#### DEPARTMENT OF HEALTH AND HUMAN SERVICES

#### **CENTERS FOR MEDICARE & MEDICAID SERVICES**

					ND TRANSMITTAL E SURVEY AGENCY	ID: SJC5 Facility ID: 00717
1. MEDICARE/MEDICAID PROVIDER NO.           (L1)         245511           2.STATE VENDOR OR MEDICAID NO.         (L2)           865402000         5. EFFECTIVE DATE CHANGE OF OWN           (L9)         04/01/2013		3. NAME AND ADDRESS OF FACILITY         (L3)       CENTRACARE HEALTH -         (L4)       1013 HART BOULEVARD         (L5)       MONTICELLO, MN         7. PROVIDER/SUPPLIER CATEGORY         01 Hospital       05 HHA       09 ESRD			- MONTICELLO (L6) 55362 <u>02</u> (L7) 13 PTIP 22 CLIA	4. TYPE OF ACTION:       7(L8)         1. Initial       2. Recertification         3. Termination       4. CHOW         5. Validation       6. Complaint         7. On-Site Visit       9. Other         8. Full Survey After Complaint
6. DATE OF SURVEY 01/2 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	<b>3/2014</b> (L34) (L10)	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/IID 12 RHC	14 CORF 0 15 ASC 16 HOSPICE	FISCAL YEAR ENDING DATE: (L35) 09/30
<ul> <li>11LTC PERIOD OF CERTIFICATION</li> <li>From (a): To (b):</li> <li>12. Total Facility Beds</li> <li>13. Total Certified Beds</li> <li>14. LTC CERTIFIED BED BREAKDOWN</li> </ul>	89 (L18) 89 (L17)	B. Not in Com Requireme	ace With equirements b Based On: acceptable POC pliance with Program ents and/or Applied V		And/Or Approved Waivers Of The 2. Technical Personnel 3. 24 Hour RN 4. 7-Day RN (Rural SNF) 5. Life Safety Code * Code: A* 15. FACILITY MEETS	6. Scope of Services Limit 7. Medical Director 8. Patient Room Size 9. Beds/Room (L12)
18 SNF 18/19 SNF 89 (L37) (L38)	19 SNF (L39)	ICF (L42)	IID (L43)		1861 (e) (1) or 1861 (j) (1):	(L15)
16. STATE SURVEY AGENCY REMARK     See Attached Remarks     17. SURVEYOR SIGNATURE     Brenda Fischer, Uni	t Supervisor	Date :	01/23/2014	(L19)	18. STATE SURVEY AGENCY API Kate JohnsTon, Enfo	rcement Specialist 03/13/2014
19. DETERMINATION OF ELIGIBILITY          1. Facility is Eligible to Partial          2. Facility is not Eligible	cipate (L21)		IPLIANCE WITH CI ITS ACT:	IVIL		al Solvency (HCFA-2572) nterest Disclosure Stmt (HCFA-1513)
22. ORIGINAL DATE OF PARTICIPATION 01/01/1988 (L24)	23. LTC AGREEMI BEGINNING (L41)		24. LTC AGREEME ENDING DATE (L25)		26. TERMINATION ACTION:         VOLUNTARY       00         01-Merger, Closure         02-Dissatisfaction W/ Reimbursement	05-Fail to Meet Health/Safety
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVI A. Suspension o B. Rescind Sus	of Admissions:	(L44)		03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	OTHER 07-Provider Status Change 00-Active
28. TERMINATION DATE:	29 (L28)	. INTERMEDIARY/C 00320	(L45) ARRIER NO.	(L31)	30. REMARKS	
31. RO RECEIPT OF CMS-1539	32 (L32)	. DETERMINATION ( 01/29/2014	OF APPROVAL DAT	тЕ (L33)	DETERMINATION APPRO	VAL

CENTERS FOR MEDICARE & MEDICAID SERVICES

MEDICARE/MEDICAID CERTIFICATION AND TRANSMITTAL PART I - TO BE COMPLETED BY THE STATE SURVEY AGENCY

ID: SJC5 Facility ID: 00717

C&T REMARKS - CMS 1539 FORM STATE AGENCY REMARKS

Page 2 Provider Number: 24-5511 Item 16 Continuation for CMS-1539

Post Certification Revisit by review of the facility's plan of correction, to verify that the facility has achieved and maintained compliance with Federal Certification Regulations. Please refer to the CMS 2567B. Effective February 7, 2013, the facility is certified for 89 skilled nursing facility beds.

## Larson, Monica (MDH)

From:	Larson, Monica (MDH)
Sent:	Wednesday, March 12, 2014 12:01 PM
То:	*MDH_surveys
Cc:	Larson, Monica (MDH) (monica.larson@state.mn.us)
Subject:	Centracare Health Monticello 1539 is incorrect
Attachments:	1539 .pdf

Afternoon, Please up date 1539 to reflex a PCR. Also is now a A.

Thank you, Monica



Protecting, Maintaining and Improving the Health of Minnesotans

Medicare Provider # 245511

February 23, 2014

Ms. Mary Ellen Wells, Administrator Centracare Health - Monticello 1013 Hart Boulevard Monticello, Minnesota 55362

Dear Ms. Wells:

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

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

Effective January 14, 2014 the above facility is certified for:

89 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 89 skilled nursing facility beds.

You should advise our office of any changes in staffing, services, or organization, which might affect your certification status.

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

Please contact me if you have any questions.

Sincerely,

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

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of Minnesotans

January 23, 2014

Ms. Mary Ellen Wells, Administrator Centracare Health - Monticello 1013 Hart Boulevard Monticello, MN 55362

RE: Project Number S5511023

Dear Ms. Wells:

On December 17, 2013, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on December 5, 2013. This survey found the most serious deficiencies to be widespread deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level F) whereby corrections were required.

On January 23, 2014, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of your plan of correction and on January 10, 2014 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on December 5, 2013. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of January 14, 2014. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on December 5, 2013, effective January 14, 2014 and therefore remedies outlined in our letter to you dated December 17, 2013, 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.

Enclosed is a copy of the Post Certification Revisit Form, (CMS-2567B) from this visit.

Feel free to contact me if you have questions.

Sincerely,

Grenda Lischer

Brenda Fischer, Unit Supervisor Licensing and Certification Program Division of Compliance Monitoring Telephone: 320-223-7338 Fax: 320-223-7348

Enclosure

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.

(Y1) Provider / Supplier / CLIA / Identification Number 245511	(Y2) Multiple Construction A. Building B. Wing		(Y3) Date of Revisit 1/23/2014
Name of Facility		Street Address, City, State, Zip Code	
CENTRACARE HEALTH - MONTICELI	_0	1013 HART BOULEVARD MONTICELLO, MN 55362	

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	F0322		Correction Completed 01/14/2014	ID Prefix	F0323	Correction Completed 01/14/2014	ID Prefix	F0329	Correction Completed 01/14/2014
	483.25(g)(2)			Reg. # LSC	483.25(h)			483.25(l)	
			Correction Completed			Correction Completed		×	Correction Completed
ID Prefix			01/14/2014	ID Prefix		01/14/2014			·
Reg. # LSC	483.60(c)			Reg. # LSC	483.65		Reg. # LSC		
		Å	Correction			Correction			Correction
ID Prefix			Completed	ID Prefix		Completed	ID Prefix		Completed
Reg. # LSC				Reg. # LSC			Reg. # LSC		
			Correction			Correction			Correction
ID Prefix			Completed	ID Prefix		Completed	ID Prefix		Completed
Reg. # LSC				Reg. # LSC			Reg. # LSC		
			Correction Completed			Correction Completed			Correction Completed
ID Prefix							ID Prefix		
Reg. # LSC				Reg. # LSC			Reg. # LSC		
Reviewed I		Reviewed	By	Date:	Signatu	re of Surveyor:		Date	9:
State Agen Reviewed I CMS RO		Reviewed	By	1/33/14 Date:	Signatu	re of Surveyor:		Date	):
Followup 1	o Survey Col 12/5	npleted on /2013	:			ny Uncorrected Deficted Deficted Deficted Deficiencies (CM			S NO
Form CMS	- 2567B (9-92)				Page 1 o	f 1		Event ID: SJC5	12

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

(Y1) Provider / Supplier / CLIA / Identification Number 245511	(Y2) Multiple Con A. Building B. Wing	(Y3) Date of Revisit 1/10/2014	
Name of Facility		Street Address, City, State, Zip Code	
CENTRACARE HEALTH - MONTICEL	LO	1013 HART BOULEVARD MONTICELLO, MN 55362	

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)	ltem		(Y5)	Date
			Correction				Correction					Correction
ID Prefix			Completed 12/13/2013	ID Prefix			Completed 12/05/2013		ID Prefix			Completed 12/19/2013
	NFPA 101			-	NFPA 101					NFPA 101		
LSC	K0011			LSC	K0022				LSC	K0029		
			Correction				Correction					Correction
			Completed				Completed					Completed
ID Prefix			12/05/2013	ID Prefix			•		ID Prefix			
-	NFPA 101			Reg. #				-	Reg. #			-
LSC	K0038			LSC					LSC			
			Correction				Correction					Correction
			Completed				Completed					Completed
ID Prefix			•	ID Prefix					ID Prefix			
Reg. #				Reg. #					Reg. #			
LSC				LSC					LSC			
			Correction				Correction					Correction
			Completed				Completed					Completed
ID Prefix				ID Prefix					ID Prefix			
Reg. #				Reg. #		······································			Reg. #			
LSC				LSC	,				LSC			
			Correction				Correction					Correction
			Completed				Completed					Completed
ID Prefix			1. 1	ID Prefix					ID Prefix			
Reg. # LSC				Reg. #					Reg. #			· · · ·
				LSC					LSC			
Reviewed E	Зу	Reviewed	-	Date:	Signature	of Sur	veyor:				Date:	
State Agen	су	1056	2	1/23/1	4							
Reviewed E CMS RO	Зу	Reviewed	Ву	Date:	Signature	of Sur	/eyor:				Date:	
Followup t	o Survey Co	mpleted on	:		Check for any	/ Uncor	rected Defic	iencies	s. Was a	Summary of		
-	-	/2013								the Facility?	YES	NO
Form CMS	2567B (9-92	)			Page 1 of 1					Event ID:	SJC522	

Form Approved

OMB NO. 0938-0390

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

(Y1) Provider / Supplier / CLIA / Identification Number 245511	( <b>Y2) Multiple Con</b> A. Building B. Wing	IN BUILDING 01	(Y3) Date of Revisit 1/10/2014
Name of Facility		Street Address, City, State, Zip Code	
CENTRACARE HEALTH - MONTICELL	0	1013 HART BOULEVARD MONTICELLO, MN 55362	

