goals for R58 was to, "Exhibit decreased agitation, physical and verbal aggression, paranoid statements, exit seeking, and self transfers through the following approaches: Avoid over-stimulation (e.g., noise, crowding), Divert behavior by: providing meaningful activities." R58's care plan for activities dated 9/30/14, identified strengths, needs and preferences as Macular degeneration, and resident goes back and forth in time, and is confused. The resident enjoyed in the past bingo, cards, dominoes, baking, knitting, sewing, dancing, baseball, music, reading, church, TV, and socials. The care planned goals included R58 will participate in activities to the best of her ability related to vision, cognitive, and mobility impairments at large and small groups that she attends each day. Staff was directed to provide the resident assistance to and from her destinations, provide prompts and cues for both vision and cognitive impairments, and be aware the resident goes back and forth in time of her life from young child herself to having her own children. Staff was to read to her and turn on Minnesota Twin games for her to listen to.</p> <p>R58's Clara City Care Center Activity Attendance Sheets reviewed from March 2015, to June 2015, indicated R58 regularly participated in the following activities:</p>	21435		

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21435	<p>Continued From page 20</p> <p>Being read to 41 days. Staff/peer music or listening to a compact disc 36 days. Sitting in the lobby (common area on unit) 75 days. Self directed activity 77 days.</p> <p>While R58's assessment indicated she enjoyed listening to the Minnesota Twins, there was no evidence this activity was offered.</p> <p>During observation on 6/9/15, at 3:55 p.m., all residents on the unit were sitting or pacing the unit, and no activities were in progress at this time.</p> <p>During observation on 6/10/15, at 9:22 a.m., activities staff was present on the secured unit engaging residents in a balloon toss game. R58 was pacing the unit and was not participating in activity.</p> <p>During observation on 06/10/15, at 2:32 p.m., no activities were in progress on the unit. All the residents on the unit were sitting in chairs or wandering around the unit with no direction or engagement with staff. R58 was pacing on the unit.</p> <p>During observation on 6/10/15, at 2:33 p.m. R58 was sitting in a chair in the day room, facing the window. There was a cooking show on the TV, however, R58 was looking straight ahead and not engaged in her surroundings.</p> <p>During observation on 06/10/15, at 2:38 p.m. R58 was pacing around the common area of unit, wiping the window sill and table with her hands. Staff gave her a cup of coffee, and R58</p>	21435		

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21435	<p>Continued From page 21</p> <p>immediately walked over to the piano, placed the full coffee cup on top of the piano, and continued to pace the unit.</p> <p>During observation on 6/11/15, at 8:41 a.m. AA-C entered the secured unit, went in to the dining room where the residents were eating their morning meal, and read devotions to the residents in the dining room. This activity was completed in four minutes at which time (AA)-C left the unit.</p> <p>During observation on 6/11/15, at 8:54 a.m., (AA)-C entered the unit and led a video taped exercise group. R58 did not participate in the activity. At 9:18 a.m., activity aide left the unit after completing activity. R58 was sitting in a chair in the common area, not engaged in the activity.</p> <p>During interview on 6/10/15, at 2:22 p.m. (AA)-B stated Activity staff go to the secured unit for an hour every morning, and are usually in the unit about three hours daily. AA-B stated on Monday through Saturday, they do activities including hitting the balloon, playing kick ball, doing trivia, and going outside. For self directed activities, AA-B stated anything a resident is doing willingly is considered a self directed activity, including wandering on the unit.</p> <p>During interview on 6/11/15, at 1:21 p.m. NA- D stated R58 did not participate in activities off the unit. She stated on the unit activities include cognitive stimulation (e.g. staff start a riddle and residents try to finish it). She stated the activity department comes to the unit to do activities with the residents, and on Friday evenings activity staff will put a video tape of a church service on and nursing staff put in a movie when church is over.</p>	21435		

