



Protecting, Maintaining and Improving the Health of Minnesotans

CMS Certification Number (CCN): 245507

January 20, 2015

Ms. Amy Porter, Administrator
Hillcrest Health Care Center
714 Southbend Avenue
Mankato, Minnesota 56001

Dear Ms. Porter:

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 December 30, 2014 the above facility is certified for:

85 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 85 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.

Hillcrest Health Care Center

January 20, 2015

Page 2

Please contact me if you have any questions.

Sincerely,

A handwritten signature in cursive script that reads "Kamala Fiske-Downing".

Kamala Fiske-Downing, Program Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Telephone: (651) 201-4112 Fax: (651) 215-9697

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of Minnesotans

January 16, 2015

Ms. Amy Porter, Administrator
Hillcrest Health Care Center
714 Southbend Avenue
Mankato, Minnesota 56001

RE: Project Number S5507024

Dear Ms. Porter:

On December 16, 2014, we informed you that we would recommend enforcement remedies based on the deficiencies cited by this Department for a standard survey, completed on December 4, 2014. This survey found the most serious deficiencies to be isolated deficiencies that constituted no actual harm with potential for more than minimal harm that was not immediate jeopardy (Level D) whereby corrections were required.

On January 15, 2015, the Minnesota Department of Health completed a Post Certification Revisit (PCR) by review of your plan of correction to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on December 4, 2014. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of December 30, 2014. Based on our PCR, we have determined that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on December 4, 2014, effective December 30, 2014 and therefore remedies outlined in our letter to you dated December 16, 2014, 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,

A handwritten signature in black ink that reads "Kamala Fiske-Downing". The signature is written in a cursive, flowing style.

Kamala Fiske-Downing, Program Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Telephone: (651) 201-4112 Fax: (651) 215-9697

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 245507	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/15/2015
Name of Facility HILLCREST HEALTH CARE CENTER	Street Address, City, State, Zip Code 714 SOUTHBEND AVENUE MANKATO, MN 56001	

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

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>F0279</u> Reg. # <u>483.20(d), 483.20(k)(1)</u> LSC _____	Correction Completed <u>12/30/2014</u>	ID Prefix <u>F0280</u> Reg. # <u>483.20(d)(3), 483.10(k)(2)</u> LSC _____	Correction Completed <u>12/30/2014</u>	ID Prefix <u>F0282</u> Reg. # <u>483.20(k)(3)(ii)</u> LSC _____	Correction Completed <u>12/30/2014</u>
ID Prefix <u>F0312</u> Reg. # <u>483.25(a)(3)</u> LSC _____	Correction Completed <u>12/30/2014</u>	ID Prefix <u>F0318</u> Reg. # <u>483.25(e)(2)</u> LSC _____	Correction Completed <u>12/30/2014</u>	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed
ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed	ID Prefix _____ Reg. # _____ LSC _____	Correction Completed

Reviewed By _____	Reviewed By _____	Date: 1/15/2015	Signature of Surveyor: _____	Date: 01/15/2015		
State Agency	KS/KFD		03048			
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____		
CMS RO						
Followup to Survey Completed on: 12/4/2014		Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? <table style="float: right; margin-left: 20px;"> <tr> <td>YES</td> <td>NO</td> </tr> </table>			YES	NO
YES	NO					

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

ID: SXFD
Facility ID: 00031

1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245507 2.STATE VENDOR OR MEDICAID NO. (L2) 596340100	3. NAME AND ADDRESS OF FACILITY (L3) HILLCREST HEALTH CARE CENTER (L4) 714 SOUTHBEND AVENUE (L5) MANKATO, MN (L6) 56001	4. TYPE OF ACTION: <u>2</u> (L8) 1. Initial 2. Recertification 3. Termination 4. CHOW 5. Validation 6. Complaint 7. On-Site Visit 9. Other 8. Full Survey After Complaint															
5. EFFECTIVE DATE CHANGE OF OWNERSHIP (L9) 6. DATE OF SURVEY 12/04/2014 (L34) 8. ACCREDITATION STATUS: <u> </u> (L10) 0 Unaccredited 1 TJC 2 AOA 3 Other	7. PROVIDER/SUPPLIER CATEGORY <u>02</u> (L7) 01 Hospital 05 HHA 09 ESRD 13 PTIP 22 CLIA 02 SNF/NF/Dual 06 PRTF 10 NF 14 CORF 03 SNF/NF/Distinct 07 X-Ray 11 ICF/IID 15 ASC 04 SNF 08 OPT/SP 12 RHC 16 HOSPICE	FISCAL YEAR ENDING DATE: (L35) 12/31															
11. LTC PERIOD OF CERTIFICATION From (a) : To (b) : 12.Total Facility Beds 85 (L18) 13.Total Certified Beds 85 (L17)	10.THE FACILITY IS CERTIFIED AS: A. In Compliance With <u> </u> And/Or Approved Waivers Of The Following Requirements: Program Requirements <u> </u> 2. Technical Personnel <u> </u> 6. Scope of Services Limit Compliance Based On: <u> </u> 3. 24 Hour RN <u> </u> 7. Medical Director <u> </u> 1. Acceptable POC <u> </u> 4. 7-Day RN (Rural SNF) <u> </u> 8. Patient Room Size <u> </u> 5. Life Safety Code <u> </u> 9. Beds/Room X B. Not in Compliance with Program Requirements and/or Applied Waivers: * Code: B* (L12)																
14. LTC CERTIFIED BED BREAKDOWN <table style="width:100%; border: none;"> <tr> <td style="text-align: center;">18 SNF</td> <td style="text-align: center;">18/19 SNF</td> <td style="text-align: center;">19 SNF</td> <td style="text-align: center;">ICF</td> <td style="text-align: center;">IID</td> </tr> <tr> <td></td> <td style="text-align: center;">85</td> <td></td> <td></td> <td></td> </tr> <tr> <td style="text-align: center;">(L37)</td> <td style="text-align: center;">(L38)</td> <td style="text-align: center;">(L39)</td> <td style="text-align: center;">(L42)</td> <td style="text-align: center;">(L43)</td> </tr> </table>	18 SNF	18/19 SNF	19 SNF	ICF	IID		85				(L37)	(L38)	(L39)	(L42)	(L43)	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1): (L15)	
18 SNF	18/19 SNF	19 SNF	ICF	IID													
	85																
(L37)	(L38)	(L39)	(L42)	(L43)													
16. STATE SURVEY AGENCY REMARKS (IF APPLICABLE SHOW LTC CANCELLATION DATE):																	
17. SURVEYOR SIGNATURE <u>Wendy Buckholz, HFE NE II</u> Date : 12/31/2014 (L19)	18. STATE SURVEY AGENCY APPROVAL Date: <u>Kamala Fiske-Downing, Enforcement Specialist</u> 01/12/2015 (L20)																

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

19. DETERMINATION OF ELIGIBILITY <u> </u> 1. Facility is Eligible to Participate <u> </u> 2. Facility is not Eligible (L21)	20. COMPLIANCE WITH CIVIL RIGHTS ACT: <u> </u>	21. 1. Statement of Financial Solvency (HCFA-2572) 2. Ownership/Control Interest Disclosure Stmt (HCFA-1513) 3. Both of the Above : <u> </u>
22. ORIGINAL DATE OF PARTICIPATION 01/01/1988 (L24)	23. LTC AGREEMENT BEGINNING DATE (L41)	24. LTC AGREEMENT ENDING DATE (L25)
25. LTC EXTENSION DATE: (L27)	27. ALTERNATIVE SANCTIONS A. Suspension of Admissions: (L44) B. Rescind Suspension Date: (L45)	
26. TERMINATION ACTION: (L30) VOLUNTARY <u>00</u> 01-Merger, Closure 02-Dissatisfaction W/ Reimbursement 03-Risk of Involuntary Termination 04-Other Reason for Withdrawal	INVOLUNTARY 05-Fail to Meet Health/Safety 06-Fail to Meet Agreement OTHER 07-Provider Status Change 00-Active	
28. TERMINATION DATE: (L28)	29. INTERMEDIARY/CARRIER NO. 03001 (L31)	
31. RO RECEIPT OF CMS-1539 (L32)	32. DETERMINATION OF APPROVAL DATE (L33)	
DETERMINATION APPROVAL		



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7010 1060 0002 3051 2569

December 16, 2014

Ms. Amy Porter, Administrator
Hillcrest Health Care Center
714 Southbend Avenue
Mankato, Minnesota 56001

RE: Project Number S5507024

Dear Ms. Porter:

On December 4, 2014, 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 isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the attached CMS-2567 whereby corrections are required. A copy of the Statement of Deficiencies (CMS-2567) is enclosed.