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	e (Y4) Item	(Y5)	Date	(Y4) Item	(Y5)	Date
		Correct	ion		Correction			Correction
ID Prefix		Comple 12/13/2			Completed 12/05/2013	ID Prefix		Completed 12/19/2013
Reg. #	NFPA 101		Reg. #	NFPA 101		Reg. #	NFPA 101	
LSC	K0011		LSC	K0022	-	LSC	K0029	
		Correct	ion		Correction			Correction
		Comple			Completed			Completed
ID Prefix		12/05/2			-	ID Prefix		
Reg. #	NFPA 101		Reg. #			Reg. #		
LSC	K0038		LSC		-	LSC		
		Correcti	ion		Correction			Correction
		Comple	ted		Completed			Completed
ID Prefix		·	ID Prefix		-	ID Prefix		· ·
Reg. #			Reg. #	·		, Reg. #		
LSC			LSC			LSC		
		Correcti	ion	,	Correction			Correction
		Comple			Completed			Completed
ID Prefix			ID Prefix		-	ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC			LSC			LSC		
		Correcti	on .		Correction			Correction
		Comple	ted		Completed			Completed
ID Prefix			ID Prefix			ID Prefix		
Reg. #			Reg. #			Reg. #		
LSC			LSC			LSC		
Reviewed I	Зу 📝	Reviewed By	Date:	Signature of Sur	veyor:	· · · · · · · · · · · · · · · · · · ·	Date:	
State Agen	су	10562	1/23/1	4		·		
Reviewed E	Зу	Reviewed By	Date:	Signature of Sur	veyor:		Date:	
CMS RO								
Followup t	-	mpleted on: //2013		Check for any Uncor Uncorrected Defic			Ale a Facility O	
							- 120	NO
Form CMS -	- 2567B (9-92	)		Page 1 of 1			Event ID: SJC522	

DEPARTMENT OF HEALTH AN	D HUMAN SEI	RVICES			CENTERS FOR	MEDICARE & MEDICAID SERVICES
	MED	ICARE/MEDICAL	D CERTIFICA	ATION A	ND TRANSMITTAL	ID: SJC5
	PART	I - TO BE COMPI	LETED BY TH	IE STAT	E SURVEY AGENCY	Facility ID: 00717
1. MEDICARE/MEDICAID PROVIDER NO           (L1)         245511           2.STATE VENDOR OR MEDICAID NO.           (L2)         865402000	3. NAME AND ADDRESS OF FACILITY (L3) (L4) (L4) (L5) (L6				4. TYPE OF ACTION: <u>2</u> (L8)       1. Initial     2. Recertification       3. Termination     4. CHOW       5. Validation     6. Complaint	
5. EFFECTIVE DATE CHANGE OF OWN (L9) 04/01/2013	ERSHIP	7. PROVIDER/SUPPI 01 Hospital	LIER CATEGORY 05 HHA	09 ESRD	<u>02</u> (L7) 13 PTIP 22 CLIA	7. On-Site Visit 9. Other 8. Full Survey After Complaint
6. DATE OF SURVEY 12/05 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other	<b>5/2013</b> (L34) (L10)	02 SNF/NF/Dual 03 SNF/NF/Distinct 04 SNF	06 PRTF 07 X-Ray 08 OPT/SP	10 NF 11 ICF/IID 12 RHC	14 CORF 15 ASC 16 HOSPICE	FISCAL YEAR ENDING DATE: (L35) 09/30
11LTC PERIOD OF CERTIFICATION		10.THE FACILITY IS	CERTIFIED AS:			
From (a):		A. In Compliance			And/Or Approved Waivers Of The	Following Requirements:
To (b):		Program Requ	irements		2. Technical Personnel	6. Scope of Services Limit
12. Total Facility Beds	<b>89</b> (L18)	Compliance B	esed On: eptable POC		3. 24 Hour RN 4. 7-Day RN (Rural SNF)	7. Medical Director 8. Patient Room Size
13.Total Certified Beds	<b>89</b> (L17)	X B. Not in Compli Requirement	ance with Program is and/or Applied W	aivers:	5. Life Safety Code * Code: <b>B</b> *	9. Beds/Room (L12)
14. LTC CERTIFIED BED BREAKDOWN		1			15. FACILITY MEETS	
18 SNF 18/19 SNF	19 SNF	ICF	IID		1861 (e) (1) or 1861 (j) (1):	(L15)
89 (L37) (L38)	(L39)	(L42)	(L43)			
16. STATE SURVEY AGENCY REMARKS	(IF APPLICABLE S	HOW LTC CANCELLAT	TION DATE):			
See Attached Remarks						
17. SURVEYOR SIGNATURE		Date :			18. STATE SURVEY AGENCY API	PROVAL Date:
Karen Aldinger, Hl	FE NE II	01	1/15/2014	(L19)	Kate JohnsTon, Enfo	orcement Specialist 01/27/2014 (L20)
	PART II - TO	BE COMPLETED	BY HCFA RE		OFFICE OR SINGLE STAT	
19. DETERMINATION OF ELIGIBILITY			LIANCE WITH CI		21. 1. Statement of Financi	
I. Facility is Eligible to Partic     2. Facility is not Eligible	-	RIGHT				nterest Disclosure Stmt (HCFA-1513)
	(L21)					
22. ORIGINAL DATE	23. LTC AGREEMI	ENT 24.	LTC AGREEMEN	T	26. TERMINATION ACTION:	(L30)
OF PARTICIPATION 01/01/1988	BEGINNING	DATE	ENDING DATE		<u>VOLUNTARY</u> <u>00</u> 01-Merger, Closure	
(L24)	(L41)		(L25)		02-Dissatisfaction W/ Reimbursemer	nt 06-Fail to Meet Agreement
25. LTC EXTENSION DATE:	27. ALTERNATIVI	E SANCTIONS			03-Risk of Involuntary Termination	OTHER
	A. Suspension	of Admissions:			04-Other Reason for Withdrawal	07-Provider Status Change
(L27)	B. Rescind Sus	pension Date:	(L44)			00-Active
			(L45)			
28. TERMINATION DATE:	29	INTERMEDIARY/CAR	RRIER NO.		30. REMARKS	
		00320				
	(L28)			(L31)		
31. RO RECEIPT OF CMS-1539	32	DETERMINATION OF	APPROVAL DATI	E		

(L33)

DETERMINATION APPROVAL

(L32)

DEPARTMENT OF HEALTH AND HUM	AN SERVICES	<b>CENTERS FOR MEDICARE &amp; MEI</b>	DICAID SERVICES
	MEDICARE/MEDICAID CERTIFICATION AND TRANS	SMITTAL	ID: SJC5
	PART I - TO BE COMPLETED BY THE STATE SURVEY	AGENCY	Facility ID: 00717
C&T REMARKS - CMS 1539 FORM	STATE AGENCY REMARKS		

CCN-245511

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At the time of the standard survey completed December 5, 2013, the facility was not in substantial compliance and the most serious deficiencies were found to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the attached CMS-2567 whereby corrections are required. The facility has been given an opportunity to correct before remedies are imposed. Post Certification Revisit to follow.



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7012 3050 0001 9094 7086

December 17, 2013

Ms. Mary Ellen Wells, Administrator Centracare Health–Monticello 1013 Hart Boulevard Monticello, Minnesota 55362

RE: Project Number S5511023

Dear Ms. Wells:

On December 5, 2013, a standard survey was completed at your facility by the Minnesota Departments of Health and Public Safety to determine if your facility was in compliance with Federal participation requirements for skilled nursing facilities and/or nursing facilities participating in the Medicare and/or Medicaid programs.

This survey found the most serious deficiencies in your facility to be widespread deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level F), as evidenced by the attached CMS-2567 whereby corrections are required. A copy of the Statement of Deficiencies (CMS-2567) is enclosed.

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

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

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

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

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

Potential Consequences - the consequences of not attaining substantial compliance 3 and 6

#### months after the survey date; and

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

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

#### DEPARTMENT CONTACT

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

Brenda Fischer, Unit Supervisor Minnesota Department of Health Midtown Square 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 January 14, 2014, the Department of Health will impose the following remedy:

• State Monitoring. (42 CFR 488.422)

In addition, the Department of Health is recommending to the CMS Region V Office that if your facility has not achieved substantial compliance by January 14, 2014 the following remedy will be imposed:

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

#### PLAN OF CORRECTION (PoC)

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

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

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

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

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

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

## PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's PoC will serve as your allegation of compliance upon the Department's acceptance. Your signature at the bottom of the first page of the CMS-2567 form will be used as verification of compliance. In order for your allegation of compliance to be acceptable to the Department, the PoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your PoC for the respective deficiencies (if any) is acceptable.

## VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved PoC, unless it is determined that either correction actually occurred between the latest correction date on the PoC and the date of the first revisit, or correction occurred sooner

Centracare Health - Monticello December 17, 2013 Page 4 than the latest correction date on the PoC.

#### Original deficiencies not corrected

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

#### Original deficiencies not corrected and new deficiencies found during the revisit

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

#### Original deficiencies corrected but new deficiencies found during the revisit

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

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

If substantial compliance with the regulations is not verified by March 5, 2014 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

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 June 5, 2014 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

## INFORMAL DISPUTE RESOLUTION

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

Centracare Health - Monticello December 17, 2013 Page 5

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

This request must be sent within the same ten days you have for submitting a PoC for the cited deficiencies. All requests for an IDR or IIDR of federal deficiencies must be submitted via the web at: <a href="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</a>

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: <a href="http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm">http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm</a>

Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

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

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

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

Feel free to contact me if you have questions.

Sincerely,

Are Klegepe

Anne Kleppe, Enforcement Specialist Licensing and Certification Program Division of Compliance Monitoring Minnesota Department of Health Telephone: (651) 201-4124 Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY PLETED
		245511	B. WING		12/(	)5/2013
	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE. 1013 HART BOULEVARD		·
				MONTICELLO, MN 55362		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETIC DATE
F 000	INITIAL COMMEN	TS	F 000			
	as your allegation of	of correction (POC) will serve of compliance upon the			-	
	bottom of the first p	ptance. Your signature at the page of the CMS-2567 form will tion of compliance.				
	revisit of your facili validate that substa regulations has be	acceptable POC an on-site ty may be conducted to antial compliance with the en attained in accordance with				
F 322 SS=D		REATMENT/SERVICES - S SKILLS	F 322	F322-GTUBE MEDICATION		01/14/2
	Based on the comp resident, the facility (1) A resident who alone or with assis tube unless the residemonstrates that unavoidable; and (2) A resident who gastrostomy tube r treatment and serv pneumonia, diarrhe metabolic abnorma ulcers and to resto skills.	orehensive assessment of a must ensure that — has been able to eat enough tance is not fed by naso gastric ident 's clinical condition use of a naso gastric tube was is fed by a naso-gastric or eceives the appropriate ices to prevent aspiration ba, vomiting, dehydration, alities, and nasal-pharyngeal re, if possible, normal eating NT is not met as evidenced	15 M	ADMINISTRATION The nurse Administering Medicat Resident 12 was immediately re- about the Procedure for G Tube Medication Administration. The Policy/Procedure for Medicat Administration through a GTube reviewed and updated. Licensed staff responsible for Me Administration have been re-edu the Policy/Procedure for Medicat Administration through a GTube. Licensed staff will successfully co return demonstration of Medicat Administration through a G Tube	educated tion has been dication cated on ion mplete a ion	

