



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
June 16, 2020

Administrator
Fairway View Neighborhoods
201 Mark Drive
Ortonville, MN 56278

RE: CCN: 245451
Cycle Start Date: May 12, 2020

Dear Administrator:

On June 9, 2020, the Minnesota Department of Health, completed a revisit to verify that your facility had achieved and maintained compliance. Based on our review, we have determined that your facility has achieved substantial compliance.

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

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'Joanne Simon', with a horizontal line extending to the right.

Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered
May 20, 2020

Administrator
Fairway View Neighborhoods
201 Mark Drive
Ortonville, MN 56278

SUBJECT: SURVEY RESULTS
CCN: 245451
Cycle Start Date: May 12, 2020

Dear Administrator:

SUSPENSION OF SURVEY AND ENFORCEMENT ACTIVITIES

The Centers for Medicare & Medicaid Services (CMS) is committed to taking critical steps to ensure America's health care facilities are prepared to respond to the threat of disease caused by the 2019 Novel Coronavirus (COVID-19). In accordance with Memorandum QSO-20-20-All, CMS is suspending certain Federal and State Survey Agency surveys, and delaying revisit surveys, for all certified provider and supplier types.

During this time, CMS is prioritizing and conducting only the following surveys: focused infection control surveys, investigations of complaints and facility-reported incidents that are triaged at the Immediate Jeopardy (IJ) level, and revisit surveys for unremoved IJ level deficiencies. With the exception of unremoved IJs, CMS will also be exercising enforcement discretion during the suspension period. For additional information on the prioritization of survey activities please visit <https://www.cms.gov/files/document/qso-20-20-allpdf.pdf-0>.

SURVEY RESULTS

On May 12, 2020, the Minnesota Department of Health completed a COVID-19 Focused Survey at Fairway View Neighborhoods to determine if your facility was in compliance with Federal requirements related to implementing proper infection prevention and control practices to prevent the development and transmission of COVID-19. The survey revealed that your facility was not in substantial compliance. The findings from this survey are documented on the electronically delivered CMS 2567.

PLAN OF CORRECTION

You must submit an acceptable electronic plan of correction (ePOC) for the enclosed deficiencies that were cited during the May 12, 2020 survey. Fairway View Neighborhoods may choose to delay submission of an ePOC until after the survey and enforcement suspensions have been lifted. The provider will have ten days from the date the suspensions are lifted to submit an ePOC. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. Please note that if an onsite revisit is required, the revisit will be delayed until after survey and enforcement

suspensions are lifted. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation.

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

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

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:

Gail Anderson, Unit Supervisor
Email: gail.anderson@state.mn.us
Phone: (218) 332-5140
Fax: (218) 332-5196

INFORMAL DISPUTE RESOLUTION

You have one opportunity to dispute the deficiencies cited on the May 12, 2020 survey through Informal Dispute Resolution (IDR) in accordance with 42 CFR § 488.331. To receive an IDR, send (1) your written request, (2) the specific deficiencies being disputed, (3) an explanation of why you are disputing those deficiencies, and (4) supporting documentation by fax or email to:

Gail Anderson, Unit Supervisor
Email: gail.anderson@state.mn.us
Phone: (218) 332-5140
Fax: (218) 332-5196

An IDR may not be used to challenge any aspect of the survey process, including the following:

- Scope and Severity assessments of deficiencies, except for the deficiencies constituting immediate jeopardy and substandard quality of care;
- Remedies imposed;
- Alleged failure of the surveyor to comply with a requirement of the survey process;
- Alleged inconsistency of the surveyor in citing deficiencies among facilities; and
- Alleged inadequacy or inaccuracy of the IDR process.

We will advise you in writing of the outcome of the IDR. Should the IDR result in a change to the Statement of Deficiencies, we will send you a revised CMS-2567 reflecting the changes.