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

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

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

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

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

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

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

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

DEPARTMENT CONTACT

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

Kathryn Serie, Unit Supervisor
Minnesota Department of Health
1400 E. Lyon Street
Marshall, Minnesota 56258
Kathryn.serie@state.mn.us
Office: (507) 476-4233 Fax: (507) 537-7194

OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

As of January 14, 2000, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when actual harm was cited at the last standard or intervening survey and also cited at the current survey. Your facility does not meet this criterion. Therefore, if your facility has not achieved substantial compliance by January 13, 2015, the Department of Health will impose the following remedy:

- State Monitoring. (42 CFR 488.422)

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.

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

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

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

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

PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's PoC will serve as your allegation of compliance upon the Department's acceptance. 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 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 4, 2015 (three months after the identification of noncompliance), the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by June 4, 2015 (six months after the identification of noncompliance) if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at Sections 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR Sections 488.412 and 488.456.

INFORMAL DISPUTE RESOLUTION

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

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

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

You must notify MDH at this website of your request for an IDR or IIDR within the 10 calendar day period allotted for submitting an acceptable plan of correction. A copy of the Department's informal dispute resolution policies are posted on the MDH Information Bulletin website at: <http://www.health.state.mn.us/divs/fpc/profinfo/infobul.htm>

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

Feel free to contact me if you have questions.

Sincerely,



Kamala Fiske-Downing, Program Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Telephone: (651) 201-4112
Fax: (651) 215-9697

Enclosure

cc: Licensing and Certification File

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

PRINTED: 12/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001
--	--

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000	INITIAL COMMENTS The facility's plan of correction (POC) will serve as your allegation of compliance upon the Department's acceptance. Your signature at the bottom of the first page of the CMS-2567 form will be used as verification of compliance. Upon receipt of an acceptable POC an on-site revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.	F 000		
F 279 SS=D	483.20(d), 483.20(k)(1) DEVELOP COMPREHENSIVE CARE PLANS A facility must use the results of the assessment to develop, review and revise the resident's comprehensive plan of care. The facility must develop a comprehensive care plan for each resident that includes measurable objectives and timetables to meet a resident's medical, nursing, and mental and psychosocial needs that are identified in the comprehensive assessment. The care plan must describe the services that are to be furnished to attain or maintain the resident's highest practicable physical, mental, and psychosocial well-being as required under §483.25; and any services that would otherwise be required under §483.25 but are not provided due to the resident's exercise of rights under §483.10, including the right to refuse treatment under §483.10(b)(4). This REQUIREMENT is not met as evidenced	F 279	F279 D Resident 101 has diagnoses of atrial flutter and heart failure. The resident had been utilizing Coumadin at varying doses since admission. It is important to note that the physician orders for Coumadin have been implemented accurately with close monitoring with the appropriate laboratory testing since admission. The resident does not experience any lack of care or monitoring. A systemic change that is in place is that the residents' care plans now address monitoring for side effects such as signs and symptoms of bleeding. The facility will complete an audit for every resident receiving Coumadin to ensure that the care plans address Coumadin protocol. The new procedure was reviewed with licensed staff on December 10, 2014. Additionally, in January and February, 2015, the nurse managers will conduct an audit of all new residents admitted with a diagnosed need for Coumadin to ensure the Coumadin protocol is in place. The Director of Nursing and the Nurse Managers will monitor compliance. <i>reported to QA.</i>	<i>adm. Porter approved additional 12/31/14 @ 2pm</i>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i>	(X6) DATE <i>12/30/14</i>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEC 30 2014

Minnesota Department of Health
Marshall

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

PRINTED: 12/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 279	Continued From page 1 by: Based on interview and document review the facility failed to develop a care plan for use of Coumadin (a blood thinner with side effect of potential increased bleeding) for 1 of 5 residents (R101) reviewed for unnecessary medications. Findings include: R101's diagnoses included atrial flutter (an abnormal heart rhythm) and heart failure per the admission record face sheet. R101's physician orders dated 12/2/14, revealed an order to give Coumadin 13 milligrams (mg) in the evening on 12/2/14, and 12/3/14, then recheck PT/INR (Prothrombin time/International Normalized Ratio - blood tests used to monitor the effectiveness of Coumadin) on 12/4/14. Further review of the physician orders revealed R101 had been utilizing Coumadin at varying doses since admission. R101's care plan last reviewed 9/10/14, did not address the use of Coumadin including monitoring for side effects such as signs and symptoms of bleeding. When interviewed on 12/04/14, at 11:15 a.m. registered nurse (RN)-B confirmed R101's Coumadin use and monitoring for side effects was not addressed on the care plan and should have been. When interviewed on 12/04/14, at 1:21 p.m. the director of nursing (DON) confirmed R101's Coumadin use and monitoring for side effects should have been included on the care plan.	F 279		

RECEIVED

DEC 30 2014

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

PRINTED: 12/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001		
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F 280 F 280 SS=D	Continued From page 2 483.20(d)(3), 483.10(k)(2) RIGHT TO PARTICIPATE PLANNING CARE-REVISE CP The resident has the right, unless adjudged incompetent or otherwise found to be incapacitated under the laws of the State, to participate in planning care and treatment or changes in care and treatment. A comprehensive care plan must be developed within 7 days after the completion of the comprehensive assessment; prepared by an interdisciplinary team, that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, the participation of the resident, the resident's family or the resident's legal representative; and periodically reviewed and revised by a team of qualified persons after each assessment. This REQUIREMENT is not met as evidenced by: Based on interview and document review the facility failed to revise the care plan for 1 of 1 resident (R10) reviewed who was assessed with intact cognition yet the care plan indicated she had a moderate cognitive deficit. Findings include: During interview on 12/1/14, at 4:46 p.m. R10 was able to appropriately answer questions without difficulty and was able to recall history and events of the facility. There was no evidence	F 280 F 280	F280 D Hillcrest does have a system in place to update the care plan after the completion of the comprehensive assessment. All resident cognition care plans were reviewed on 12/29/2014 and updated as necessary. In 30 days, social services will audit the resident records for all new admissions to ensure that there is an accurate cognition care plan where necessary. Social Services will continue to update the cognition care plans on admission, quarterly, annually, significant changes and upon medical provider's request. R10 care plan was updated on 12/4/2014 to reflect her current cognitive status. The Director of Social Services will monitor for compliance. <i>reported to QA committee</i>	12/30/14	

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F 280	<p>Continued From page 3</p> <p>during the interview which indicated R10 lacked the ability to recall recent events or the ability to identify her present condition.</p> <p>During review of R10's Minimum Data Set (MDS) annual comprehensive assessment, dated 4/2/14, the quarterly assessment, dated 7/3/14 and the quarterly assessment dated 10/2/14, the Brief Interview for Mental Status (BIMS) assessment identified that R10 scored 15/15, indicating her cognitive status was completely intact. However, the care plan dated 4/10/14, identified R10 with an alteration in thought process related to adult failure to thrive and moderate intellectual difficulties manifested by the score on the BIMS assessment, which indicated moderate memory impairment, long and short term memory impairment and moderately impaired decision making.</p> <p>During interview on 12/03/14, at 2:19 p.m. social services (SS)-A staff indicated that social service staff were responsible to complete the cognitive status section of the MDS comprehensive assessment. SS-A verified R10 was identified as having intact cognition (15/15) on the past three MDS's but stated she was not sure whether R10 was always accurate with responses. SS-A verified the most recent quarterly MDS dated 10/2/14, identified R10 with a BIMS score of 15/15 and free from any mood/behavior indicators. When questioned whether the MDS assessment was accurate or the care plan was accurate, due to the inconsistent documentation, SS-A stated she felt the MDS was not a good tool to assess cognition.</p> <p>SS-A had the following notes documented in R10's progress notes:</p>	F 280			