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SJC511

Facility ID: 00717

PRINTED: 12/17/2013

TATEMENT	OF DEFICIENCIES	& MEDICAID SERVICES     (X1) PROVIDER/SUPPLIER/CLIA.     IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION	(X3) DAT	0938-039 E SURVEY PLETED
NU LINN O	T COMPLETION	IVENTIFICATION NONDER.	A BUILDIN	4G		ing Santary & Cardor
		245511	B. WING		12/	05/2013
NAME OF P	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP C	ODE	
CENTRA	CARE HEALTH - MO	NTICELLO		1013 HART BOULEVARD MONTICELLO, MN 55362		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	I SHOULD BE	(X5) COMPLETICI DATE
F 322	Continued From pa	age 1	F 32	22	· · · · · · · · · · · · · · · · · · ·	
	by:			****		
•		tion, interview and document		A well work of the second s		
		failed to properly administer th gastrostomy (g-tube)			constand an	
	feeding tube for 1	of 1 residents (R12) reviewed		New Licensed staff will be re		an para series
	for medication adm	ninistration via g-tube.		successfully complete a retu		
	Findings include:		na latanee	demonstration administerin		
			*	through a G Tube during the	ti umicai	
		agnosis Listing dated 12/4/13, agnoses included a		orientation.		
		a tube inserted through the		Medication Administration	audits will be	
		the stomach) and dsyphagia		done weekly x 1 month, the	n 2x monthly	
	(difficulty swallowing	ng).		for 2 months, and then qual		
	The medication ad	ministration care plan dated				
		12 was unable to administer		Audit results will be brough		f
		a traumatic brain injury and all be administered by the		Assurance Committee for re	eview.	
	nursing staff. The			The Director of Nursing/des	lignee is	
		ation/orientation care plan cated R12 was comatose and		responsible for maintaining		•
	unable to commun				м.	
	During observation	n on 12/4/13, at 7:15 a.m.				•
	licensed practical r	nurse (LPN)-A was observed	i i			
		edications to be administered		.∮ ∦		
		LPN-A crushed a et it aside in a small amount of				-
	water, a package o	of Mirilax was added to the		а С		1
		re along with a calcium U anticonvulsant medications.				-
		s were mixed together and $\sim$				
	allowed to sit until	8:30 a.m. LPN-A then checked	an a			
		-tube, administered 60 ml / · · · drew up the medical dras that	3 8 4	\$ 		2. 6
		gether and administered them				
		flushed the g-tube with water.		•		

		AND HUMAN SERVICES & MEDICAID SERVICES			- F	FORM	12/17/2013 APPROVED 0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1.5		E CONSTRUCTION (X		E SURVEY PLETED
-		245511	B. WING			12/	05/2013
NAME OF F	PROVIDER OR SUPPLIER		T	S	TREET ADDRESS, CITY, STATE, ZIP CODE	3 8007 1	····
CENTRA	CARE HEALTH - MON	ITICELLO			013 HART BOULEVARD IONTICELLO, MN 55362		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	× .	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 322	Continued From pa		F3	22			-
	LPN-A stated she a medications togethe	er and had never been ach medication separately,	- ere transformer (state)				
	staff to crush the m lukewarm/cool wate to administration. T	ers dated 10/14/13, directed ultivitamin and let it sit in ir for at least 15 minutes prior the physician orders did not ptable to mix all medication					
	director of nursing ( medications were to facility's policy direc	b be given separately and the ted staff to give each ely and flush with water					
F 323 SS=D	policy dated 9/04, in policy was to ensure administered appro- resident had a feed directed staff to give and flush with water	priately and safely when a ing tube in place. The policy e each medication separately between each medication. ACCIDENT	F 3.	1	F323		01/14/2014
	The facility must en environment remain as is possible; and o	sure that the resident is as free of accident hazards each resident receives on and assistance devices to			ACCIDENTS/SUPERVISION/DE ES Resident 79 immediately had his bed replaced with a bed that has no side r	Amerikan kura	
		• • • • • • •	-	The second			

Event ID: SJC511

FORM CMS-2567(02-99) Previous Versions Obsolete

Facility ID: 00717

If continuation sheet Page 3 of 16

		AND HUMAN SERVICES			FORM	12/17/201: APPROVEI 0938-039
STATEMEN	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IFLE CONSTRUCTION	(X3) DATI	E SURVEY PLETED
		245511	B. WING_		10/	05/2013
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CC		3312010
CENTRA	CARE HEALTH - MOI	NTICELLO	ĺ	1013 HART BOULEVARD		
		to a final sources and sources and		MONTICELLO, MN 55362	-	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X3) COMPLETION DATE
F 323	Continued From pa	ge 3	F 32	13		
	This REOUREME	NT is not met as evidenced				
	by:	rearly resource would be applied and be				
		tion, interview, and document ailed to ensure bed side rails	10 TO	All families to a set of the set		
		and were evaluated to ensure	- - 	All facility beds having side ra		
•	openings within the	rails were of proper size, to		audited to determine if the si		
	reduce entrapment	risk for 1 of 4 residents (R79)		the FDA requirements identif		
	utilized bed side rai	cognitive impairment and	ŕ	Hospital Bed System Dimensi		
		8 Sar 4		Assessment Guide to Reduce	Entrapment.	
	Findings include:			All beds with lower ½ side rai	le have aithau	
	R79's quarterly Min	imum Data Set (MDS) dated		had the rail removed, or zip-t		
	9/24/13, indicated h	le had a diagnosis of		prevent use.		
		erate cognitive impairment,		, provenciade.		
		assistance with bed mobility, water a second state with transfers.		All beds with side rails that ha	ive been	
	with the articleary c			determined to be an unsafe fi		
	at risk for falls and i	ed 9/24/13, included he was njury due to a history of falls,	- - -	will be removed.		
	Unsteady gait, incor	ntinence, and cardiac drug		Residents will be assessed to a	demonstrate	
	systems and 1/2 sid			safe use of the side rails/grab		
		3		be re-assessed on a quarterly		
-		on 12/2/13, at 2:00 p.m. urse (LPN)-C stated R79		safety.		
	utilized upper 1/2 si	de rails on both sides of bed			Ŧ	
:		ransfer himself out of bed.		Results of the side rail audit/ir		
	he will make attemp	was utilized to alert staff, as		will be reviewed by the Qualit	y Assurance	
	~	and and an an		Committee.		
	During observation	on 12/2/13, at 2:35 p.m. R79			in de la compañía de	
. 1		ils at the head of the bed. The gaps within the rails				
	themselves (zone 1	). The gaps measured 7.75 "				
	(inches) by 7.5", 8.5	" by 7.75", and 7.75" x 7.5".				
		as slid over to the right side d frame on the left side. The				
	67(02-99) Previous Versions			facility ID: 00717	ontinuation sheet	

		& MEDICAID SERVICES					APPROVE
	F OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION		'E SURVEY IPLETED
		245511	B. WINC	÷	· ·	12	05/2013
NAME OF I	PROVIDER OR SUPPLIER	<b>1</b>	£	ŧ	STREET ADDRESS, CITY, STATE, ZIP CODE		<u>vurau /v</u>
CENTRA	CARE HEALTH - MOI	NTICELLO	-	£	1013 HART BOULEVARD MONTICELLO, MN 55362		
(X4) ID PREFIX TẠG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRC DEFICIENCY)	D BE	(XS) COMPLETION DATE
F 323	rail to the bed frame Under the edge of t 4) measured 5.75". When interviewed c	e (zone 2) measured 5.5". he rail to the bed frame (zone on 12/4/13, at 9:15 a.m.	F.	323			anne e bible d'a november de la del di interes venne eller e de
	attempts to transfer times, his balance i this, but wants to be	IA)-A stated R79 makes himself out of his bed at s poor and he should not do independent.					e e e e e e e e e e e e e e e e e e e
	12/19/12, indicated for "mobility and sai	Physical Devices, dated 1/2 side rails were being used fety." This form did not on if R79 was safe to use large gaps in them.					
	included the use of sensor, and person R79 was at risk for impaired judgement was no indication, to	ssessment dated 2/15/13, 1/2 side rails on bed, fall mat al alarm. The form indicated falls related to dementia, t, and an unsteady gait. There he facility had assessed R79, side rails with the large gaps.					e delete freque a su a
	environmental servi at 1:00 p.m. the ES measurements. Th aware the FDA had reduce entrapment	e observed with the ce director (ESD) on 12/4/13, D verified the above e ESD stated she was not guidelines for bed side rails to risk. The facilities rails had ed against these guidelines.					verse
	registered nurse (R side rails for reposit not evaluated the la	n 12/5/13, at 9:45 a.m. N)-B, stated R79 uses the bed ioning in bed. The facility had rge gaps in R79's bed side they were safe for him to use.	- - -	•		-	

TRACE IN MERICAL WILL SAIN THE REAL POINT TO ME

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Facility ID: 00717

If continuation sheet Page 5 of 16

PRINTED: 12/17/2013

	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION		TE SURVEY MPLETED
		245511	B. WING		1 42	/05/2013
IAME OF I	PROVIDER OR SUPPLIER		*T	STREET ADDRESS, CITY, STATE, ZIP		
CUTDA	CADE USALTU MO	NTIANI	-	1013 HART BOULEVARD		
CNINA	CARE HEALTH - MO	NIICELLO		MONTICELLO, MN 55362		
(X4) ID	SUMMARY ST/	NTEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CC	RRECTION	(X5)
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX	(EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE		COMPLETIO DATE
mà		oo merina anyo nin campaninan	, 170	DEFICIENCY)	AFFRUENIALC	:
F 323	Continued From pa	ige 5	F 32	23		1
		tled, Restraint Use/Safety				
-		09, included, "Devices will be	1			
-		lintain a safe environment prior				1
		afety devices are monitored for	1000 A			
	general ellectivelle	ss." The policy did not include esident assessment to				
		lar side rails are safe for use.				
-						
	The Federal Drug /	Administration (FDA) guidance	1			
	for Bed System Dir	nensional and Assessment	1			
		e Entrapment issued 3/10/06,				
		ndations intended to reduce				
		apments associated with bed		1		
		lance defined patients at risk hose who are elderly, have	i i i	- Market State		1
1		nory, urinary incontinence, or	denne v			
	walk unsafely withc	out assistance. The	and the second se			
	recommendations a	are for less than 4.75" (a				2
	space where a hea	d could get caught) in zone 1,	£			
		zone 2, and less than 2 3/8" (a	é .			÷
-	space where a nec	k could get caught) in zone 4.		- F		
ĺ	D70's had rails had	larger than the recommended				÷
		se zones, creating a potential	2			
	entrapment hazard					Anno
F 329 ;		EGIMEN IS FREE FROM	F 32			
	UNNECESSARY D			<sup>29</sup> F329 UNNEECESSARY	DRUGS	12/06/201
	Each maidaalla du.	a manimum mu mi sai ba bana baam	n delaning of	Berident on The Parts		
	unnecessary druge	g regimen must be free from . An unnecessary drug is any	d and the second se	Resident 89- The Seroquel 2	···· · · · · · · · · · · · · · · · · ·	
		excessive dose (including	1	PRN at bedtime was discont		
		or for excessive duration; or	 1	12/6/13. Social Services did	discuss a	1
	without adequate m	nonitoring; or without adequate	• •	room change with Resident		
	indications for its us	se; or in the presence of		and he declined the opportu		
	adverse consequer	nces which indicate the dose			murk in riigii86	
i	should be reduced combinations of the	or discontinued; or any	among .	rooms.		1