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21435	<p>Continued From page 22</p> <p>During interview on 06/11/15, at 1:21 p.m. NA-C stated R58 likes to dance, enjoys doing memory games, folding and cleaning, enjoys music, will bat the balloon, ball toss, ball kick, likes to sit outside, and likes animals.</p> <p>During multiple observations of R58 from 6/8/15, to 6/11/15, the resident was not observed participating in any of the activities she was identified to enjoy according to the activity assessment or by staff.</p> <p>During interview on 06/11/15, at 3:44 p.m. AD stated R58 will do activities if she is in the "mood," and if not the activity staff will go back and try later.</p> <p>R62's annual MDS dated 4/13/15, indicated the resident had severe cognitive impairment, required assistance with all activities of daily living, had minimal difficulty with hearing, highly impaired vision, had behaviors including verbal behaviors, rejection of care, and wandering daily.</p> <p>R62's Clara City Care Center Activity Long Term Initial Assessment dated 1/29/14, indicated R62 expressed interest in cards and games, jig saw puzzles, baking, needle work, quilting and sewing, dancing, various music, books, gardening, parades, wheeling outside, watching the news on television, liked dogs and cats, and enjoys visiting with peers.</p> <p>R62 care plan dated 9/30/2014, indicated R62 had moderate to severe cognitive impairment with periods of crying, agitation, delusions, hallucinations, refusal of medications, and refusal of cares with interventions including to avoid over-stimulation (e.g., noise, crowding), provide</p>	21435		



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21435	<p>Continued From page 23</p> <p>meaningful activities as appropriate to decrease restlessness. Resident enjoyed sorting things, likes to have her purse, and ensure the resident is seated where constant or near constant observation is possible. R62's care plan for psychosocial well-being and activities indicated the resident enjoyed music, visiting, being read to, reminiscing, small groups, physical games, sensory, and social activities. The activity goal was to stay in group activities for 10 minutes at a time and to socialize appropriately with staff and peers. Care planned interventions include: provide prompts, cues and redirection as needed, make simple concise statements, provide extra time for comprehension and response, encourage favorite group activities, and work one to one to keep her interest in group activities for 10 minutes.</p> <p>Review of R62's Clara City Care Center Activity Attendance Sheet between March 2015, and June 2015, indicated R62 participated in the following activities: Being read to 26 days. Staff/peer music or listening to a compact disc 22 days. Sitting in the lobby (common area of unit) 60 days. Self-directed activity 58 days. Gardening four times.</p> <p>During observation 06/09/2015, at 3:27 p.m. R62 was sitting in her wheel chair at a table in the common area of the secured unit, and no activities were in progress during the observation.</p> <p>During observation on 6/10/15, at 9:22 a.m. R62 was in her wheel chair sitting in the common area of secured unit, and there were no activities in progress during the observation.</p>	21435		

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21435	<p>Continued From page 24</p> <p>During observation on 6/10/15, at 9:27 a.m., R62 was brought to church off the unit by an activity staff.</p> <p>During observation on 6/10/15, at 2:33 p.m. R62 was seated in her wheel chair in the common area of the secured unit and was pulling on her shirt and had her sweater pulled off. There was no activity's going on during this observation.</p> <p>During observation on 6/11/15, at 8:41 a.m., AA-C entered the dining room of the secured unit and read the daily devotions during the breakfast meal. The activity was completed at 8:45 a.m., 4 minutes later, and AA-C left the unit.</p> <p>During observation on 6/11/15, at 8:54 a.m. AA-C entered the unit and led a video taped exercise group. R62 did not participate in the activity, and AA-C completed the activity and left the unit at 9:18 a.m.</p> <p>During observation on 6/11/15, at 2:45 p.m. R62 was sitting in the hallway of the secured unit in her wheel chair and was crying. R62 propelled herself down to the end of the hall and remained there facing the exit door crying for an additional 5 minutes. During this time, three staff members were observed walking past her, however, no staff attempted to intervene or engage R62 in any activity's.</p> <p>During interview on 6/11/15, at 9:37 a.m. NA-C stated R62 attends mass on Wednesday, goes to the birthday party of the month, will bat the balloon and participate in ball toss, and does memory games. She stated sometimes R62 is unable to participate. Staff offer to bring her to activities outside the secured unit and sometimes</p>	21435		

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21435	<p>Continued From page 25</p> <p>she doesn't want to go, or she goes and comes back due to agitation.</p> <p>During interview on 6/11/15, at 1:16 p.m. NA- A stated, R62 cries, "Quite a bit," and staff try to give her blankets, heat pads, and food. NA-A stated R62 enjoys having her back scratched and likes to dig through her purse and loves to rummage through drawers.</p> <p>During interview on 6/11/15, at 2:45 p.m. NA-B stated R62 had been wandering in the hallway crying since staff got her up from her nap. NA-B stated staff will try to reposition the resident and give her medications when she is crying, however, she was not sure what activities the resident enjoyed or what could be tried to try to distract her when she was sad.</p> <p>During interview on 6/11/15, at 2:45 p.m. NA- E stated R62 had been crying since they got her up from her nap about 5 minutes ago. NA-E was unsure what staff could do for R62 when she was upset, and was unaware of what activities R62 enjoyed or what interventions would be appropriate.</p> <p>During interview on 6/11/15, at 3:25 p.m., AD stated R62 liked bingo, cards, and jigsaw puzzles when she was admitted to the facility, however, the resident was no longer capable of doing those activities anymore. AD-D stated R62's self directed activities included "fiddling" with things, take things from one place to another, and going up to residents and touch their arm and try to "mother them." AD stated R62 liked to sing along with music, loves dogs, cats, and any pets. AD-D stated if staff puts things in R62's hands she will usually participate in the activity.</p>	21435		

