DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

					AND TRANSMITTAL TE SURVEY AGENCY		ID: VDSH Facility ID: 00480
1. MEDICARE/MEDICAID PROVIDER NO. (L1) 245340 2.STATE VENDOR OR MEDICAID NO. (L2) 137110400		3. NAME AND AD L ³) GALTIER A L ⁴) 445 GALTIE L ⁵) SAINT PAUI	VILLA CENT R AVENUE		(L6) 55103	4. TYPE OF ACTION 1. Initial 3. Termination 5. Validation	2. Recertification 4. CHOW 6. Complaint
5. EFFECTIVE DATE CHANGE OF OWNER (L9) 12/01/2017 6. DATE OF SURVEY 07/31/2018 8. ACCREDITATION STATUS: 0 Unaccredited 1 TJC 2 AOA 3 Other 11. LTC PERIOD OF CERTIFICATION From (a): To (b):	(L34) (L10)	7. PROVIDER/SUI D1 Hospital D2 SNF/NF/Dual D3 SNF/NF/Distinct D4 SNF 10.THE FACILITY X A. In Complian Program Re Compliance	05 HHA 06 PRTF 07 X-Ray 08 OPT/SP IS CERTIFIED Ance With quirements	09 ESRD 10 NF 11 ICF/IID 12 RHC			NG DATE: (L35) ents: ervices Limit
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14. LTC CERTIFIED BED BREAKDOWN 18 SNF 18/19 SNF 107 (L37) (L38) 16. STATE SURVEY AGENCY REMARKS	19 SNF (L39) (IF APPLICABI	ICF (L42) LE SHOW LTC CA	IID (L43) NCELLATION E	DATE):	15. FACILITY MEETS 1861 (e) (1) or 1861 (j) (1):	(L15)	
17. SURVEYOR SIGNATURE Mary Beth Lucina, HFE N	IE II	Date : 08	8/08/2018	(110)	18. STATE SURVEY AGENCY Kamala Fiske-Downing, E		Date: 08/08/2018
PART II	- TO BE CO	OMPLETED B	BY HCFA RE	(L19)	OFFICE OR SINGLE S	•	(L20
DETERMINATION OF ELIGIBILITY	(L21)		PLIANCE WITH TS ACT:	I CIVIL	21. 1. Statement of Finan2. Ownership/Control3. Both of the Above	ol Interest Disclosure Stmt	
OF PARTICIPATION 09/01/1986 (L24) 25. LTC EXTENSION DATE: 27. A	TC AGREEME BEGINNING D (L41) ALTERNATIVE A. Suspension of	SANCTIONS	. LTC AGREEM ENDING DAT (L25)		26. TERMINATION ACTION: VOLUNTARY 00 01-Merger, Closure 02-Dissatisfaction W/ Reimburs 03-Risk of Involuntary Terminatio 04-Other Reason for Withdrawal	D INVOLUTION 05-Fail to 06-Fail to on OTHER	Meet Health/Safety Meet Agreement er Status Change
(L27) _E	3. Rescind Susp	ension Date:	(L45)				
28. TERMINATION DATE:	29. I	NTERMEDIARY/0	CARRIER NO.		30. REMARKS		
(L	28)	06301		(L31)			

32. DETERMINATION OF APPROVAL DATE

(L33)

DETERMINATION APPROVAL

(L32)

31. RO RECEIPT OF CMS-1539



Protecting, Maintaining and Improving the Health of All Minnesotans

CMS Certification Number (CCN): 245340

August 8, 2018

Ms. Catherine Scoville, Administrator Galtier A Villa Center 445 Galtier Avenue Saint Paul, MN 55103

Dear Ms. Scoville:

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 July 31, 2018 the above facility is certified for:

107 Skilled Nursing Facility/Nursing Facility Beds

Your facility's Medicare approved area consists of all 107 skilled nursing facility beds.

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

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

Please contact me if you have any questions.