Event ID: SJC511

Facility ID: 00717

If continuation sheet Page 6 of 16

TATEMEN	F OF DEFICIENCIES	& MEDICAID SERVICES	(X2) MULTI	PLE CONSTRUCTION	1	0938-03
ND PLAN (	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDIN	G		MPLETED
		245511	B WING_	· · · · · · · · · · · · · · · · · · ·	12	/05/2013
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CI		
CENTRA	CARE HEALTH - MO	NTICELLO		1013 HART BOULEVARD MONTICELLO, MN 55362		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATÈMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE / DEFICIENCY)	SHOULD BE	(X6) COMPLET DATE
F 329	resident, the facility who have not used given these drugs (	ehensive assessment of a must ensure that residents antipsychotic drugs are not unless antipsychotic drug	F 32	9 Room relocation options will be offered to the resident as available. A sleep study was o and showed periods of awake	they become completed	01/14/20
	as diagnosed and c record; and residen drugs receive grade behavioral interven	ry to treat a specific condition documented in the clinical its who use antipsychotic ual dose reductions, and tions, unless clinically an effort to discontinue these	ecific condition the clinical tipsychotic tions, and linically continue these the backgroup of the backgroup			
-	This REQUIREMENT is not met as evidenced by: Based on interview and document review, the facility failed to ensure adequate justification and non-pharmacological interventions were attempted prior to the use of an antipsychotic medication, for 1 of 3 residents (R89) reviewed who was prescribed an antipsychotic medication.			Beginning January 1, 2014, re have prescribed antipsychotic will have their medications re Pharmacy for indication of us next scheduled assessment pe quarterly thereafter. Results will be brought to the Assurance Committee for revi	e medication viewed by e during their eriod. and Quality	
s dia manana ang sana ang san Sana ang sana ang san Sana ang sana ang san	9/27/13, included a disease, and severe was no indication of behavior problems or R89. R89's care plan date			Social Services will be respons maintaining compliance on no pharmacological intervention The Director of Nursing/desig responsible for overall compli	on- s. nee is	
	delirium, behavior pi sort.	on but did not identify any roblems, or psychosis of any		* 	-	

		AND HUMAN SERVICES				FORM	): 12/17/2013 / APPROVED ): 0938-0391
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			RUCTION	(X3) DA	TE SURVEY MPLETED
		245511	B. WING			40	/05/2013
NAME OF	PROVIDER OR SUPPLIER		T.	STREETAD	DRESS, CITY, STATE, ZIF		
. Ansama				1013 HART	BOULEVARD		
CENTRO	CARE HEALTH - MOI	NIIGELLO		MONTICE	LLO, MN 55362		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	K (E.	PROVIDER'S PLAN OF C ACH CORRECTIVE ACTION SS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE	(X5) COMPLETION DATE
F 329	Continued From pa	ge 7	F3	29			·
	stated he has some because his room r night. This disrupts feel tired during the the facility was tryin mate so he can hav During interview on practical nurse (LPI	ed on 12/2/13, at 7:05 p.m. and e trouble sleeping at night nate talks and mumbles all s his sleep and causes him to day. R89 stated he thought ig to find him a new room re a quiet and restful night. 12/2/13, at 7:30 p.m. licensed N)-D stated R89 does not	n - An Anna An Anna An Anna An Anna An	na je do strano na postava na			
-	episodes. He does and shouldn't, beca When interviewed o nursing assistant (N shown any behavio is pleasant and coo	problems or psychotic try to self transfer at times use he was unsteady. on 12/5/13, at 9:20 a.m. IA)-B stated R89 has never r problems or psychosis. He perative, but he likes to be ill transfer himself and needs not safe.	a man for a constant of the second	And American States and American American			
	Orders, dated 9/5/1 antipsychotic medic	cord identified Physician /3, included, "Seroquel [an ation] 25 mg [milligrams] p.o. ne] prn [as needed] unable to	and a second				-
	9/27/13, included th recommendations of hs prn unable to sle for use of Seroquel, study-non pharm [p interventions." The note under this date Seroquel for outburs irritable and outburs	of, "Seroquel 25 mg q [every] ep-Sleep is not an indication Recommend sleep		n y na sense a	•		

Event ID: SJC611

Facility ID: 00717

If continuation sheet Page 8 of 16

		AND HUMAN SERVICES					FORM	12/17/201 APPROVEI 0938-039
	OF DEPICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		LE CONSTRUCTION	-		E SURVEY PLETED
		245511	B. WING	3			12/	05/2013
NAME OF I	PROVIDER OR SUPPLIER	L	k	1	STREET ADDRESS, CITY, STAT	E, ZIP CODE	1	
CENTRA	CARE HEALTH - MOI	TICELLO	•	ł. –	1013 HART BOULEVARD			
				<u> </u>	MONTICELLO, MN 55362			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED DEFICI	ACTION SHOUL TO THE APPRO	.D BE	(X5) COMPLETION DATE
F 329	Continued From pa dementia related pr were no nursing no question from the p	oblems not indicated." There tes or follow up addressing the	F:	328		•		
	R89's Patient Inform dated 10/20/13, incl sundown syndrome call out more at nigl Seroquel between	nation physician progress note luded, "He does have and tends to hallucinate and ht. Does frequently get the I1 and 2:30 when he is unable mg of Seroquel has been						
	Record (MAR) indic administered the Se and 9/28/13. Each "unable to sleep." C giving the Seroquel The other two times the Seroquel was he September 2013 Mi Sheets failed to idea sundowning, halluci	aroquel on 9/21/13, 9/27/13, time the reason was listed as On 9/28/13 the results of was noted to be, "Resting." a staff failed to identify if giving elpful or not. R89's bod and Behavior Flow ntify any signs of delusions, nations, or behavior						
	Record and Progress lot during the day, a frequently, but had in or behavior problem identified when R89 Seroquel for "unable	·						
FORM CMS-25	been administered t time the reason was "Sleep." R89's Octo Flow Sheet's failed delusions, hallucina behavioral problems	MAR indicated R89 had the Seroquel 14 times. Each is listed as, "Insomnia," or ober 2013 Mood and Behavior to identify any signs of tions, sundowning, or s. R89's October 2013 cord and Progress Notes Obsolete Event ID: SJC511		Č.	cility ID: 00717	16 combini		Page 9 of 1i

	F OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUU A. BUILDI		ONSTRUCTION		(X3) DA	0938-03 TE SURVEY
1				11400				
0.880 (NE )	PROVIDER OR SUPPLIER	245511	B. WING			······································	*****	/05/2013
RME OF I	PROVIDER OK SUPPLIER					TY, STATE, ZIP CODE		
ENTRA	CARE HEALTH - MO	NTICELLO			HART BOULEV			
			l.		VTICELLO, MN	55362	-	
(X4) ID. PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	κ	(EACH CORR	I'S PLAN OF CORREC ECTIVE ACTION SHO ENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETI DATE
F 329	Continued From pa	ona O	F 3	20				
, 020		d in bed "too often," and	F 3	28				
	continued celf tran	sfers. On 10/12/13 the notes	-0.4					÷
		dent] noted to be upset about						-
		in sleep." He wanted to tell the	-					
	room mate to, "Jus	it shut-up," and was redirected.						
	He was then assist	ted to stay in a different room						
	for the night. On 1	0/20/13 he had refused a bath,						
		he was given Seroquel						
	because of this.							
	been administered once for "insomnia reason given at all, and Behavior Flow	013, MAR indicated R89 had the Seroquel three times, " the other times had no The November 2013 Mood Sheet identified only one	n Andre An Charanness and Francisco a constant a	Andrew Martin Martin Strategies and Andrew Strategies and Andrew Strategies and Andrew Strategies and Andrew St				where we have been a second to be a
	mate and telling hir 2013 Interdiscipling included attempts t	13, as being upset with room n to "shut up." The November ary Record and Progress Notes to self transfer, and on yelling at his room mate to be		-	• • •			- "Per man " and frances."
		ep. On 11/11/12, again R89 m mate being too noisy. On		-				
Transmission - Sandhar Paras - Transmission	the noise level from 11/13/13, R89 com	offered ear plugs to help with h his room mate at night. On plained to staff about his room	· · · · · · · · · · · · · · · · · · ·	- 			)	
g magnesiding analysis of	plugs, so the Seroc the notes included,	d, would not wear the ear quel was given. On 11/24/13, "Resident yelling at room iring the night. Room mate						
	dreaming and mun waking resident up	bling sometimes talking, This nurse gave both eduled meds to see if would		dana ana ing dan dan				an a
() ( ) 		Did not help that much."						and the second sec
	facilities consultant should not be giver	on 12/5/13, at 9:15 a.m. the pharmacist stated Seroquel for insomnia, R89's Seroquel sundowning and calling out.		يريب والمراجع ومراجع والمراجع	•			and South and So

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#### DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A BUILDING 245511 8. WING 12/05/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **1013 HART BOULEVARD CENTRACARE HEALTH - MONTICELLO** MONTICELLO, MN 55362 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID 10 (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) F 329 Continued From page 10 F 329 receive the Seroquel for insomnia/sleep problems, nor was she aware R89's room mate was noisy keeping R89 awake at night. The pharmacist stated the facility should address the underlying cause of the insomnia and attempt non-pharmacological interventions instead of using Seroquel for sleep. When interviewed on 12/5/13, at 9:50 a.m. registered nurse (RN)-B stated she was aware R89's room mate was noisy and causing sleep problems for him. They had provided him with ear plugs, but she did not know if R89 used them or not. She was not aware of any attempts to obtain a different room mate for R89 and stated the MDS nurse was responsible for placing non-pharmacological interventions on the care plan to aide with sleep, When interviewed on 12/5/13, at 10:20 a.m. the MDS nurse RN-C stated she was not aware of R89's problems sleeping due to room mate talking at night, and was not aware R89 was getting medicated with Seroquel due to trouble sleeping. When interviewed on 12/5/13, at 10:40 a.m. Social worker (SW)-A stated she was aware R89 had been having trouble sleeping due to room mate being noisy and had been provided with ear 01/14/2014 plugs. She was not aware of any other F428 DRUG REGIMIN REVIEW interventions being used to assist R89 to sleep at night, nor had any attempts made to get R89 a Per Pharmacy Recommendation dated different room mate. Currently there were no rooms available at the facility. 9/27/13, Resident 89 had a sleep study F 428 483.60(c) DRUG REGIMEN REVIEW, REPORT F.428 completed and non-pharmacological SS=D IRREGULAR, ACT ON interventions trialed as the resident would allow. FORM CMS-2557(02-99) Previous Versions Obsolete Event (D: SJC511 Facility ID: 00717