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F 280	Continued From page 4 (1.) 7/3/14, at 2:50 p.m. BIMS and PHQ-9 (depression assessment): Resident scored a 15/15 on the BIMS which indicates her cognition is intact. Resident scored a 0/27 on the PHQ-9 which indicates no symptoms of depression. Resident plans for a long term stay at this facility, no referral needed. (2.) 7/10/14, at 12:53 p.m. quarterly care conference: Resident attended care conference. Resident is alert, oriented, and able to communicate needs. Resident enjoys attending activities and is involved in life at this facility. Resident most recent BIMS and PHQ-9 (depression score) reviewed. Resident can become confused about her finances, will request large amounts of money to keep in her room, forgets she has a trust account. (3.) 10/9/14, at 4:01 p.m. care conference note: The resident attended the meeting and was in good spirits during the visit. [R10] expressed no concerns about her room when asked and she did not share any concerns about her roommate. The BIMS and PHQ-9 assessment scores were reviewed. The resident would like her code status to be Comfort Cares (DNR/DNI) and [R10] would like to remain at this facility long term. No other psychosocial concerns reported at this time. During interview with the director of nursing (DON) on 12/4/14, at approximately 10:30 a.m. she was unable to explained the discrepancy between the MDS assessment and the care plan related to R10's cognitive status. The DON stated it was possible for R10 to have intact cognition during the assessment period but not have the same cognition at all times. No further assessment was provided when further cognitive assessment and documentation was requested from the facility staff. The only cognitive assessment available for review was	F 280			

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F 280 F 282 SS=D	Continued From page 5 the BIMS assessment which had been conducted as part of the MDS comprehensive assessment. Documentation was lacking to support the assessment that deemed R10 to have moderate cognitive deficit as identified in the care plan. 483.20(k)(3)(ii) SERVICES BY QUALIFIED PERSONS/PER CARE PLAN The services provided or arranged by the facility must be provided by qualified persons in accordance with each resident's written plan of care. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide grooming and skin audits as identified in the written plan of care for 1 of 3 residents (R10) reviewed who were dependent upon staff for personal cares. Findings include: R10's diagnoses identified on the quarterly Minimum Data Set (MDS) assessment, dated 10/2/14, included: failure to thrive, osteoarthritis and moderate intellectual disability. The care plan related to skin integrity dated 7/18/13, identified R10 at high risk for skin breakdown secondary to overall decline in functional mobility, severe malnutrition, history of pressure ulcers and failure to thrive. The care plan directed that R10's skin be monitored daily during cares and a weekly skin audit to be completed during the bath. The care plan related to self care deficit, dated 10/9/14, identified that R10 required extensive assistance of one staff with all	F 280 F 282	F 282 D Hillcrest does have a system in place to provide grooming and skin audits as identified in the written plan of care. On 12/2/14 the skin audit for bath and grooming was not completed by the nurse. This was an oversight. The nurse was re-educated on 12/2/14. On 12/10/14 this deficiency was reviewed in a licensed staff meeting. An audit was established on 12/23/14 for one week. Further audit necessity will be based on the outcome. Every bath will be followed by the charge nurse who will ensure during the skin assessment that nails on both feet and hands are cleaned and trimmed. They will conference with the nursing assistant any subtle changes that they may have noticed during cares. The nursing assistants are required to report any changes to the charge nurse. An audit tool was created and started on 12/23/14 to monitor this closely for one week, and make certain that all staff understand their responsibilities. The director of nursing and the nurse managers will monitor compliance. Date of completion not to exceed December 30 th . <i>reported to QA committee.</i>

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F 282	<p>Continued From page 6</p> <p>grooming tasks. The care plan was not followed as directed.</p> <p>During observation on 12/1/14, at 6:00 p.m. R10 was observed in the dining room prior to being assisted by staff to the day room in her wheelchair. R10's 4th and 5th fingers on her right hand were observed to be curled and bent inward toward the inside of the palm. At 6:02 p.m., when interviewed and questioned about her ability to move the fingers on her right hand, R10 extended the first three fingers of her right hand and then grasped the 4th and 5th fingers with the use of her left hand extending the fingers partially open by pulling them with her left hand. After extending the 4th and 5th fingers from the palm area, two indentation marks were observed in the palm of R10's right hand where the two fingers had been pressing/digging into the skin.</p> <p>Two days later, on 12/3/14, at 2:01 p.m. registered nurse (RN)-A was present when R10's hand was observed. R10 was seated in the dayroom. During the observation R10 was noted to have approximately a 1 (one) centimeter (cm) indentation on her right palm area where the 4th and 5th fingers had pressed into the skin. A red line was also evident in the palm of the hand where R10's long fingernail pressed into the skin. The fingernail on the 5th finger ("pinky" or little finger) was approximately 2 centimeters (cm) long and appeared long and untrimmed. After RN-A was questioned who was responsible to trim R10's fingernails, she stated it was the responsibility of staff assigned to bath duties. RN-A then checked the bath schedule and stated R10 had received a bath the prior evening (12/2/14). RN-A also stated there were no skin audit reports available for review which identified</p>	F 282		

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F 282	Continued From page 7 the notable indentations located on the right palm where the contracted fingers pressed into the skin nor were any concerns identified during R10's bath day. RN-A verified that staff had not performed nail care/grooming as directed by the care plan. During interview with NA-C on 12/3/14, at 12:10 p.m. NA-C stated he had not noticed R10's fingers. NA-C stated staff who are caring for the residents during bath time are expected to do nail care and perform a skin audit and let the nurse know if any concerns are identified. Review of a progress note dated 12/3/14, at 7:00 p.m. identified that NA-D, who had given R10 a shower the prior evening, did not provide nail care and that the fingers on right hand were slightly curled and did not appear to dig into the palm of the hand. This documentation was dated and timed after the surveyor had alerted staff of the concerns related to the failure to provide nail care the concern of the skin indentations related to the resident's long fingernail.	F 282		
F 312 SS=D	483.25(a)(3) ADL CARE PROVIDED FOR DEPENDENT RESIDENTS A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review the facility failed to provide grooming	F 312	F312 D Hillcrest does have a system in place to provide ADL care for dependent residents. All residents are to receive nail care after a bath. It was an oversight of the charge nurse not to check the nails after a bath for resident number 10. The charge nurse will complete an audit of the resident on bath day. The assessment has been clarified to include nail care on the weekly bath audit. On the check list, the	12/30/14

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F 312	<p>Continued From page 8</p> <p>services for 1 of 1 dependent resident (R10) reviewed who did not receive nail care following a bath.</p> <p>Findings include:</p> <p>R10's record was reviewed and the diagnoses identified on the quarterly Minimum Data Set (MDS) assessment, dated 10/2/14, included: osteoarthritis and moderate Intellectual disability. The same quarterly MDS identified that R10 required extensive assistance with of staff for all hygiene needs, and required extensive assistance with all activities of daily living (ADLs). The care plan related to self care deficit, dated 10/9/14, identified that R10 required extensive assistance of one staff with all grooming tasks.</p> <p>During observation on 12/1/14, at 6:00 p.m. R10 was observed in the dining room prior to being assisted by staff to the day room in her wheelchair. R10's 4th and 5th fingers on her right hand were observed to be curled and bent inward toward the inside of the palm. At 6:02 p.m., when interviewed and questioned about her ability to move the fingers on her right hand, R10 extended the first three fingers of her right hand and then grasped the 4th and 5th fingers with the use of her left hand extending the fingers partially open by pulling them with her left hand. After extending the 4th and 5th fingers from the palm area, two deep indentation marks were observed in the palm of R10's right hand where the two fingers had been pressing/digging into the skin. R10 stated during the observation that she'd had difficulty moving these fingers for a long time and thought it was due to the ring she wore on her ring (4th) finger.</p>	F 312	<p>nurse will indicate if the nails were trimmed, did not need trimming, or the resident refused. Changes in ROM will be monitored by the nursing assistants during cares, and reported to the nurse in charge. The nurse managers will complete random audits related to completion of the skin evaluation by the licensed nurse including nail care. This audit will be completed by December 30th, 2014. The nurse managers will complete a random audit again in 30 days. This audit will be completed by January 30th, 2015. A decision to complete further monitoring will be made based on the outcome. The Director of Nursing and the nurse manager will monitor compliance. The date of completion is not to exceed December 30th 2014.</p>		

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F 312	<p>Continued From page 9</p> <p>Two days later, on 12/3/14, at 2:01 p.m. registered nurse (RN)-A was present when R10's hand was observed. During the observation R10 was noted to have approximately a 1 (one) centimeter (cm) indentation on her right palm area where the 4th and 5th fingers had pressed into the skin. A red line was also evident in the palm of the hand where R10's long fingernail pressed into the skin. The fingernail on the 5th finger ("pinky" or little finger) was approximately 2 centimeters (cm) long and appeared long and untrimmed. When RN-A was questioned who was responsible to trim R10's fingernails, she stated it was the responsibility of staff assigned to bath duties. RN-A then checked the bath schedule and stated R10 had received a bath the prior evening (12/2/14). RN-A stated there were no skin audit reports available for review after bath day which identified any concern with the contracted fingers digging into and against into the palm of the hand, causing notable indentations. RN-A verified that staff had not performed nail care/grooming as expected during bath day.</p> <p>During interview with NA-C on 12/3/14, at 12:10 p.m. he stated staff who are caring for the residents during bath time are expected to do nail care and perform a skin audit and let the nurse know if any concerns are identified.</p> <p>Review of a progress note dated 12/3/14, at 7:00 p.m. identified that NA-D, who had given R10 a shower the prior evening, did not provide nail care and that the fingers on right hand were slightly curled and did not appear to dig into the palm of the hand. This documentation was dated and timed after the surveyor had questioned the condition of the long fingernail and the subsequent marks in the palm of the right hand</p>	F 312		