Sincerely,

Kamala Fiske-Downing

Licensing and Certification Program Minnesota Department of Health

Kamala Fiske Downing

P.O. Box 64900

St. Paul, MN 55164-0900

Telephone: (651) 201-4112 Fax: (651) 215-9697 Email: Kamala.Fiske-Downing@state.mn.us

cc: Licensing and Certification File



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered August 8, 2018

Ms. Catherine Scoville, Administrator Galtier A Villa Center 445 Galtier Avenue Saint Paul, MN 55103

RE: Project Number S5340027

Dear Ms. Scoville:

On June 22, 2018, we informed you that the following enforcement remedies were imposed:

- State Monitoring effective June 27, 2018. (42 CFR 488.422)
- Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.41(a), effective August 26, 2018.

This was based on the deficiencies cited by this Department for a standard survey completed on June 7, 2018. The most serious deficiency was found to be isolated deficiencies that constituted actual harm that was not immediate jeopardy (Level G) whereby corrections were required.

On July 31, 2018, the Minnesota Department of Health completed a Post Certification Revisit (PCR) and on July 12, 2018 the Minnesota Department of Public Safety completed a PCR to verify that your facility had achieved and maintained compliance with federal certification deficiencies issued pursuant to a standard survey, completed on June 7, 2018. We presumed, based on your plan of correction, that your facility had corrected these deficiencies as of July 18, 2018. We have determined, based on our visit, that your facility has corrected the deficiencies issued pursuant to our standard survey, completed on June 7, 2018, as of July 31, 2018.

As a result of the revisit findings, the Department is discontinuing the Category 1 remedy of state monitoring effective July 31, 2018.

In addition, this Department recommended to the CMS Region V Office the following actions related to the imposed remedies in our letter of June 22, 2018:

• Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.41(a), be rescinded as of July 31, 2018.

Galtier A Villa Center August 8, 2018 Page 2

In our letter of June 22, 2018, we advised you that, in accordance with Federal law, as specified in the Act at Section 1819(f)(2)(B)(iii)(I)(b) and 1919(f)(2)(B)(iii)(I)(b), your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from August 26, 2018, due to denial of payment for new admissions. Since your facility attained substantial compliance on July 31, 2018, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded.

The CMS Region V Office will notify you of their determination regarding the imposed remedies and appeal rights.

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

Feel free to contact me if you have questions.

Sincerely,

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Electronically delivered

August 8, 2018

Ms. Catherine Scoville, Administrator Galtier A Villa Center 445 Galtier Avenue Saint Paul, MN 55103

Re: Reinspection Results - Project Number S5340027

Dear Ms. Scoville:

On July 31, 2018 survey staff of the Minnesota Department of Health, Licensing and Certification Program completed a reinspection of your facility, to determine correction of orders found on the survey completed on July 31, 2018, with orders received by you on June 22, 2018. At this time these correction orders were found corrected.

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

Licensing and Certification Program

Minnesota Department of Health

Kumalu Fiske Downing

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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

ID: VDSH Facility ID: 00480

1. MEDICARE/MEDICAID PROVIDE (L1) 245340 2.STATE VENDOR OR MEDICAID N (L2) 137110400		3. NAME AND AD (L3) GALTIER A (L4) 445 GALTIE (L5) SAINT PAUL	VILLA CENT CRAVENUE		(L6) 55103	1. I 3. T 5. V	YPE OF ACTIC	2. Recertification 4. CHOW 6. Complaint
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14. LTC CERTIFIED BED BREAKDOV 18 SNF 18/19 SNF 107 (L37) (L38) 16. STATE SURVEY AGENCY REMARKS	19 SNF (L39)	ICF (L42) ABLE SHOW LTC CA	IID (L43) NCELLATION I	DATE):	15. FACILITY MEETS 1861 (e) (1) or 1861 (j)	(1):	(L15)	
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19. DETERMINATION OF ELIGIBILI	RT II - TO BE (ITY articipate	COMPLETED E	8/08/2018 BY HCFA RE PLIANCE WITH ITS ACT:	EGIONAL	Amala Fiske-Downi OFFICE OR SING 21. 1. Statement of 2. Ownership 3. Both of the	LE STATE A of Financial Solve /Control Interest I	AGENCY ency (HCFA-257	(L20
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Protecting, Maintaining and Improving the Health of All Minnesotans

CMS Certification Number (CCN): 245340

August 8, 2018

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Please contact me if you have any questions.