If continuation sheet Page 11 of 16

PRINTED: 12/17/2013

		AND HUMAN SERVICES & MEDICAID SERVICES				PRINTE FOR OMB N	MAPP	ROVED
TATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		ECONSTRUCTION	(X3) D	ATE SUI	RVEY
		245511	B. WING	3		. 1	2/05/2	013
NAME OF	PROVIDER OR SUPPLIER	······································			TREET ADDRESS. CITY, STATE,	, ZIP CODE		***************************************
CENTRA	CARE HEALTH - MON	ITICELLO		1	013 HART BOULEVARD IONTICELLO, MN 55362			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC	nx	PROVIDER'S PLAN C (EACH CORRECTIVE A CROSS-REFERENCED T( DEFICIE)	CTION SHOULD BE		(X5) MPLETION DATE
	reviewed at least or pharmacist. The pharmacist mu the attending physic	ge 11 If each resident must be ice a month by a licensed st report any irregularities to ian, and the director of reports must be acted upon		and and may have a second of the	Beginning January 2014 review the Pharmacy Re and forward to RN Nurs physician/nurse commu response to the action r Nurse Manager will trac report monthly to the Q Workgroup x 3 months.	ecommendations e Manager for inication and requested. The Ri k responses and quality Assurance		
	by: Based on interview facility failed to follo	IT is not met as evidenced and document review, the w pharmacy consultant or 1 of 3 residents (R89) wh chotic medication.	a di sina a	•	Results of action respon by the Quality Assurance The LTC RN Nurse Mana responsible for compliar	e Committee. ger/designee is	ed	
	Findings include:		and a start of the	andora di akina			:	
	9/27/13, included a disease, severe cog	nimum Data Set (MDS) dat diagnosis of Alzheimer's initive impairment, did not sorder, any behavior proble ium.		and and the second s			a multi tea cana	
	stated he has some because his room n	d on 12/2/13, at 7:05 p.m. a trouble sleeping at night nate talks and mumbles all his sleep and causes him t day.		nina "Alikahiahi hili ya Afrika perakeri sek				
	"Seroquel [an antips	lers, dated 9/5/1/3, included sychotic medication] 25 mg ally] hs [at bedtime] prn [as leep."	n n n n n n n n n n n n n n n n n n n	Shipe Ang Til Yang Ang Shidaga Nangarang Til. T			2. 2.	
	R89's Patient Inform	nation physician progress n	ote				ł	
RM CMS-2	567(02-99) Previous Versions (	Obsolete Event ID:S.	C511	Faci	ility ID: 00717	If continuation shee	it Page	12 of 16

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

PRINTED: 12/17/2013 FORM APPROVED OMB NO: 0938-0391

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '					E SURVEY PLETED
	245511	B. WING				12/(	)5/2013
	NTICELLO		1013 HART BO	ULEVARD	ZIP CODE	· · · · · · · · · · · · · · · · · · ·	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL		X (EACH	I CORRECTIVE AC	TION SHOULD	86	(X5) COMPLETION DATE
dated 10/20/13, inc sundown syndrome call out more at nig Seroquel between to sleep and the 25 helpful." Review of R89's Se 2013 Medication Ac indicated R89 had Seroquel 20 times for being "unable to was left blank. R89's Mood and Be Interdisciplinary Re dated 9/1/13 throug sundown syndrome did include R89 had room mate talked a had been offered e other non-pharmac	e and tends to hallucinate and ht. Does frequently get the 11 and 2:30 when he is unable ing of Seroquel has been eptember through November dministration Record (MAR) been administered the from 9/21/13 through 11/30/13, b sleep, insomnia'' or rational ehavior Flow sheets and cord and Progress Notes gh 12/5/13, did not identify any e or hallucinations. The notes d trouble sleeping because his and mumbled at night. R89 ar plugs on 11/11/13, but no cological interventions had	and and solutions are seen to be made to subject the number of the state of the set	128	DEFICIEN			
R89's Pharmacist I 9/27/13, included th recommendations hs prn unable to slu for use of Seroque study-non pharm [p interventions." The note under this dat Seroquel for outbut irritable and outbur He is basically hos dementia related p were no nursing no	Drug Regimen Reviews, dated he pharmacists of, "Seroquel 25 mg q [every] eep-Sleep is not an indication I. Recommend sleep oharmacological] e primary physician wrote a ed 9/30/13, "Have we used rsts? He has hx [history] of st when not sleeping at home. pice and sleep study for roblems not indicated." There otes or follow up addressing the	n an a' a' an anna aidea a' a' an ann ann ann ann ann ann ann a		· · · · · · · · · · · · · · · · · · ·			
	SUMMARY STA (EACH DEFICIENC' REGULATORY OR L Continued From particular dated 10/20/13, income call out more at nig Seroquel between to sleep and the 25 helpful." Review of R89's Se 2013 Medication Act indicated R89 had Seroquel 20 times for being "unable to was left blank. R89's Mood and Be Interdisciplinary Re dated 9/1/13 throug sundown syndrome did include R89 had room mate talked at had been offered e other non-pharmac been mentioned to R89's Pharmacist I 9/27/13, included th recommendations hs prn unable to slif for use of Seroque study-non pharm [] interventions." The note under this dat Seroquel for outbui irritable and outbur He is basically hos dementia related p were no nursing no	DEF CORRECTION       IDENTIFICATION NUMBER:         245511         PROVIDER OR SUPPLIER         ACARE HEALTH - MONTICELLO         SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)         Continued From page 12 dated 10/20/13, included, "He does have sundown syndrome and tends to hallucinate and call out more at night. Does frequently get the Seroquel between 11 and 2:30 when he is unable to sleep and the 25 mg of Seroquel has been helpful."         Review of R89's September through November 2013 Medication Administration Record (MAR) indicated R89 had been administered the Seroquel 20 times from 9/21/13 through 11/30/13, for being "unable to sleep, insomnia" or rational was left blank.         R89's Mood and Behavior Flow sheets and Interdisciplinary Record and Progress Notes dated 9/1/13 through 12/5/13, did not identify any sundown syndrome or hallucinations. The notes did include R89 had trouble sleeping because his room mate talked and mumbled at night. R89 had been offered ear plugs on 11/11/13, but no other non-pharmacological interventions had been mentioned to aide R89 with sleeping.         R89's Pharmacist Drug Regimen Reviews, dated 9/27/13, included the pharmacists recommendations of, "Seroquel 25 mg q [every] hs pru unable to sleep-Sleep is not an indication for use of Seroquel. Recommend sleep study-non pharm [pharmacological] interventions." The primary physician wrote a note under this dated 9/30/13, "Have we used Seroquel for outbursts? He has hx [history] of irritable and outburst when not sleeping at home. He is basically hospice and sleep study for dementia related problems not indicat	DF CORRECTION       IDENTIFICATION NUMBER:       A. BUILD         245511       B. WING         PROVIDER OR SUPPLER       245511       B. WING         ACARE HEALTH - MONTICELLO       SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)       ID         Continued From page 12       dated 10/20/13, included, "He does have sundown syndrome and tends to hallucinate and call out more at night. Does frequently get the Seroquel between 11 and 2:30 when he is unable to sleep and the 25 mg of Seroquel has been helpful."       F 2         Review of R89's September through November 2013 Medication Administration Record (MAR) indicated R89 had been administered the Seroquel 20 times from 9/21/13 through 11/30/13, for being "unable to sleep, insomnia" or rational was left blank.         R89's Mood and Behavior Flow sheets and Interdisciplinary Record and Progress Notes dated 9/1/13 through 12/5/13, did not identify any sundown syndrome or hallucinations. The notes did include R89 had trouble sleeping because his room mate talked and mumbled at night. R89 had been offered ear plugs on 11/11/13, but no other non-pharmacological interventions had been mentioned to aide R89 with sleeping.         R89's Pharmacist Drug Regimen Reviews, dated 9/27/13, included the pharmacists recommendations of, "Seroquel 25 mg q [every] hs pru unable to sleepSleep is not an indication for use of Seroquel. Recommend sleep study-non pharm [pharmacological] interventions." The primary physician wrote a note under this dated 9/30/13, "Have we used Seroquel for outbursts? He has hx [history] of irritable and outburst when not sleeping at home. He is basically hospice and sleep study for dementia	DEF CORRECTION     IDENTIFICATION NUMBER:     A BUILDING       245511     B. WING       245511     B. WING       STREET ADDRE       ACARE HEALTH - MONTICELLO       SUMMARY STATEMENT OF DEFICIENCIES       ID       RECVIDER OR SUPPLIER       SUMMARY STATEMENT OF DEFICIENCIES       ID       PROVIDER OR SUPPLIER       ID       PROVIDER OR SUPPLIER       ID       ID       PREFIX       ID       PREFIX       Continued From page 12       F 428       Continued From page 12       G dated 10/20/13, included, "He does have       Sumdown syndrome and tends to hallucinate and       Call of the does frequently get the       Seroquel has been       being of Seroquel has been       heipful."       Review of R89's September through November       2013 Medication Administration Record (MAR)       Indicated R89 had been administered the       Seroquel 20 times from 9/21/13 through 11/30/13,       for being "Unable to sleep, Insomnia" or rational	DF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING         245511       B WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, 1013 HART BOULEVARD MONTICELLO, MN 55362         CARE HEALTH - MONTICELLO       ID         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREPK         Continued From page 12       F 428         dated 10/20/13, included, "He does have sundown syndrome and tends to hallucinate and call out more at night. Does frequently get the Seroquel between 11 and 2:30 when he is unable to sleep and the 25 mg of Seroquel has been helpfu!."         Review of R89's September through November 2013 Medication Administration Record (MAR) indicated R89 had been administered the Seroquel 20 times from 9/2/1/13 through 11/30/13, for being "unable to sleep, insomnia" or rational was left blank.         R89's Mood and Behavior Flow sheets and Interdisciplinary Record and Progress Notes dated 9/1/13 through 12/5/13, did not identify any sundown syndrome or hallucinations. The notes did include R89 had trouble sleeping because his room mate talked and mumbida at night. R89 had been offered ear plugs on 11/11/13, but no other non-pharmacological interventions had been mentioned to aide R89 with sleeping.         R89's Pharmacist Drug Regimen Reviews, dated 9/30/13, included the pharmacists recommendations of, "Seroquel 25 mg q [every] hs pru nable to sleep-Sleep is not an indication for use of Seroquel Recommend sleep study-non pharm [pharmacological]         R89's Pharmacist Drug Regimen Reviews, dated Seroquel for outburst? He has ht [history] of intribue had outburst when not sleeping at home. He is basically hospice and sleep is up of	DP CORRECTION       IDENTIFICATION NUMBER:       A BUILDING         245511       B WING         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE         NOARE HEALTH - MONTICELLO       DTIS HART BOULEVARD         SUMMARY STATEMENT OF DEFICIENCIES       D         (EACH DEPICIENCY MUST BE PRECEDED BY FULL       PREVIDENT SCHORES PLAN, ON SSOLD         REGULATORY OR LSC DEENTIFYING INFORMATION       F428         Continued From page 12       F 428         dated 10/20/13, included, "He does have sundown syndrome and tends to haflucinate and call out more at night. Does frequently get the Seroquel between 11 and 2:30 when he is unable to sleep and the 25 mg of Seroquel has been helpful."       F 428         Review of R89's September through November 2013 Medication Administration Record (MAR) indicated R89 had been administered the Seroquel 20 times from 3/21/13 through 11/30/13, for being "unable to sleep, insomnia" or rational was left blank.         R89's Mood and Behavior Flow sheets and Interdisciplinary Record and Progress Notes did include R89 had trouble sleeping because his room mate talked and mumbled at night. R89 had been offered ear plugs on 1/11/13, but no other non-pharmacological interventions had been mentioned to aide R89 with sleeping.         R89's Pharmacist Drug Regimen Reviews, dated 9/27/13, included the pharmacists recommendations of, "Seroquel 25 mg q [every] hs pn unable to sleep. Sleep is not an indication for use of Seroquel, Recommend sleep study-non pharm [bfarmacological] interventions." The primary physician wrote a note under this dated 9/30/13, "Have we used Seroquel	DF CORRECTION       IDENTIFICATION NUMBER:       A BUILDING       12//         PROVIDER OR SUPPLIER       245511       B WING       12//         PROVIDER OR SUPPLIER       STREET ADDRESS, CITY, STATE, ZIP CODE       103 HART BOULEVARD         CARE HEALTH - MONTICELLO       STREET ADDRESS, CITY, STATE, ZIP CODE       103 HART BOULEVARD         MONTICELLO, MN 55352       SUMMARY STREMEN OF DEFICIENCES       ID       PROVIDER FAN OF CORRECTION         REGULATORY OR LSC IDENTIFYING INFORMATION)       PREFX       TAG       PROVIDER FAN OF CORRECTION         Continued From page 12       Gated 10/20//3, included, "He does have sundown syndrome and tends to halfucinate and call out more at night. Does frequently get the Seroquel Exemption of Seroquel has been helpful."       F 428         Review of R89'S September through November 2013 Medication Administration Record (MAR) indicated R89 had been administration Record (MAR) indicated R89 had been administred the Seroquel 20 times from 9/21/13 through 11/30/13, for being "unable to sleep, Insomnia" or rational was left blank.       R89'S Mood and Behavior Flow sheets and Interdisciplinary Record and Progress Notes dated 9/1/13 through 12/2/13, included the pharmacists recommendations of, "Seroquel 25 mg g [every] has prunable to sleep. Sleep ing occause his room mate taked and mumbled at night. R89       R89'S Pharmacist Drug Regimen Reviews, dated 9/2/13, included the pharmacists recommendations of, "Seroquel 25 mg g [every] has prunable to sleep. Sleep is not an indication for use of Seroquel 25 mg g [every] has prunable to sleep. Sleep is not an indication for use of Seroquel 25 mg