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F 312	Continued From page 10 related to the curled/contracted 4th and 5th fingers.	F 312			
F 318 SS=D	483.25(e)(2) INCREASE/PREVENT DECREASE IN RANGE OF MOTION Based on the comprehensive assessment of a resident, the facility must ensure that a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and/or to prevent further decrease in range of motion. This REQUIREMENT is not met as evidenced by: Based on observation, interview and document review, the facility failed to identify a deficit in range of motion (ROM) to the right fourth (4th) and fifth (5th) fingers/digits of the right hand for 1 of 3 residents (R10) reviewed with limited ROM. Findings include: The diagnosis identified on R10's quarterly Minimum Data Set (MDS) assessment, dated 10/2/14, included osteoarthrosis. During an observation on 12/01/2014, at 4:45 p.m. R10 was noted to have contracted 4th and 5th digits on her right hand. It was noted that R10 had the ability to freely extend/open the first three fingers/digits but the 4th and 5th fingers were curled inward and contracted against the palm of her right hand. During interview with R10 on 12/1/14, at 4:46 p.m. R10 stated, "My fingers have been that way for a long time. I think it might be due to my ring?" R10 was unable to recall	F 318	F318 D Hilcrest does have a system in place to prevent decrease in ROM. Resident 10 has a diagnosis of osteoarthritis. As documented in the resident record on 12/3, the mobility of these 2 fingers was short term and interventions were taken on discovery. On 12/3/14, RNA was notified by a surveyor that resident has a potential contracture to her right hand. Upon assessment it is noted that the 4 th and 5 th fingers of her right hand are stiff and she is holding them in a flexed position. Resident states that because of her ring she holds her hand that way. Resident noted to be wearing a large costume jewelry ring to 4 th finger with tongued back. When asked how long her finger has been this way resident states "oh, not terribly long" Resident states that fingers get stiff from arthritis. Asked resident if she would allow a therapist to look at her hand and she stated "no". She stated "I can move my own fingers and besides I use my hand just fine." RN-A interviewed several staff members including three NA/R staff, two nursing staff, activity director, dietary director and administrator to assess if they had noted change in ROM to right hand. All of these staff members have noted no limitation in ROM to right hand. On interview with activity aide she stated that yesterday was	12/30/14	

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F 318	<p>Continued From page 11</p> <p>exactly when the fingers became contracted but stated she knew it had been more than a year. Further, there was no evidence of any splint and/or padding placed in the hand to prevent R10's fingers from pressing/digging into the palm of the hand.</p> <p>During observation on 12/1/14, at 6:00 p.m. R10 was wheeled into the day room. It was noted that R10 had her 4th and 5th fingers on her right hand curled and bent inward toward the inside of the palm as they rested on her lap. At 6:02 p.m., when interviewed and questioned about her ability to move the fingers on her right hand, R10 extended the first three fingers of her right hand and then grasped the 4th and 5th fingers on the right hand with the use of her left hand. She extended these fingers partially open by pulling the fingers with her left hand. After extending the 4th and 5th fingers from the palm area, it was noted that two deep indentation were present in the palm of her hand where these two fingers had been digging/pressing into the skin layers. Again, R10 verbalized she had difficulty moving these fingers for a long time and thought it was due to the ring she wore on her ring (4th) finger.</p> <p>During interview on 12/1/14, at 5:08 p.m. registered nurse (RN)-A identified R10 with bilateral knee contractures and stated she was unsure whether any ROM program had been implemented for R10 and verified that currently R10 had not utilized devices/splints for contracture management.</p> <p>During breakfast observation on 12/3/14, at 8:15 a.m. R10 was seated in the small dining room eating her meal. It was again noted the 4th and 5th digits/fingers of her right hand were</p>	F 318	<p>the first day she has noted a change in how resident was holding her right hand. Resident allowed ring to be removed from hand and stored in her room. Resident did agree to have PA-C assess hand and fingers on rounds. Again she stated that she would not go to therapies." Because the surveyor stated this was a contracture, the OTR was asked to assess. The OTR assessed that the curled fingers probably had not been like that long. The curled fingers may possibly have been secondary to an ill-fitting tight ring. This resident enjoys costume jewelry, and you will often find her with ornaments on her ears, in her hair, around her neck and on more than one finger. Per resident record, the OTR observed that nursing was able to stretch her 4th and 5th digits to within functional limits. OT feels that the resident holds her 4th and 5th digits in flexion due to habit, arthritic changes in 5th PIP joint, and muscle shortening. At this time, the OTR opinion is that this is not a contracture since residents digits can be stretched to functional limits. OT recommends a complete OT evaluation for further assessment. The indentation was not related to pressure from the finger over a long period of time. This was obviously short lived since the application of the ill-fitting ring or a more serious pressure ulcer would have developed in less than 2 hours.</p> <p>Upon discovery, the ring was removed and within the hour the nail was trimmed.</p>	

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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 318	<p>Continued From page 12</p> <p>curled/folded into the palm of her hand while she ate.</p> <p>During interview on 12/3/14, at 10:10 a.m. RN-A stated she was unaware that R10 had any limited range of motion/contracture of her hands. RN-A stated, "If she has a contracture on her hands I'm not aware of it. I know her legs are contracted but not sure about her hand."</p> <p>During a later interview on 12/3/14, at 11:50 a.m. RN-A stated she had looked at R10's fingers on her right hand and noted that her pinky (5th) and ring (4th) fingers were contracted. RN-A stated there were no open skin areas on the hand, just the indentation against the palm. RN-A, who confirmed she conducted the MDS assessments, indicated the most recent assessment was dated 10/14/14 and no contractures were evident during that assessment. RN-A further stated she had questioned other staff and they were unaware of any contracture.</p> <p>During interview with nursing assistant's (NA)-A and NA-B on 12/03/14, at 11:55 a.m. NA-A and NA-B stated they were not aware of a contracture to R10's fingers located on the right hand.</p> <p>On 12/3/14, at 2:01 p.m. registered nurse (RN)-A was present when R10's hand was observed. It was noted that approximately a 1 (one) centimeter (cm) indentation was evident on the right palm area where the 4th and 5th fingers (digits) pressed into the skin. A red line was also evident in the palm of the hand where R10's long fingernail pressed into the skin. The fingernail on the 5th finger (little) was approximately 2 centimeters (cm) long and appeared long and untrimmed. Interview with RN-A at the time of the</p>	F 318	<p>A washcloth was applied which resident removed on her own often over the next hours to drink her coffee, or participate in tasks of her choosing.</p> <p>Interventions of therapy were declined by the resident. She continues to use the wash cloth on and off. She finds this annoying. We will continue to encourage the wash cloth or sponge use and keep her nails cared for as she allows. It should be noted that upon discovery of the flexed digits, assessment, implementation and preventative measures were implemented. This is evidenced by the documentation captured by the licensed staff. The skin is intact and in good condition. The resident is annoyed with further intervention and has declined therapy. She is encouraged to use the padding in her hand, and to stretch her fingers with her other hand. An audit was created to be implemented with each bath on 12/23/14, to be followed up by the charge nurse on each unit. On 12/10/14, deficiencies were reviewed in a licensed staff meeting. On 12/23/14 an audit was implemented with re-education for nursing assistants regarding reporting subtle changes in range of motion, or change of condition. If problems are noted during this audit, additional audits and staff training will be completed. The Director of Nursing and the Nurse Manager will monitor for compliance. Time period for completion is December 30th 2014.</p>	<p><i>identify any rom issues noted on resident licensed staff also</i></p> <p><i>Amy Porter adm.</i></p> <p><i>addendum on 12/31/14 1:55 pm</i></p>