Fairway View Neighborhoods

May 20, 2020

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An IDR, including any face-to-face meetings, constitutes an informal administrative process that in no way is to be construed as a formal evidentiary hearing. If you wish to be accompanied by counsel for your IDR, then you must indicate that in your written request for informal dispute resolution.

Fairway View Neighborhoods may choose to delay a request for an IDR until after the survey and enforcement suspensions have been lifted. The provider will have ten days from the date the suspensions are lifted to submit a request for an IDR in accordance with the instructions above.

QUALITY IMPROVEMENT ORGANIZATION (QIO) RESOURCES

The Quality Improvement Organization (QIO) Program is committed to supporting healthcare facilities in the fight to prevent and treat COVID-19 as it spreads throughout the United States. QIO resources regarding COVID-19 and infection control strategies can be found at <https://qioprogram.org/>. This page will continue to be updated as more information is made available. QIOs will be reaching out to Nursing Homes to provide virtual technical assistance related to infection control. QIOs per state can be found at <https://qioprogram.org/locate-your-qio>.

Sincerely,



Joanne Simon, Enforcement Specialist
Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit
Health Regulation Division
Telephone: 651-201-4161 Fax: 651-215-9697
Email: joanne.simon@state.mn.us

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

PRINTED: 05/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245451	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 05/12/2020
NAME OF PROVIDER OR SUPPLIER FAIRWAY VIEW NEIGHBORHOODS			STREET ADDRESS, CITY, STATE, ZIP CODE 201 MARK DRIVE ORTONVILLE, MN 56278		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments A COVID-19 Focused Infection Control survey was conducted 5/7/20, to 5/12/20, at your facility by the Minnesota Department of Health to determine compliance with Emergency Preparedness regulations § 483.73(b)(6). The facility was in compliance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Although no plan of correction is requires, it is required that the facility acknowledge receipt of the electronic documents.	E 000			
F 000	INITIAL COMMENTS A COVID-19 Focused Infection Control survey was conducted on 5/7/2020, to 5/12/2020, at your facility by the Minnesota Department of Health to determine compliance with §483.80 Infection Control. The facility was determined not to be in compliance. The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Upon receipt of an acceptable electronic POC, an revisit of your facility will be conducted to validate substantial compliance with the regulations has been attained in accordance with your verification.	F 000			
F 880	Infection Prevention & Control	F 880			

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

TITLE

(X6) DATE

Electronically Signed

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

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F 880 SS=F	Continued From page 1 CFR(s): 483.80(a)(1)(2)(4)(e)(f) §483.80 Infection Control The facility must establish and maintain an infection prevention and control program designed to provide a safe, sanitary and comfortable environment and to help prevent the development and transmission of communicable diseases and infections. §483.80(a) Infection prevention and control program. The facility must establish an infection prevention and control program (IPCP) that must include, at a minimum, the following elements: §483.80(a)(1) A system for preventing, identifying, reporting, investigating, and controlling infections and communicable diseases for all residents, staff, volunteers, visitors, and other individuals providing services under a contractual arrangement based upon the facility assessment conducted according to §483.70(e) and following accepted national standards; §483.80(a)(2) Written standards, policies, and procedures for the program, which must include, but are not limited to: (i) A system of surveillance designed to identify possible communicable diseases or infections before they can spread to other persons in the facility; (ii) When and to whom possible incidents of communicable disease or infections should be reported; (iii) Standard and transmission-based precautions to be followed to prevent spread of	F 880			