DEPARTMENT OF HEALTH AND HUMAN SERVICES     PRINTER: 121/0013       DEMARTICAL SPORT MEDICARE & MEDICAND SERVICES     OWN AND OSSIDERT       Statistic of strandbalants     (A) Interpretation in Vention (A)						r
DEPARTMENT OF INAL IN AND HOMAN SERVICES     FORM APPROVED       CENTERS FOR MEDICARS, MEDICALDS, MEDICALDS SERVICES     CMB NO.0.0959-0931       ATTEMENT OF DEPICENCIES     (A) PROVIDER OR SUMPLY       MARE OF PROVIDER OR SUMPLY     246511       246511     (C) MULTIPLE CONTRUCTION       246512     (C) MULTIPLE CONTRUCTION       24700     (C) MULTIPLE CONTRUCTION       24717     (C) MULTIPLE CONTRUCTION       24717     (C) MULTIPLE CONTRUCTION <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>						
Instruction         (A)         PROVMERSIDE PLEACUA INDERVISION         (A)				a I		FORM APPROVED
NAME OF PROVIDER OR SUPPLIER     12109/2013       CENTRACARE HEALTH - MONTICELLO     STREET ADDRESS, CITY, STREE ZPF CODE       101 HART BOULEVARD MONTICELLO, MK 5582     101 HART BOULEVARD MONTICELLO, MK 5582       102 JUNANEY STARSMENT OF DEPREMIENT PROVIDER OF DEPREMIENT PROVI	TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	1.5	TIPLE CONSTRUCTION	(X3) DATE SURVEY
NAME OF PROVIDER OR SUPPLIER     STREET ADDRESS ONY, STATE 2P EDDE       1/44 10     BUMMARY STATEMENT OF DEFICIENCIES     D       1/46     REQUILEVARD     PROVIDERS FLAN OF COMPECTION       1/46     Continued From page 13     F       F 428     Continued From page 13     F       When interviewed on 12/5/13, at 8:15 a.m. the consultant pharmacist stated Seroquel should ont be given for insomnia.RBS stroopul was being given for sundowning and caling out. The pharmacist was not ware R89 stroom mate was noisy keeping R99 awake at night. She stated the facility should address the underlying cause of the insomnia and steenpt non-pharmacological interventions instead of using Seroquel for R89 with insomnia. She was not aware of any attempts to obtain a different noom mate for R89.       F 441     Noicy was requested, but not provided by the facility.       F 441     Street TON Forgram Infection Control Program the facility must establish and maintain an infection Control Program to the prevent the development and transmission of disease and infection.       (1) Investigates, controls, and prevents infections       (2) Infection Control Program The facility must establish antificion Control Program under which it - (1) Investigate			245511	B. WING		10/06/2012
CENTRACARE HEALTH - MONTCELLO     MONTCELLO, MN 55352       (M) 10 PRETX TAG     SUMMARY STATEMENT OF DEFICIENCIES RESULTIONT OF LSC DENTRINKS INFORMATION RESULTIONT OF LSC DENTRIFIES OF RESULTIONT OF LSC DENTRIFIES OF PRETX RESULTIONT OF LSC DENTRIFIES OF RESULTIONT OF LSC DENTRIFIES OF RESULTION OF LSC DENTRIFIES OF LSC DENTRIFIES RESULTION OF LSC DENTRIFIES OF LSC DENTRIFIES OF RESULTION OF LSC DENTRIFIES OF LSC DENTRIFIES OF LSC DENTRIFIES OF RESULTION OF LSC DENTRIFIES OF LSC DENTRIFIES OF	NAME OF I	PROVIDER OR SUPPLIER		tT		1210012010
Phetry Inc.       (EACH SERIERRY MUST BE PRECEDED BY FULL       PEERX       The Construction should be constructed by the construction of the precedent	CENTRA	CARE HEALTH - MON	ITICELLO			
When interviewed on 12/5/13, at 9:15 a.m. the consultant pharmacist stated Seroquel should not be given for insomnia, R39's Seroquel was being given for sundowning and caling out. The pharmacist was not aware R89's continued to receive the Seroquel for insomnia/sleep problems, nor was she aware R89's room mate was noisy keeping R89 awake at right. She stated the facility should address the underlying cause of the insomnia and attempt non-pharmacological interventions instead of using Seroquel for sleep.         When interviewed on 12/5/13, at 9:50 a.m. registered nurse (RN)-B stated she was aware R89's room mate was noisy and causing sleep problems for him. They had provided him with ear plugs, but she did not know if R89 used them or not. No other interventions had been placed to assist R89 with insomnia. A sub-serve was no isy and causing sleep problems for him. They had provided by the facility.         F 441       483.65 INFECTION CONTROL, PREVENT SPREAD, LINENS         F 441       F441 INFECTION CONTROL SPREVENT SPREAD, LINENS         F 441       F441 INFECTION CONTROL PREVENT SPREAD, LINENS         F 441       F441 INFECTION CONTROL PREVENT SPREAD, LINENS         F 441       F441 INFECTION control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.         (a) Inflection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFD	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE COMPLÉTION
When interviewed on 12/5/13, at 9:15 a.m. the consultant pharmacist stated Seroquel should not be given for insomnia, R39's Scroquel was being given for sundowning and calling out. The pharmacist was not aware R89's continued to receive the Seroquel for insomnia/sleep problems, nor was she aware R89's room mate was noisy keeping R89 awake at night. She stated the facility should address the underfying cause of the insomnia and attempt non-pharmacological interventions instead of using Seroquel for sleep.         When interviewed on 12/5/13, at 9:50 a.m. registered nurse (RN)-B stated she was aware R89's room mate was noisy and causing sleep problems for him. They had provided him with ear plugs, but she did not know if R89 used them or not. No other interventions had been placed to assist R89 with insomnia. She was not aware to any attempts to obtain a different room mate for R89.         A policy was requested, but not provided by the facility.       F 441         Ss=F       F441 INFECTION CONTROL, PREVENT SPREAD, LINENS         The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.       F 441         (a) Infection Control Program The facility must establish and mainterion for disease, controls, and prevents infections       F 441	F 428	Continued From pa	ne 13	С. А.	28:	
pharmacist was not aware R89 continued to receive the Seroquel for insomnia/sleep problems, nor was she aware R89's room mate was noisy keeping R89 awake at night. She stated the facility should address the underlying cause of the insomnia and attempt non-pharmacological interventions instead of using Seroquel for sleep.         When interviewed on 12/5/13, at 9:50 a.m. registered nurse (RN)-B stated she was aware R89's room mate was noisy and causing sleep problems for him. They had provided him with ear plugs, but she did not know if R89 used them or not. No other interventions had been placed to assist R89 with insomnia. She was not aware of any attempts to obtain a different room mate for R89.       F 441       F441 INFECTION CONTROL, PREVENT       F 441         F 441       483 65 INFECTION CONTROL, PREVENT SS=F       SPREAD, LINENS       F 441         The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.       F 441       The policy entitled "Laundry" dated 12/4/13 has been updated to include the specific type of gown the laundry staff are to be wearing when sorting soiled linen.         (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections       F 441		When interviewed c consultant pharmac not be given for inso	n 12/5/13, at 9:15 a.m. the ist_stated Seroquel should omnia, R89's Seroquel was	33. <b>8</b> . <b>1949</b> . 1819 - 1919 1919 - 1919 1910 - 1919 1910 - 1919 1910 - 1919 1910 - 1910 1910 - 1910 1	0	
stated the facility should address the underlying cause of the insomnia and attempt non-pharmacological interventions instead of using Seroquel for sleep. When interviewed on 12/5/13, at 9:50 a.m. registered nurse (RN)-B stated she was aware R89's room mate was noisy and causing sleep problems for him. They had provided him with ear plugs, but she did not know if R89 used them or not. No other interventions had been placed to assist R89 with insomnia. She was not aware of any attempts to obtain a different room mate for R89. A policy was requested, but not provided by the facility. F 441 433.65 INFECTION CONTROL, PREVENT SS=F SPREAD, LINENS The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection. (a) Infection Control Program The facility wust establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections		pharmacist was not receive the Seroque problems, nor was s	aware R89 continued to al for insomnia/sleep she aware R89's room mate	and a second		
When interviewed on 12/5/13, at 9:50 a.m. registered nurse (RN)-B stated she was aware R9's room mate was noisy and causing sleep problems for him. They had provided him with ear plugs, but she did not know if R89 used them or not. No other interventions had been placed to assist R89 with insomnia. She was not aware of any attempts to obtain a different room mate for R89.       F 441       F 441 <td>and a second second</td> <td>stated the facility sh cause of the insomr non-pharmacologic</td> <td>ould address the underlying nia and attempt al interventions instead of</td> <td></td> <td></td> <td></td>	and a second	stated the facility sh cause of the insomr non-pharmacologic	ould address the underlying nia and attempt al interventions instead of			
problems for him. They had provided him with         ear plugs, but she did not know if R89 used them         or not. No other interventions had been placed to         assist R89 with insomnia. She was not aware of         any attempts to obtain a different room mate for         R89.         A policy was requested, but not provided by the         facility.         F 441         SS=F         SPREAD, LINENS         The facility must establish and maintain an         Infection Control Program designed to provide a         safe, sanitary and comfortable environment and         to help prevent the development and transmission         of disease and infection.         (a) Infection Control Program         The facility must establish an Infection Control         Program under which it -         (1) Investigates, controls, and prevents infections	, ,	When interviewed o registered nurse (RI	n 12/5/13, at 9:50 a.m. N)-B stated she was aware			
facility.       F 441       483.65 INFECTION CONTROL, PREVENT       F 441       F 441       INFECTION CONTROL       01/14/2014         SS=F       SPREAD, LINENS       The facility must establish and maintain an Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.       The policy entitled "Laundry" dated 12/4/13 has been updated to include the specific type of gown the laundry staff are to be wearing when sorting soiled linen.       to be wearing when sorting soiled linen.         (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections       Control Program Control Program Control Program Control Program Under Which it - (1) Investigates, controls, and prevents infections       Control Program Control	annoon - innoisin éirige is life	problems for him. T ear plugs, but she d or not. No other inte assist R89 with inso any attempts to obta	hey had provided him with id not know if R89 used them arventions had been placed to mnia. She was not aware of			
SS=F       SPREAD, LINENS       F441 INFECTION CONTROL         The facility must establish and maintain an infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.       The policy entitled "Laundry" dated 12/4/13 has been updated to include the specific type of gown the laundry staff are to be wearing when sorting soiled linen.         (a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections       F441 INFECTION CONTROL		facility.	· • •			2
Infection Control Program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of disease and infection.12/4/13 has been updated to include the specific type of gown the laundry staff are to be wearing when sorting soiled linen.(a) Infection Control Program The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections12/4/13 has been updated to include the specific type of gown the laundry staff are to be wearing when sorting soiled linen.			CONTROL, PREVENT	F44	F441 INFECTION CONTROL	01/14/2014
The facility must establish an Infection Control Program under which it - (1) Investigates, controls, and prevents infections	gy ann yn 1990, a marafi digant a 1	Infection Control Pro safe, sanitary and co to help prevent the c	ogram designed to provide a omfortable environment and development and transmission		12/4/13 has been updated to inclus specific type of gown the laundry s	de the taff are
		The facility must est Program under which	ablish an Infection Control			
RM CMS-2567(02-99) Previous Versions Obsolete     Event ID: SJC511     Facility ID: 00717     If continuation sheet Page 14 of 16		(1) mycauyates, cor				
	RM CMS-25	67(02-99) Previous Versions	Obsolete Event ID: SJC511		Facility ID: 00717 If continuation	in sheet Page 14 of 16
						×.