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

PRINTED: 12/16/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 318	<p>Continued From page 13</p> <p>observation revealed she had not noticed the long fingernail when she checked the hand after the concern had been brought to her attention on 12/1/14. She indicated she had removed the ring when she assessed the hand, stating R10 had stated this condition [curled fingers] had not been present too long. When R10 was questioned about the contracted appearing fingers, she stated, "Oh it has been quite a long time, maybe since I came here?" (admitted in 2012). RN-A stated in the presence of R10, that R10 was sometimes confused and indicated that earlier, R10 had said that it hadn't been contracted so long.</p> <p>During interview on 12/3/14, at approximately 2:40 p.m. the registered occupational therapist (OTR) stated she had never evaluated R10 and was unable to comment on the status of the 4th and 5th fingers on the right hand. When questioned how quickly a resident would experience contractures of the fingers (which could not be extended independently but only with the use of the opposite hand), the OTR responded the condition would take longer than a couple of days, but could not further comment without assessing R10.</p> <p>During review of the quarterly MDS dated 10/2/14, R10 was identified with bilateral lower extremity ROM limitations and free from any upper ROM extremity limitation. The MDS further identified R10 with a Brief Interview for Mental Status (BIMS) score of 15/15, indicating intact cognition, and identified her free from any mood/behavior indicators.</p> <p>The following progress notes were documented in R10's medical record on 12/4/14:</p>	F 318	<p><i>OT evaluation was conducted for R10 on 12/4/14.</i></p> <p><i>Tx started on 12/5/14 for R10 3x/week</i></p> <p><i>Amy Porter, admin. on 12/31/14 2pm amended + approved by her. <u>Ymf</u></i></p> <p><i>report to QA - the results of audits.</i></p>	

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F 318	<p>Continued From page 14</p> <p>(1.) Entry dated 12/3/14- 11:30 a.m. Was notified by a state surveyor that resident had a potential contracture to her right (R) hand. Upon assessment it is noted that 4th and 5th fingers of her (R) hand are stiff and she holding them in flexed position. Resident states that because of her ring she holds her hand that way. Resident noted to be wearing a large costume jewelry ring to 4th finger with tongued back that digs into finger. When asked how long her finger has been this way resident states "oh not terribly long" Resident states her fingers get stiff from arthritis. Asked resident if she would allow a therapist to look at her hand and she stated "no". She stated "I can move my own fingers and besides I use my hand just fine". Interviewed several staff members including three NA/R staff, two nursing staff, activity director, dietary director and administrator to assess if they had noted change in ROM to (R) hand. All of these staff members have noted no limitation in ROM to (R) hand. On interview with activity aide she stated that yesterday was the first day she has noted a change in how resident was holding her (R) hand. Resident allowed ring to be removed from hand and stored [ring] in her room. Resident did agree to have PA-C assess hand and fingers tomorrow on rounds however again stated she would not go to therapies.</p> <p>(2.) Entry dated 12/3/14- 12:09 p.m. Updated occupational therapy (OT) Department on status of resident's (R) hand and that resident states she does not want therapies. Asked OT if they would attempt a screening with resident today.</p> <p>(3.) Entry dated 12/3/14- 2:30 p.m. OT performed a screen with nurse manager, RN-A, due to possible contractures in right hand/digits.</p>	F 318			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014	
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F 318	<p>Continued From page 15</p> <p>OT observed that nursing was able to stretch her 4th and 5th digits to within functional limits. OT feels that resident holds her 4th and 5th digits in flexion due to habit, arthritic changes in 5th PIP joint, and muscle shortening. At this time, my OT opinion is that this is not a contracture since resident's digits can be stretched to functional limits. OT recommends a complete OT evaluation for further assessment.</p> <p>(4.) Entry dated 12/3/14-4:00 p.m. Resident allowed washcloth to be placed to (R) hand at this time. Set-up treatment to keep padding in right hand as resident will allow.</p> <p>(5.) Entry dated 12/3/14- 4:43 p.m. therapeutic recreation assistant (TRA) reported to therapeutic recreation director (TRD) that resident was having more difficulty remembering where an activity is and the past month has had great difficulty in card group. Resident enjoys playing cards but is having difficulty remembering what trump is and what was layed. At times she will call trump and then cannot remember what she called. She forgets what activities she is attending and will ask when the activity that she just attended begins. TRD reported this memory impairment to RN-A.</p> <p>(6.) Entry dated 12/3/14- 10:36 p.m. .At approximately 8:00 p.m. had applied warm pack to resident (R) hand and massaged the palm of her hand. Spoke with res about her fingers and she stated that her "fingers have always been curled that way her whole life and doesn't know what everyone is getting excited about."</p> <p>During observation on 12/ /14, at 10:00 a.m. R10 was observed seated in the dayroom participating</p>	F 318		

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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001		
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F 318	<p>Continued From page 16</p> <p>in an activity. It was noted that R10 had her right hand resting on her lap and the 4th and 5th digits/fingers were curled and pressing against the inside surface of her palm.</p> <p>During observation on 12/04/14, at 11:08 a.m. R10 was seated in the wheelchair in her room. R10 was noted to have a wash cloth placed in her right hand. The wash cloth had not been utilized prior to the surveyor questioning the condition of the curled/contracted fingers. When requested that her right hand be visualized, R10 stated, "Yes, everybody else has." When R10's hand was observed with another surveyor present, it was noted that an indentation was present into the palm of the hand (minimum of 1 cm) near the location of the 5th finger. An indentation into the skin was also noted where the ring (4th) finger pressed into the palm of the right hand. The indentation was not as pronounced when viewed without a wash cloth on 12/3/14 but it was still notable with the padding of the wash cloth. When R10 was requested to extend her hand, she was able to freely extend the first three fingers of the right hand but grabbed the 4th (ring) and 5th (pinky) fingers with her left hand to assist with extension of both fingers. R10 remained unable to freely extend both the 4th and 5th fingers. It was observed that R10 grimaced when she attempted to fully extend the 5th digit/finger on the right hand. She was only able to extend the 5th (pinky) finger to approximately 50% of a fully extended finger.</p> <p>Documentation was lacking in the medical record to indicate that staff had noted the limited range of motion of the 4th and 5th digits/fingers as observed on 12/1/14. Further, there was no documentation related to the indentations which</p>	F 318			

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Marshall

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245507	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/04/2014
NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001		
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F 318	Continued From page 17 were the result of the fingers curled and pressed against the palm of the right hand of R10.	F 318			

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Minnesota Department of Health
Marshall

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CENTERS FOR MEDICARE & MEDICAID SERVICES

F5507024

Printed: 12/08/2014
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 245507	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001
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K 000	<p>INITIAL COMMENTS</p> <p>A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, Fire Marshal Division on December 04, 2014. At the time of this survey, Hillcrest Health Care Center was found in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR, Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of National Fire Protection Association (NFPA) 101 Life Safety Code (LSC), Chapter 19 Existing Health Care Occupancies.</p> <p>Hillcrest Health Care Center is a 1-story with a partial basement facility was constructed in 1957, with one building addition constructed in 1963. Both buildings were determined to be of Type II(000) construction. The facility is fully fire sprinkler protected throughout.</p> <p>The facility has a fire alarm system with smoke detection in the corridors and spaces open to the corridors which is monitored for automatic fire department notification. The facility has a capacity of 85 beds and had a census of 75 at time of the survey.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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



Protecting, Maintaining and Improving the Health of Minnesotans

Certified Mail # 7010 1060 0002 3051 2569

December 16, 2014

Ms. Amy Porter, Administrator
Hillcrest Health Care Center
714 Southbend Avenue
Mankato, Minnesota 56001

Re: Enclosed State Nursing Home Licensing Orders - Project Number S5507024

Dear Ms. Porter:

The above facility was surveyed on December 1, 2014 through December 4, 2014 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health, Compliance Monitoring Division, noted one or more violations of these rules that are issued in accordance with Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a civil fine for each deficiency not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.

To assist in complying with the correction order(s), a "suggested method of correction" has been added. This provision is being suggested as one method that you can follow to correct the cited deficiency. Please remember that this provision is only a suggestion and you are not required to follow it. Failure to follow the suggested method will not result in the issuance of a penalty assessment. You are reminded, however, that regardless of the method used, correction of the deficiency within the established time frame is required. The "suggested method of correction" is for your information and assistance only.

The State licensing orders are delineated on the attached Minnesota Department of Health order form (attached). The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.

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

Hillcrest Health Care Center

December 16, 2014

Page 2

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

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

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

When all orders are corrected, the order form should be signed and returned to Kathryn Serie, Unit Supervisor at the Minnesota Department of Health, 1400 E Lyon St Marshall, MN 56258-2529.

We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact me.

You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.

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

Please feel free to call me with any questions.