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F 880	<p>Continued From page 2</p> <p>infections;</p> <p>(iv)When and how isolation should be used for a resident; including but not limited to:</p> <p>(A) The type and duration of the isolation, depending upon the infectious agent or organism involved, and</p> <p>(B) A requirement that the isolation should be the least restrictive possible for the resident under the circumstances.</p> <p>(v) The circumstances under which the facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease; and</p> <p>(vi)The hand hygiene procedures to be followed by staff involved in direct resident contact.</p> <p>§483.80(a)(4) A system for recording incidents identified under the facility's IPCP and the corrective actions taken by the facility.</p> <p>§483.80(e) Linens. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection.</p> <p>§483.80(f) Annual review. The facility will conduct an annual review of its IPCP and update their program, as necessary. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to cancel all group activities per Centers for Medicare and Medicaid Services (CMS), Coronavirus Disease 2019 (COVID-19) guidance for 17 residents (R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, and R17) identified by the facility as</p>	F 880			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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F 880	<p>Continued From page 3</p> <p>routinely in attendance of group activities in the facility. This deficient practice had the potential to affect all 50 residents who resided in the facility and staff.</p> <p>Findings include:</p> <p>The CMS, Center for Clinical Standards and Quality/Quality, Safety & Oversight Group, QSO memo 20-14 Guidance for Infection Control and Prevention of COVID-19 for nursing homes, revised 3/13/20, provided guidance to cancel all group activities, both internal and external group activities.</p> <p>On 5/7/20, at 10:43 a.m. life enrichment assistant (LEA) indicated she had conducted small group activities of about 7 residents on the household. The LEA confirmed the facility continued to hold small groups of bingo, and happy hour activities in the dining room weekly, with one resident at each table. LEA stated she had scheduled a group happy hour activity gathering in the dining room for that afternoon.</p> <p>On 5/7/20, at 10:55 a.m. nursing assistant (NA)-A indicated the facility had small group gatherings for activities including bingo in the dining room. NA-A indicated the residents were socially distanced with one resident at each table.</p> <p>On 5/7/20, at 11:05 a.m. registered nurse (RN)-A confirmed the facility continued to hold group bingo activities in the dining room.</p> <p>On 5/7/20, at 11:45 a.m. director of nursing (DON) confirmed the facility conducted some small group activities in the neighborhood dining rooms, with 4-6 residents at a time in the groups.</p>	F 880			

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F 880	<p>Continued From page 4</p> <p>On 5/7/20, at 2:01 p.m. during a telephone interview with infection preventionist registered nurse (IPRN) she stated she had not been aware the facility had been holding communal activities. The IPRN stated the facility staff had received education in March of 2020, to stop all group activities. She indicated she had been under the impression all resident activities were held in resident rooms or on a 1:1 basis with resident and a staff member.</p> <p>The facility forms titled Life Enrichment Daily Attendance Sheets Fairway View Neighborhoods 201 Mark Dr. Ortonville MN, May 2020, identified 17 residents documented as attending group activities. The attendance sheets listed: R1, R2, R3, R4, R5, R6, R7, R8, R9, R10, R11, R12, R13, R14, R15, R16, and R17 had attended activities in the facility in May.</p> <p>On 5/8/20, at 2:16 p.m. during a follow up telephone interview, the DON confirmed the facility continued to hold group activities of four (4)-six (6) residents in the neighborhood, in common areas about two (2) times a weekly.</p> <p>On 5/12/20, at 1:41 p.m. during a telephone interview, the Activity Director (AD)-A confirmed 17 of the 50 residents routinely attended the small group activities of three to five residents for bingo, happy hour, and special events when food was served. AD-A defined a group activity as when the residents would gather together in the same spot, several people at a table engaging in an activity. AD-A indicated she felt bingo with residents at individual tables was an independent activity. AD-A confirmed they had</p>	F 880			

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F 880	<p>Continued From page 5</p> <p>been providing small group activities in the neighborhood common areas for the past 6 to eight (8) weeks.</p> <p>The facility policy titled Infection Prevention Emerging Threats-Acute Respiratory Syndromes Coronavirus-Ortonville, revised 4/9/20, identified one of it's purposes was to minimize the number of individuals who came into contact with COVID-19, but lacked direction for resident activities.</p> <p>The untitled facility provided document effective March 10, 2020, identified restrictions on group activities at Fairway View Senior Communities. The document indicated there were no group activities happening in the facility, and instructed staff to ensure residents in common areas of the neighborhoods were socially distanced at least 6 feet apart.</p>	F 880			