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

PRINTED: 12/17/2013 FORM APPROVED OMB NO 0938-0391

						. 0938-039
	FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIF A. BUILDING	LE CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED
	· · ·	245511	B. WING		12	/05/2013
	PROVIDER OR SUPPLIER	NTICELLO		STREET ADDRESS, CITY, STATE, ZIP CODE 1013 HART BOULEVARD MONTICELLO, MN 55362		00/2010
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(XS) COMPLETION DATE
F 441	Continued From pa in the facility; (2) Decides what pa	ge 14 ocedures, such as isolation,	F 441	All staff handling soiled linen has		
. · · · ·	should be applied to	o an individual resident; and order of incidents and corrective		educated on the gowns to be wo handling soiled linen. Audits to assure compliance will		- un de la que voi
	(b) Preventing Spre (1) When the Infect determines that a re	ad of Infection ion Control Program esident needs isolation to	-	completed weekly x 4 weeks, the monthly for 2 months, then quar	en 2x	A Constant of the Constant of
,	<ul> <li>prevent the spread of infection, the facility must isolate the resident.</li> <li>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, i direct contact will transmit the disease.</li> <li>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</li> </ul>			Audit results will be brought to t Assurance Committee for review		
				The EVS Manager/designee is re- for maintaining compliance.	ponsible	
	(c) Linens Personnel must har transport linens so a infection.	idle, store, process and as to prevent the spread of				
9864 - 1912	by: Based on observati	IT is not met as evidenced on, interview, and document	•			
:	was sorted in a mar infection. This prac all 84 residents curr	illed to ensure solled laundry iner to prevent the spread of tice had the potential to affect ently residing in the facility, ry or linens processed in the partment.				-
a Mina da sera	Findings include:		-			
ORM CMS-256	07(02-99) Previous Versions (	Disolele Event ID: SJC511	Fac	lilly ID: 00717 If continu	lation sheet P	Page 15 of 16

		AND HUMAN SERVICES & MEDICAID SERVICES					FORM	12/17/2013 APPROVED 0938-0391
1	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION			E SURVEY PLETED
		245511	B. WING				12/	05/2013
NAME OF F	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATI	E, ZIP CODE	1	
CENTRA	CARE HEALTH - MOI	ITICELLO			3 HART BOULEVARD			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN (EACH CORRECTIVE) CROSS-REFERENCED DEFICIL	ACTION SHOUL	DBE	(X5) COMPLETION DATE
F 441	During observation Laundry aide (LA)-/ sorted using gloves long sleeved and sr made out of clothe. impervious to liquid several times a day	ge 15 on 12/4/13, at 11:00 a.m. demonstrated how laundry is and a gown. The gown was happed up the front, it was LA-A stated the gown is not s, but it gets changed out when it gets wet. LA-A under the gown could get wet	F4					
	those. They use to liquid, but they were started using the cle ago. When interviewed of	te clean items when she folds have gowns impervious to too hot to wear so they oth jackets quite some time in 12/4/13; at 1:15 p.m. the ces manager stated laundry		nye inadi samananini mamain e - a a - a - a - a - a - a - a - a - a	•	, r		
	aides should be we impervious to liquid	aring clothing protection that is s to prevent clothing from h potential infectious material		4				
	included, "Linen sha processed so as to or disease." The po gowns when sorting	led Laundry, dated 12/4/13, all be handled, stored and control the spread of infection plicy indicated staff should use linen, but did not specify if impervious to fluids.						,
<ul> <li>A. M. C. M. C. M. C. M. C. M. M.</li></ul>		a - agos an an su						
FORM CMS-25	87(02-99) Previous Versions.	Obsolete Event ID: SJC511		Facilit	y ID: 00717	If continua	tion sheet f	Page 16 of 16

AND PLAN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATIONNUMBER	(X2) MULTIF A. BUILDIN	PLE CONSTRUCTION	OMB NO 0938 (X3) DATE SURVI COMPLETED
		245511	B. WING		COMPLETED
	PROVIDER OR SUPPLIER	ITICELLO		STREET ADDRESS, CITY, STATE, ZIP CC 1013 HART BOULEVARD	12/04/20 DE
(X4) ID PREFIX TAG	LEAGH DEFICIENCY I	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL CIDENTIFYING INFORMATION)	ID PREFIX TAG	MONTICELLO, MN 55362 PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AJ DEFICIENCY)	HOLLONE
K 000	INITIAL COMMENTS		К 000		
	FIRE SAFETY			l l	
M-hl-1	DEPARTMENT'S ACI SIGNATURE AT THE	C WILL SERVE AS YOUR OMPLIANCE UPON THE CEPTANCE. YOUR BOTTOM OF THE FIRST 2567 WILL BE USED AS COMPLIANCE.		POC ok 78 1-3-14	
2	CONDUCTED TO VA SUBSTANTIAL COMI REGULATIONS HAS	AN ACCEPTABLE POC, AN YOUR FACILITY MAY BE LIDATE THAT PLIANCE WITH THE BEEN ATTAINED IN YOUR VERIFICATION			
(25-13	Fire Marshal Departmen Fire Marshal Division. he Centracare Health vas found not in subst equirements for partic Medicare/Medicaid at 4 83.?0(a), Life Safety dition of National Fire	12 CFR, Subpart from Fire, and the 2000 Protection Association Life Safety Code (LSC)		RECEIVE	ED 1
	LEASE RETURN THI ORRECTION FOR TH DEFICIENCIES (K-TA HEALTH CARE FIRE	HE f:IRE SAFETY GS) TO: INSPECTIONS		DEC 3 0 2013	
4	TATE FIRE MARSHAI 44 CEDAR STREET, T. PAUL, MN 55101-5	SUITE 145	r	STATE FIRE MARSHAL DI	
ATORY DIF		IPPLIER REPRESENTATIVE'S SIGNATU		fr. TITLE	(X6) DATE
pry	andan	Surector of	far.	hay be excused from correcting providing	. /

.

Event ID: SJC521

Facility ID: 00717

14

STATEMEI AND PLAN	NT OF DEFICIENCIES OF CORRECTION	E & M E D IC A ID SERVICES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPL	E CONSTRUCTION	0 M 8 N 0	APPROVE
		IDENTIFICATION NUMBER:		01 - MAIN BUILDING 01		PLETED
MART OF		245511	B WING			
	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CODE	12/0	04/2013
CENTR	ACARE HEALTH - MC			13 HART BOULEVARD ONTICELLO, MN 55362		
(X4) ID PREFIX TAG	I (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING NFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	SHUD BE	collect no DATE
K 000	Continued From pa By e-mail to: Barbara.lundberg@ and Marian.Whitney@st	state.mn, us	K 000			
	DEFICIENCY MUS FOLLOWING INFO	hat has been or will be done		-		
1	3. The name and/or responsible for corre prevent a reoccurrer The facility is a 2-sto Sub-basement built to be of Type 11(222)	ection and monitoring to nee of the deficiency. bry building with a in 1986 and was determined construction. The facility is		×		
s s t k	system with smoke of spaces open to the of automatic fire departs has a capacity of 89 beds at the time of th				1	
/ M K 011 ; I SS=D 1 I I b ra	NFPA 101 LIFE SAFI f the building has a c nonconforming building arrier having at least ating constructed of r	ETY CODE STANDARD	K 011			