Sincerely,



Kamala Fiske-Downing, Program Specialist
Licensing and Certification Program
Division of Compliance Monitoring
Minnesota Department of Health
Telephone: (651) 201-4112
Fax: (651) 215-9697

Enclosure(s)

cc: Original - Facility
Licensing and Certification File

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001
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2 000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS: On December 1st - 4th, 2014, surveyors of this Department's staff, visited the above provider and the following correction orders are issued. When corrections are completed, please sign and date, make a copy of these orders and return the original to the Minnesota Department of Health, Division of Compliance Monitoring, Licensing and</p>	2 000	<p>Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Tag numbers have been assigned to Minnesota state statutes/rules for Nursing Homes.</p>	
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Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

Minnesota Department of Health

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NAME OF PROVIDER OR SUPPLIER HILLCREST HEALTH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 714 SOUTHBEND AVENUE MANKATO, MN 56001
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2 000	Continued From page 1 Certification Program, P.O. Box 64900 St. Paul, MN 55164-0900	2 000	<p>The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings which are in violation of the state statute after the statement, "This Rule is not met as evidenced by." Following the surveyors findings are the Suggested Method of Correction and the Time Period For Correction.</p> <p>PLEASE DISREGARD THE HEADING OF THE FOURTH COLUMN WHICH STATES, "PROVIDER'S PLAN OF CORRECTION." THIS APPLIES TO FEDERAL DEFICIENCIES ONLY. THIS WILL APPEAR ON EACH PAGE.</p> <p>THERE IS NO REQUIREMENT TO SUBMIT A PLAN OF CORRECTION FOR VIOLATIONS OF MINNESOTA STATE STATUTES/RULES.</p>	
2 560	<p>MN Rule 4658.0405 Subp. 2 Comprehensive Plan of Care; Contents</p> <p>Subp. 2. Contents of plan of care. The comprehensive plan of care must list measurable objectives and timetables to meet the resident's long- and short-term goals for medical, nursing, and mental and psychosocial needs that are identified in the comprehensive resident assessment. The comprehensive plan of care must include the individual abuse prevention plan</p>	2 560		

Minnesota Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 00031	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/04/2014
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2 560	<p>Continued From page 2</p> <p>required by Minnesota Statutes, section 626.557, subdivision 14, paragraph (b).</p> <p>This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to develop a care plan for use of Coumadin (a blood thinner with side effect of potential increased bleeding) for 1 of 5 residents (R101) reviewed for unnecessary medications.</p> <p>Findings include:</p> <p>R101's diagnoses included atrial flutter (an abnormal heart rhythm) and heart failure per the admission record face sheet.</p> <p>R101's physician orders dated 12/2/14, revealed an order to give Coumadin 13 milligrams (mg) in the evening on 12/2/14, and 12/3/14, then recheck PT/INR (Prothrombin time/International Normalized Ratio - blood tests used to monitor the effectiveness of Coumadin) on 12/4/14. Further review of the physician orders revealed R101 had been utilizing Coumadin at varying doses since admission.</p> <p>R101's care plan last reviewed 9/10/14, did not address the use of Coumadin including monitoring for side effects such as signs and symptoms of bleeding.</p> <p>When interviewed on 12/04/14, at 11:15 a.m. registered nurse (RN)-B confirmed R101's Coumadin use and monitoring for side effects was not addressed on the care plan and should have been.</p> <p>When interviewed on 12/04/14, at 1:21 p.m. the director of nursing (DON) confirmed R101's</p>	2 560		

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2 560	Continued From page 3 Coumadin use and monitoring for side effects should have been included on the care plan. SUGGESTED METHOD OF CORRECTION: The director of nursing could in-service licensed staff to develop a care plan to include appropriate interventions for all identified care needs. The director of nursing could monitor staff compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 560		
2 565	MN Rule 4658.0405 Subp. 3 Comprehensive Plan of Care; Use Subp. 3. Use. A comprehensive plan of care must be used by all personnel involved in the care of the resident. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to provide grooming and skin audits as identified in the written plan of care for 1 of 3 residents (R10) reviewed who were dependent upon staff for personal cares. Findings include: R10's diagnoses identified on the quarterly Minimum Data Set (MDS) assessment, dated 10/2/14, included: failure to thrive, osteoarthritis and moderate intellectual disability. The care plan related to skin integrity dated 7/18/13, identified R10 at high risk for skin breakdown	2 565		

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2 565	<p>Continued From page 4</p> <p>secondary to overall decline in functional mobility, severe malnutrition, history of pressure ulcers and failure to thrive. The care plan directed that R10's skin be monitored daily during cares and a weekly skin audit to be completed during the bath. The care plan related to self care deficit, dated 10/9/14, identified that R10 required extensive assistance of one staff with all grooming tasks. The care plan was not followed as directed.</p> <p>During observation on 12/1/14, at 6:00 p.m. R10 was observed in the dining room prior to being assisted by staff to the day room in her wheelchair. R10's 4th and 5th fingers on her right hand were observed to be curled and bent inward toward the inside of the palm. At 6:02 p.m., when interviewed and questioned about her ability to move the fingers on her right hand, R10 extended the first three fingers of her right hand and then grasped the 4th and 5th fingers with the use of her left hand extending the fingers partially open by pulling them with her left hand. After extending the 4th and 5th fingers from the palm area, two indentation marks were observed in the palm of R10's right hand where the two fingers had been pressing/digging into the skin.</p> <p>Two days later, on 12/3/14, at 2:01 p.m. registered nurse (RN)-A was present when R10's hand was observed. R10 was seated in the dayroom. During the observation R10 was noted to have approximately a 1 (one) centimeter (cm) indentation on her right palm area where the 4th and 5th fingers had pressed into the skin. A red line was also evident in the palm of the hand where R10's long fingernail pressed into the skin. The fingernail on the 5th finger ("pinky" or little finger) was approximately 2 centimeters (cm) long and appeared long and untrimmed. After</p>	2 565		

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2 565	<p>Continued From page 5</p> <p>RN-A was questioned who was responsible to trim R10's fingernails, she stated it was the responsibility of staff assigned to bath duties. RN-A then checked the bath schedule and stated R10 had received a bath the prior evening (12/2/14). RN-A also stated there were no skin audit reports available for review which identified the notable indentations located on the right palm where the contracted fingers pressed into the skin nor were any concerns identified during R10's bath day. RN-A verified that staff had not performed nail care/grooming as directed by the care plan.</p> <p>During interview with NA-C on 12/3/14, at 12:10 p.m. NA-C stated he had not noticed R10's fingers. NA-C stated staff who are caring for the residents during bath time are expected to do nail care and perform a skin audit and let the nurse know if any concerns are identified.</p> <p>Review of a progress note dated 12/3/14, at 7:00 p.m. identified that NA-D, who had given R10 a shower the prior evening, did not provide nail care and that the fingers on right hand were slightly curled and did not appear to dig into the palm of the hand. This documentation was dated and timed after the surveyor had alerted staff of the concerns related to the failure to provide nail care the concern of the skin indentations related to the resident's long fingernail.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or designee could review/ revise facility policies and procedures related to care plan implementation and provide education to staff to address the importance of following each resident's care plan. Resident care plans could be reviewed/ revised for compliance. The quality assessment and assurance committee</p>	2 565		

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2 565	Continued From page 6 could establish a system to audit care plans and monitor for consistent implementation, to ensure ongoing compliance. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 565		
2 570	MN Rule 4658.0405 Subp. 4 Comprehensive Plan of Care; Revision Subp. 4. Revision. A comprehensive plan of care must be reviewed and revised by an interdisciplinary team that includes the attending physician, a registered nurse with responsibility for the resident, and other appropriate staff in disciplines as determined by the resident's needs, and, to the extent practicable, with the participation of the resident, the resident's legal guardian or chosen representative at least quarterly and within seven days of the revision of the comprehensive resident assessment required by part 4658.0400, subpart 3, item B. This MN Requirement is not met as evidenced by: Based on interview and document review the facility failed to revise the care plan for 1 of 1 resident (R10) reviewed who was assessed with intact cognition yet the care plan indicated she a moderate cognitive deficit. Findings include: During interview on 12/1/14, at 4:46 p.m. R10 was able to appropriately answer questions without difficulty and was able to recall history and events of the facility. There was no evidence during the interview which indicated R10 lacked	2 570		