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21435	<p>Continued From page 26</p> <p>Review of a policy labeled Clara City Care Center Activity Department Policy And Procedure, dated 6/22/10: "It is the policy of the Clara City Care Center to have an organized activities program that shall be designed to meet the needs of all residents for occupation, diversion and maintenance." The following procedures are outlined in the policy: The activities program shall create a normal living environment that is compatible with the needs and interests of the residents, The resident shall be encouraged to be involved in his own care through a purposeful activity program that allows him to function at his maximum physical, mental, social and emotional capacity.</p> <p>The facility policy titled 1-1 Program, dated 6/24/10, included, "It is the policy of the Clara City Care Center to serve low functioning residents and those who do not come to group activities, due to r/t [related to] ., preferences, disease, bed rest, etc."</p> <p><b>SUGGESTED METHOD OF CORRECTION:</b> The director of nursing or designee could inservice staff regarding ensuring residents are offered their preferred activities and being provide assistance to attend them, then audit to ensure compliance.</p> <p><b>TIME PERIOD FOR CORRECTION:</b> Twenty-one (21) days.</p>	21435		
22000	<p>MN St. Statute 626.557 Subd. 14 (a)-(c) Reporting - Maltreatment of Vulnerable Adults</p> <p>Subd. 14. Abuse prevention plans. (a) Each facility, except home health agencies and</p>	22000		7/21/15

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>CLARA CITY CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1012 NORTH DIVISION STREET PO BOX 797 CLARA CITY, MN 56222</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
22000	<p>Continued From page 27</p> <p>personal care attendant services providers, shall establish and enforce an ongoing written abuse prevention plan. The plan shall contain an assessment of the physical plant, its environment, and its population identifying factors which may encourage or permit abuse, and a statement of specific measures to be taken to minimize the risk of abuse. The plan shall comply with any rules governing the plan promulgated by the licensing agency.</p> <p>(b) Each facility, including a home health care agency and personal care attendant services providers, shall develop an individual abuse prevention plan for each vulnerable adult residing there or receiving services from them. The plan shall contain an individualized assessment of: (1) the person's susceptibility to abuse by other individuals, including other vulnerable adults; (2) the person's risk of abusing other vulnerable adults; and (3) statements of the specific measures to be taken to minimize the risk of abuse to that person and other vulnerable adults. For the purposes of this paragraph, the term "abuse" includes self-abuse.</p> <p>(c) If the facility, except home health agencies and personal care attendant services providers, knows that the vulnerable adult has committed a violent crime or an act of physical aggression toward others, the individual abuse prevention plan must detail the measures to be taken to minimize the risk that the vulnerable adult might reasonably be expected to pose to visitors to the facility and persons outside the facility, if unsupervised. Under this section, a facility knows of a vulnerable adult's history of criminal misconduct or physical aggression if it receives such information from a law enforcement authority or through a medical record prepared by</p>	22000		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>00061</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2015</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
22000	<p>Continued From page 28</p> <p>another facility, another health care provider, or the facility's ongoing assessments of the vulnerable adult.</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review, the facility failed to implement the abuse prohibition policy to ensure background studies were completed and current for 1 of 5 new employees (DA)-A, employee records reviewed for background studies.</p> <p>Findings include:</p> <p>Review of the facility policy titled Clara City Care Center Abuse Prevention Plan dated 9/08, indicated measures to be taken to minimize the risk of abuse, including all employees to have a background check initiated at hire, and directed, "Employees shall not have direct contact with residents pending the outcome of the background check."</p> <p>Review of new employee background checks on 6/11/15, indicated Dietary aide (DA)-A completed a background Study Acknowledgement on 4/3/15, however, the results of the background study were not received by the facility prior to (DA)-A's orientation in the facility. (DA)-A had been working in the facility without a completed background study since 4/3/15.</p> <p>During interview on 6/11/15, at 1:35 p.m. Business office associate (BA)-A stated (DA)-A's background check was never submitted to the</p>	22000	Corrected	