If continuation sheet Page 2 of 8

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES			PRINTED: 12/17/2013 FORM APPROVED OMB NO 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		CONSTRUCTION 1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
245511	B. WING		12/04/2013
NAME OF PROVIDER OR SUPPLIER CENTRACARE HEALTH - MONTICELLO	101	REET ADDRESS, CITY, STATE, ZIP CODE 3 HART BOULEVARD DNTICELLO, MN 55362	
(X4) ID     SUMMARY STATEMENT OF DEFICIENCIES       PREFIX     (EACH DEFICIENCY MUST BE PRECEDED BY FULL       TAG     REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETION
K 011 Continued From page 2 corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2	K 011		
This STANDARD is not met as evidenced by: Observations revealed that there was a penetration in the fire barrier within the facility to did not meet the rated requirements for two ho	hat ur		
fire separation and are not in accordance with NFPA 101 "The Life Safety Code" 2000 edition (LSC) section 19.1.1.4.3,. These deficient practices could allow the products of combustic to travel from one building to another, which co negatively affect the residents, staff and visitors of the facility.	on		
Findings include: On facility tour between 9:30 AM to 1:30 PM or 12/04/2013, observation revealed, that the 2 ho fire separation wall that is separating the hospi from the Care Center was found to have an 8 inch by 16 inch opening found above the ceilir tile that is located between the employee breakroom and the hospital Air Handling/Mechanical room. The opening that	our ital ng	Opening was repaired and sea approved method for repairin through a fire rated assembly 2 hour separation wall.	g penetrations
passing through the 2 hours separation wall ar is not sealed with an approved method for through penetration fir rate_d asse'llbl.	nd	RECEIV	
This deficient condition was confirmed by the Lead Engineer (TM). K 022 NFPA 101 LIFE SAFETY CODE STANDARD SS=F	K 022	DEC 3 0 20 MN DEPT. OF PUBLIC S STATE FIRE MARSHALT	SAFETY
Access to exits is marked by approved, readily		1 × 1 × 1	1

Facility ID: 00717

If continuation sheet Page 3 of 8

CIVE CIN	C EOD MCDICADE	& MEDICAID SEDVICES		1	FORM APPROV DMS NO 0938-03
ATEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	1	CONSTRUCTION I - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		245511	B. WING		12/04/2013
	PROVIDER OR SUPPLIER		101:	EET ADDRESS, CITY, STATE, ZIP CODE 3 HART BOULEVARD INTICELLO, MN 55362	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETI
1	reach exit is not rea occupants. 7.10. This STANDARD Based on observati provide 8 of severa marks the means of with NFPA Life Saf Sec. 7.10.1.7 and	cases where the exit or way to adily apparent to the	K 022		
	staff and visitors, b an exit from the bu event of an emerge Findings include: On facility tour betw	y causing confusion in locating ilding to the public way in the			
		cated at both en9s of the 1st prridor were obscured by			
		cated at both ends of the 1st ridor were obscured by interior			
	3. the exit signs to	cated at both ends of the 2nd			

Facility ID: 00717

If continuation sheet Page 4 of 8

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	: 12/1//201 APPROVEI .0938-039
TATEMENT	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		PLE CONSTRUCTION NG 01 • MAIN BUILDING 01	(X3) DA1	TE SURVEY IPLETED
		245511	B. WING_	-	12	/04/2013
NAME OF I	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE	the second s	10112015
CENTRA	CARE HEALTH - MO	NTICELLO		1013 HART BOULEVARD MONTICELLO, MN 55362		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETIC DATE
K 022	<ul><li>interior decorations</li><li>4. the exit signs lo</li></ul>	cated at both ends of the 2nd	0	interior decorations were moved the survey, to the satisfaction of ot obscure the exit signs at all not	the survey	
	dayroom lead into not connect to the "NO EXIT". These required exit and n reads as follows: N be in letters 2 inche width of 3/8 inch, a	ed in the 1st floor resident a enclosed courtyard that does public way are not marked as doors are not part of a eeds to display a sign that IO EXIT. The word "NO" shall es in height and with a stroke and the word "EXIT' in letters 1 ed directly below the word	dayroom	that reads "NO EXIT" was placed door, which complies with height .10.8.1 of the LSC.		
	Lead Engineer (TN	ition was confirmed by the I). AFETY CODE STANDARD				
	fire-rated doors) of l extinguishing syster l and/or 19.3.5.4 pro- l the approved autor option is used, the other spaces by smo doors. Doors are s field-applied protect	d construction (with % hour r an approved automatic fire m in accordance with 8.4.1 otects hazardous areas. When matic fire extinguishing system areas are separated from k_e res[sting pqrtiti_ons and elf-closing and non-rated or twe plates that do not exceed bottom of the door are 1	K 02	9		
				-		T)
						10

		E & MEDICAID SERVICES				0 0938-03
	OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 01 - MAIN BUILDING 01		TE SURVEY
		245511	B. WING		12	2/04/2013
AME OF F	PROVIDER OR SUPPLIER	2		STREET ADDRESS, CITY, STATE, ZIP CO		
CNTDA	CARE HEALTH - M			1013 HART BOULEVARD		
ENTRA	WARE HEALTH - M	ONTICEELO		MONTICELLO, MN 55362		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETIO DATE
K 029	Continued From	page 5	K 029	9		
	Based on observ provide proper pro- hazardous areas accordance with 1 (2000 edition) sec deficient practice residents, staff, au	is not met as evidenced by: ations, the facility has failed to otection from 1 of several located throughout the facility in NFPA Life Safety Code 101 ction 19.3.2.1. The following could negatively affect the nd visitors as smoke and fire in enter the corridor making it				
	Findings include: On facility tour be 12/04/2013, obse several penetrati door located in th	tween 9:30 AM to 1:30 PM on rvation revealed, that there were ; on in the wall above the corridor e mechanical room #237 that with an approved intumescent		Wall penetrations in room #237		
				an approved intumescent fire o		12/19/13
K 038	: Lead Engineer (1	ndition was confirmed by the IM). SAFETY CODE STANDARD	K 03	8		
SS=F	accessible at all t 7.1. 19.2.1 This STANDARD i	anged so that exits are readily imes in accordance with section s not met as evidenced by:				
	Haraday brited to po	a loe a la a cara la sere ra la esta a f le viéte à la fatevera la esta a f la ce a ît <u>ă</u> tê e fatita a îtă				1

	IMENT OF HEALTH	HAND HUMAN SERVICES			PRINTED: 12/17/2013 FORM APPROVED OMB_NO_0938-0391
	ES T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	. ,	IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		245511	D: WING_		12/04/2013
	PROVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE 1013 HART BOULEVARD	
GENTRA	CARE HEALTH - WR	NHIOLLEO	<b>k</b>	MONTICELLO, MN 55302	
(X4) 1D PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID I PREFIX TAG	PROVIDER'S PLAN ( (EACH CORRECTIVE A CROSS-REFERENCED T DEFICIENT	OTHE APPROPRIATE DATE
				THE REPORT OF	23K
K 038	Continued From p	age 6	K 03	8	
	, and 7.2.1.5.4, 7.2	000 NFPA 101, Section 19.2.1 .1.6.1(d). The deficient practice residents, staff, and visitors.		~	5
	taran ana ana ana ana ana ana ana ana ana				
		tween 9:30 AM to 1:30 PM on vation revealed the following s:		P.	
	magnetic lock on t signs indicating he	orth Wing stairwell has a egress the door that does not have ow to operate coded keypad to prough the magnetically locked			
*	magnetic lock on	ast W ing stairwell has a egress the door that does not have	14		
		v to operate coded keypad to cugh the magnetically locked			
	egress magnetic loc	orth Wing stairwell has a ck on the door that does not ng how to operate coded		1	
	keypad to release magnetically locke	and exit through the ed exit doors,			
	magnetic lock on signs indicating he	ast Wing stairwell has a egress the door that doe not have ow to operate coded keypad to prough the magnetically locked			
	5. The east exit lo	ocated in the sub-basement			
	0	ocked by storage and shelving	110	1	
	[units_		i	1	
FORM CMS-2	567(02-99) Previous Version	s Obsolete Event ID:SJC52	1	Facility ID: 00717	If continuation sheet Page 7 of 8

		RE & MEDICAID SERVICES			OMB NO. 0938-03
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:		CONSTRUCTION 1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		245511	B: WING		12/04/2013
IAME OF P	ROVIDER OR SUPPLIER	R	ST	REET ADDRESS, CITY, STATE, ZIP C	and a second
	CARE HEALTH - M	ONTICELLO		13 HART BOULEVARD	
			M	ONTICELLO, MN 55362	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	SHOULD BE COMPLETIN
K 038	Continued From	page 7		ign were posted at all exits nagnetic door coded keypad	-
			1		. (12/05/1
	This deficient condition was confirmed by the Lead Engineer (TM).		Storage and shelving units blocking the east exit in the subbasement were moved to provide adequate means of egree $\frac{22/05/1}{22/04/2}$		
				2	



#### CONSTRUCTION

# CHANGE REQUEST

Mary Lanegran
CentraCare Health System
1406 6th Avenue North
St. Cloud, MN 56303
PH: 763-271-2207

FROM:	Troy Stutz PH: 952-893-8891 FAX: 952-832-9711
DATE:	11/18/13
PROJECT:	CentraCare Monticello OB
CR:	11

## DESCRIPTION: CR-011: Nursery Circ Board Drawer

We are pleased to offer the pricing to make the following changes: CR-011: Nursery Circ Board Drawer

Subcontractor/Vendor Performed Work: Description Nursery Circ Board Drawer - Material	Subcontractor/Vendor Wilkie Sanderson Wilkie Sanderson	Cost Code 06-40-05 06-40-05	Price \$363 00 \$193.00
Nursery Circ Board Drawer - Labor	AAHAIG OBHOOISON	Subcontract/Vendor Subtotal:	\$556.0
and the second second		Subtotal:	\$556.00

The schedule is not affected by this change.	
RESPONSE DUE DATE:	

Approved By

Date

Company

CC:

	Print	ted: <u>11/18/2013</u>
1010 N. Summit Avenue P.O. Box 250		Page #: 1 of 1
Sauk Rapids, MN 56379	320-252-3165	Fax: 252-0673
CHANGE REQUEST	# <u>7891 - 9</u>	
Attn: Alyssa Fallon	Fax: 952-832-96	000
RJM Construction	Date: 11/18/13	
	Project: CentraCare Health Monti	cello
701 Washington Ave N, #600	1013 Hart Blvd.	
Minneapolis, MN 55401	Monticello, MN	
· · · · · · · · · · · · · · · · · · ·		
DESCRIPTION AND PRICING OF PRO REFERENCE: Rm 255A Nursery Drawer:		DOLLAR AMOUNT
Add to the base contract price to furnish one new plam far melamine pull out surface, with built up edges and finger p		+ 2/1
melamine pull out surface, with built up edges and finger p	uii, per snop drawings included:	\$363
Alt. Price: labor to install drawer system on site, with remo	aval of existing drawer:	\$193
Alt. Price: labor to install drawer system on site, with reme (includes travel time)		
(includes travel time)	Contractor Manager II and Contractor	
	and the second	
24		
-		
19.	A CARL MARKED IN CONTRACT OF A CARL MARKED IN	
11	and the second	
	· · · · · · · · · · · · · · · · · · ·	
and the second se		
THIS CONTRACT AMOUNT WILL BE	INCREASED BY THIS CHANGE REQUEST	\$556
RETURN THIS REQUEST TO WILKIE SANDERSON IMMEDIATELY. UNTIL THIS APPROVED CHANGE REQUEST OR AN OFFI WILKE SANDERSON	ICIAL CHANGE ORDER HAS BEEN RETURNED	
IE AN OFFICIAL CHANGE ORDER CANNOT BE IS	SUED BEFORE THE WORK IS REQUIRED,	
PLEASE INDICATE YOUR INTER	T BY SIGNING BELOW.	
PLEASE INDICATE YOUR INTER		
	APPROVAL DATE:	
PLEASE INDICATE YOUR INTER		