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2 570	<p>Continued From page 7</p> <p>the ability to recall recent events or identify her present condition.</p> <p>During review of R10's Minimum Data Set (MDS) annual comprehensive assessment, dated 4/2/14, the quarterly assessment, dated 7/3/14 and the quarterly assessment dated 10/2/14, the Brief Interview for Mental Status (BIMS) assessment identified that R10 scored 15/15, indicating her cognitive status was intact (perfect score).</p> <p>The care plan dated 4/10/14, identified R10 with an alteration in thought process related to adult failure to thrive and moderate intellectual difficulties manifested by the score on the BIMS assessment, which indicates moderate memory impairment, long and short term memory impairment and moderately impaired decision making.</p> <p>During interview on 12/03/14, at 2:19 p.m. social services (SS)-A staff indicated that social service staff complete the cognitive status section of the MDS comprehensive assessment. SS-A verified R10 was identified as having intact cognition (15/15) on the past three MDS's but was not sure whether R10 is always accurate with responses. SS-A verified the most recent quarterly MDS dated 10/2/14, identified R10 with a BIMS score of 15/15 and free from any mood/behavior indicators. When questioned whether the MDS assessment was accurate or the care plan was accurate, due to the inconsistent documentation, SS-A stated she felt the MDS was not a good tool to assess cognition.</p> <p>SS-A had the following notes documented in R10's progress notes: (1.) 7/3/14, at 2:50 p.m. BIMS and PHQ-9</p>	2 570		

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2 570	<p>Continued From page 8</p> <p>(depression assessment): Resident scored a 15/15 on the BIMS which indicates her cognition is intact. Resident scored a 0/27 on the PHQ-9 which indicates no symptoms of depression. Resident plans for a long term stay at this facility, no referral needed.</p> <p>(2.) 7/10/14, at 12:53 p.m. quarterly care conference: Resident attended care conference. Resident is alert, oriented, and able to communicate needs. Resident enjoys attending activities and is involved in life at this facility. Resident most recent BIMS and PHQ-9 (depression score) reviewed. Resident can become confused about her finances, will request large amounts of money to keep in her room, forgets she has a trust account.</p> <p>3. 10/9/14, at 4:01 p.m. care conference note: The resident attended the meeting and was in good spirits during the visit. [R10] expressed no concerns about her room when asked and she did not share any concerns about her roommate. The BIMS and PHQ-9 assessment scores were reviewed. The resident would like her code status to be Comfort Cares (DNR/DNI) and [R10] would like to remain at this facility long term. No other psychosocial concerns reported at this time. During interview with the director of nursing (DON) on 12/4/14, at approximately 10:30 a.m. she was unable to explained the discrepancy between the MDS assessment and the care plan related to R10's cognitive status. The DON stated it was possible for R10 to have intact cognition during the assessment period but not have the same cognition at all times. No further assessment was provided when further cognitive assessment and documentation was requested from the facility staff. The only cognitive assessment available for review was the BIMS assessment as part of the MDS comprehensive assessment. Documentation was</p>	2 570		

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2 570	Continued From page 9 lacking to support the assessment that deemed R10 with moderate cognitive deficit as identified in the care plan. SUGGESTED METHOD OF CORRECTION: The Director of Nursing (DON) or designee could educate all the appropriate staff on the importance of revising each residents' plan of care in a timely manner, and could develop a monitoring system to ensure all care plans are revised to reflect the current status. TIME PERIOD FOR CORRECTION: Twenty-one (21) days.	2 570		
2 860	MN Rule 4658.0520 Subp. 2 F. Adequate and Proper Nursing Care; Hands-Feet Subp. 2. Criteria for determining adequate and proper care. The criteria for determining adequate and proper care include: E. per care and attention to hands and feet. Fingernails and toenails must be kept clean and trimmed. This MN Requirement is not met as evidenced by: Based on observation, interview and document review the facility failed to provide grooming services for 1 of 1 dependent resident (R10) reviewed who did not receive nail care following a bath. Findings include: R10's record was reviewed and the diagnoses identified on the quarterly Minimum Data Set (MDS) assessment, dated 10/2/14, included: osteoarthritis and moderate intellectual disability.	2 860		

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2 860	<p>Continued From page 10</p> <p>The same quarterly MDS identified that R10 required extensive assistance with of staff for all hygiene needs, and required extensive assistance with all activities of daily living (ADLs).</p> <p>During observation on 12/1/14, at 6:00 p.m. R10 was observed in the dining room prior to being assisted by staff to the day room in her wheelchair. R10's 4th and 5th fingers on her right hand were observed to be curled and bent inward toward the inside of the palm. At 6:02 p.m., when interviewed and questioned about her ability to move the fingers on her right hand, R10 extended the first three fingers of her right hand and then grasped the 4th and 5th fingers with the use of her left hand extending the fingers partially open by pulling them with her left hand. After extending the 4th and 5th fingers from the palm area, two deep indentation marks were observed in the palm of R10's right hand where the two fingers had been pressing/digging into the skin. R10 stated during the observation that she'd had difficulty moving these fingers for a long time and thought it was due to the ring she wore on her ring (4th) finger.</p> <p>Two days later, on 12/3/14, at 2:01 p.m. registered nurse (RN)-A was present when R10's hand was observed. During the observation R10 was noted to have approximately a 1 (one) centimeter (cm) indentation on her right palm area where the 4th and 5th fingers had pressed into the skin. A red line was also evident in the palm of the hand where R10's long fingernail pressed into the skin. The fingernail on the 5th finger ("pinky" or little finger) was approximately 2 centimeters (cm) long and appeared long and untrimmed. When RN-A was questioned who was responsible to trim R10's fingernails, she stated it was the responsibility of staff assigned to</p>	2 860		

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2 860	<p>Continued From page 11</p> <p>bath duties. RN-A then checked the bath schedule and stated R10 had received a bath the prior evening (12/2/14). RN-A stated there were no skin audit reports available for review after bath day which identified any concern with the contracted fingers digging into and against into the palm of the hand, causing notable indentations. RN-A verified that staff had not performed nail care/grooming as expected during bath day.</p> <p>During interview with NA-C on 12/3/14, at 12:10 p.m. he stated staff who are caring for the residents during bath time are expected to do nail care and perform a skin audit and let the nurse know if any concerns are identified.</p> <p>Review of a progress note dated 12/3/14, at 7:00 p.m. identified that NA-D, who had given R10 a shower the prior evening, did not provide nail care and that the fingers on right hand were slightly curled and did not appear to dig into the palm of the hand. This documentation was dated and timed after the surveyor had questioned the condition of the long fingernail and the subsequent marks in the palm of the right hand related to the curled/contracted 4th and 5th fingers.</p> <p>SUGGESTED METHOD OF CORRECTION: The director of nursing or designee could in-service all staff on performing activities of daily living including finger nail care for residents. The director of nursing or designee could schedule audits to monitor for compliance.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 860		

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2 895	Continued From page 12	2 895		
2 895	<p>MN Rule 4658.0525 Subp. 2.B Rehab - Range of Motion</p> <p>Subp. 2. Range of motion. A supportive program that is directed toward prevention of deformities through positioning and range of motion must be implemented and maintained. Based on the comprehensive resident assessment, the director of nursing services must coordinate the development of a nursing care plan which provides that:</p> <p>B. a resident with a limited range of motion receives appropriate treatment and services to increase range of motion and to prevent further decrease in range of motion.</p> <p>This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to identify a deficit in range of motion (ROM) to the right fourth (4th) and fifth (5th) fingers/digits of the right hand for 1 of 3 residents (R10) reviewed with limited ROM.</p> <p>Findings include:</p> <p>The diagnosis identified on R10's quarterly Minimum Data Set (MDS) assessment, dated 10/2/14, included osteoarthritis.</p> <p>During an observation on 12/01/2014, at 4:45 p.m. R10 was noted to have contracted 4th and 5th digits on her right hand. It was noted that R10 had the ability to freely extend/open the first three fingers/digits but the 4th and 5th fingers were curled inward and contracted against the palm of her right hand. During interview with R10 on 12/1/14, at 4:46 p.m. R10 stated, "My fingers</p>	2 895		

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2 895	<p>Continued From page 13</p> <p>have been that way for a long time. I think it might be due to my ring?" R10 was unable to recall exactly when the fingers became contracted but stated she knew it had been more than a year. Further, there was no evidence of any splint and/or padding placed in the hand to prevent R10's fingers from pressing/digging into the palm of the hand.</p> <p>During observation on 12/1/14, at 6:00 p.m. R10 was wheeled into the day room. It was noted that R10 had her 4th and 5th fingers on her right hand curled and bent inward toward the inside of the palm as they rested on her lap. At 6:02 p.m., when interviewed and questioned about her ability to move the fingers on her right hand, R10 extended the first three fingers of her right hand and then grasped the 4th and 5th fingers on the right hand with the use of her left hand. She extended these fingers partially open by pulling the fingers with her left hand. After extending the 4th and 5th fingers from the palm area, it was noted that two deep indentation were present in the palm of her hand where these two fingers had been digging/pressing into the skin layers. Again, R10 verbalized she had difficulty moving these fingers for a long time and thought it was due to the ring she wore on her ring (4th) finger.</p> <p>During interview on 12/1/14, at 5:08 p.m. registered nurse (RN)-A identified R10 with bilateral knee contractures and stated she was unsure whether any ROM program had been implemented for R10 and verified that currently R10 had not utilized devices/splints for contracture management.</p> <p>During breakfast observation on 12/3/14, at 8:15 a.m. R10 was seated in the small dining room eating her meal. It was again noted the 4th and</p>	2 895		

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2 895	<p>Continued From page 14</p> <p>5th digits/fingers of her right hand were curled/folded into the palm of her hand while she ate.</p> <p>During interview on 12/3/14, at 10:10 a.m. RN-A stated she was unaware that R10 had any limited range of motion/contracture of her hands. RN-A stated, "If she has a contracture on her hands I'm not aware of it. I know her legs are contracted but not sure about her hand."</p> <p>During a later interview on 12/3/14, at 11:50 a.m. RN-A stated she had looked at R10's fingers on her right hand and noted that her pinky (5th) and ring (4th) fingers were contracted. RN-A stated there were no open skin areas on the hand, just the indentation against the palm. RN-A, who confirmed she conducted the MDS assessments, indicated the most recent assessment was dated 10/14/14 and no contractures were evident during that assessment. RN-A further stated she had questioned other staff and they were unaware of any contracture.</p> <p>During interview with nursing assistant's (NA)-A and NA-B on 12/03/14, at 11:55 a.m. NA-A and NA-B stated they were not aware of a contracture to R10's fingers located on the right hand.</p> <p>On 12/3/14, at 2:01 p.m. registered nurse (RN)-A was present when R10's hand was observed. It was noted that approximately a 1 (one) centimeter (cm) indentation was evident on the right palm area where the 4th and 5th fingers (digits) pressed into the skin. A red line was also evident in the palm of the hand where R10's long fingernail pressed into the skin. The fingernail on the 5th finger (little) was approximately 2 centimeters (cm) long and appeared long and untrimmed. Interview with RN-A at the time of the</p>	2 895		

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2 895	<p>Continued From page 15</p> <p>observation revealed she had not noticed the long fingernail when she checked the hand after the concern had been brought to her attention on 12/1/14. She indicated she had removed the ring when she assessed the hand, stating R10 had stated this condition [curled fingers] had not been present too long. When R10 was questioned about the contracted appearing fingers, she stated, "Oh it has been quite a long time, maybe since I came here?" (admitted in 2012). RN-A stated in the presence of R10, that R10 was sometimes confused and indicated that earlier, R10 had said that it hadn't been contracted so long.</p> <p>During interview on 12/3/14, at approximately 2:40 p.m. the registered occupational therapist (OTR) stated she had never evaluated R10 and was unable to comment on the status of the 4th and 5th fingers on the right hand. When questioned how quickly a resident would experience contractures of the fingers (which could not be extended independently but only with the use of the opposite hand), the OTR responded the condition would take longer than a couple of days, but could not further comment without assessing R10.</p> <p>During review of the quarterly MDS dated 10/2/14, R10 was identified with bilateral lower extremity ROM limitations and free from any upper ROM extremity limitation. The MDS further identified R10 with a Brief Interview for Mental Status (BIMS) score of 15/15, indicating intact cognition, and identified her free from any mood/behavior indicators.</p> <p>The following progress notes were documented in R10's medical record on 12/4/14: (1.) Entry dated 12/3/14- 11:30 a.m. Was notified</p>	2 895		

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2 895	<p>Continued From page 16</p> <p>by a state surveyor that resident had a potential contracture to her right (R) hand. Upon assessment it is noted that 4th and 5th fingers of her (R) hand are stiff and she holding them in flexed position. Resident states that because of her ring she holds her hand that way. Resident noted to be wearing a large costume jewelry ring to 4th finger with tongued back that digs into finger. When asked how long her finger has been this way resident states "oh not terribly long" Resident states her fingers get stiff from arthritis. Asked resident if she would allow a therapist to look at her hand and she stated "no". She stated "I can move my own fingers and besides I use my hand just fine". Interviewed several staff members including three NA/R staff, two nursing staff, activity director, dietary director and administrator to assess if they had noted change in ROM to (R) hand. All of these staff members have noted no limitation in ROM to (R) hand. On interview with activity aide she stated that yesterday was the first day she has noted a change in how resident was holding her (R) hand. Resident allowed ring to be removed from hand and stored [ring] in her room. Resident did agree to have PA-C assess hand and fingers tomorrow on rounds however again stated she would not go to therapies.</p> <p>(2.) Entry dated 12/3/14- 12:09 p.m. Updated occupational therapy (OT) Department on status of resident's (R) hand and that resident states she does not want therapies. Asked OT if they would attempt a screening with resident today.</p> <p>(3.) Entry dated 12/3/14- 2:30 p.m. OT performed a screen with nurse manager, RN-A, due to possible contractures in right hand/digits. OT observed that nursing was able to stretch her 4th and 5th digits to within functional limits. OT</p>	2 895		

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2 895	<p>Continued From page 17</p> <p>feels that resident holds her 4th and 5th digits in flexion due to habit, arthritic changes in 5th PIP joint, and muscle shortening. At this time, my OT opinion is that this is not a contracture since resident's digits can be stretched to functional limits. OT recommends a complete OT evaluation for further assessment.</p> <p>(4.) Entry dated 12/3/14-4:00 p.m. Resident allowed washcloth to be placed to (R) hand at this time. Set-up treatment to keep padding in right hand as resident will allow.</p> <p>(5.) Entry dated 12/3/14- 4:43 p.m. therapeutic recreation assistant (TRA) reported to therapeutic recreation director (TRD) that resident was having more difficulty remembering where an activity is and the past month has had great difficulty in card group. Resident enjoys playing cards but is having difficulty remembering what trump is and what was layed. At times she will call trump and then cannot remember what she called. She forgets what activities she is attending and will ask when the activity that she just attended begins. TRD reported this memory impairment to RN-A.</p> <p>(6.) Entry dated 12/3/14- 10:36 p.m. .At approximately 8:00 p.m. had applied warm pack to resident (R) hand and massaged the palm of her hand. Spoke with res about her fingers and she stated that her "fingers have always been curled that way her whole life and doesn't know what everyone is getting excited about."</p> <p>During observation on 12/ /14, at 10:00 a.m. R10 was observed seated in the dayroom participating in an activity. It was noted that R10 had her right hand resting on her lap and the 4th and 5th digits/fingers were curled and pressing against</p>	2 895		

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2 895	<p>Continued From page 18</p> <p>the inside surface of her palm.</p> <p>During observation on 12/04/14, at 11:08 a.m. R10 was seated in the wheelchair in her room. R10 was noted to have a wash cloth placed in her right hand. The wash cloth had not been utilized prior to the surveyor questioning the condition of the curled/contracted fingers. When requested that her right hand be visualized, R10 stated, "Yes, everybody else has." When R10's hand was observed with another surveyor present, it was noted that an indentation was present into the palm of the hand (minimum of 1 cm) near the location of the 5th finger. An indentation into the skin was also noted where the ring (4th) finger pressed into the palm of the right hand. The indentation was not as pronounced when viewed without a wash cloth on 12/3/14 but it was still notable with the padding of the wash cloth. When R10 was requested to extend her hand, she was able to freely extend the first three fingers of the right hand but grabbed the 4th (ring) and 5th (pinky) fingers with her left hand to assist with extension of both fingers. R10 remained unable to freely extend both the 4th and 5th fingers. It was observed that R10 grimaced when she attempted to fully extend the 5th digit/finger on the right hand. She was only able to extend the 5th (pinky) finger to approximately 50% of a fully extended finger.</p> <p>Documentation was lacking in the medical record to indicate that staff had noted the limited range of motion of the 4th and 5th digits/fingers as observed on 12/1/14. Further, there was no documentation related to the indentations which were the result of the fingers curled and pressed against the palm of the right hand of R10.</p> <p>SUGGESTED METHOD OF CORRECTION:</p>	2 895		

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2 895	<p>Continued From page 19</p> <p>The facility could work with the QA Committee and therapy department to identify and develop programming for residents in need of range of motion services or those at risk for decline. The facility could develop systems to audit range of motion services for completion and report to the QA Committee.</p> <p>TIME PERIOD FOR CORRECTION: Twenty-one (21) days.</p>	2 895		