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Licensing and Certification Program Minnesota Department of Health

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered August 8, 2018

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RE: Project Number S5340027

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Galtier A Villa Center August 8, 2018 Page 2

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Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

August 8, 2018

Ms. Catherine Scoville, Administrator Galtier A Villa Center 445 Galtier Avenue Saint Paul, MN 55103

Re: Reinspection Results - Project Number S5340027

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

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Facility ID: 00480

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5. EFFECTIVE DATE CHANGE OF ((L9) 12/01/2017	OWNERSHIP	7. PROVIDER/SU 01 Hospital	IPPLIER CATEO	GORY 09 ESRD	02 (L7) 13 PTIP 22 CLIA	8. Full Survey After Complaint	
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Mary Capes, HFE NE	E II	0	7/03/2018	(L19)	K <u>amala Fiske-Downing, I</u>	Enforcement Specialist 07/22/2018	(L20)
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OF PARTICIPATION 09/01/1986	BEGINNING		ENDING DA		VOLUNTARY 01-Merger, Closure	, ,	
(L24)	(L41)		(L25)		02-Dissatisfaction W/ Reimburs	sement 06-Fail to Meet Agreement	
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	A. Suspension	n of Admissions:			04-Other Reason for Withdrawal	07-Provider Status Change	
(L27)	B. Rescind St	uspension Date:	(L44) (L45)			00-Active	
28. TERMINATION DATE:	29	D. INTERMEDIARY/	CARRIER NO.		30. REMARKS		
		06301					
	(L28)	00301					
				(L31)			
31. RO RECEIPT OF CMS-1539	32	. DETERMINATION	OF APPROVAI				



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

June 22, 2018

Ms. Catherine Scoville, Administrator Galtier A Villa Center 445 Galtier Avenue Saint Paul, MN 55103

RE: Project Number S5340027

Dear Ms. Scoville:

On June 7, 2018, 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 constituted actual harm that was not immediate jeopardy (Level G), as evidenced by the electronically attached CMS-2567, whereby significant corrections are required.

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

<u>No Opportunity to Correct</u> - the facility will have remedies imposed immediately after a determination of noncompliance has been made;

<u>Remedies</u> - the type of remedies that will be imposed with the authorization of the Centers for Medicare and Medicaid Services (CMS);

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

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

Appeal Rights – the facility rights to appeal imposed remedies; and

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

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

DEPARTMENT CONTACT

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

Susie Haben, Unit Supervisor
Metro A Survey Team
Licensing and Certification Program
Health Regulation Division
Minnesota Department of Health
85 East Seventh Place, Suite 220
P.O. Box 64900
Saint Paul, Minnesota 55164-0900
Email: susie.haben@state.mn.us

Phone: (651) 201-3794 Fax: (651) 215-9697

NO OPPORTUNITY TO CORRECT - DATE OF CORRECTION - REMEDIES

For all surveys completed after September 1, 2016, CMS policy requires that facilities will not be given an opportunity to correct before remedies will be imposed when one or more of the following circumstances exist:

- Immediate jeopardy (IJ) (scope and severity levels J, K, and L) is identified on the current survey; <u>OR</u>
 Deficiencies of Substandard Quality of Care (SQC) that are not IJ are identified on the current survey; <u>OR</u>
- Any G level deficiency is identified on the current survey in 42 CFR 483.12, Freedom from Abuse, Neglect, and Exploitation, 42 CFR 483.24, Quality of Life, or 42 CFR 483.25 Quality of Care; **OR**
- Deficiencies of actual harm or above (level G or above) on the current survey as well as having deficiencies of actual harm or above on the previous standard health or Life Safety Code (LSC) survey **OR** deficiencies of actual harm or above on any type of survey between the current survey and the last standard survey. These surveys must be separated by a period of compliance (i.e., from different noncompliance cycles).; **OR**
- A facility is classified as a Special Focus Facility (SFF) <u>AND</u> has a deficiency citation at level "F" or higher on its current health survey or "G" or higher for the current LSC survey.

Note: the "current" survey is whatever Health and/or LSC survey is currently being performed, i.e., standard, revisit, or complaint.

Your facility meets one or more criterion and remedies will be imposed immediately. Therefore, this Department is imposing the following remedy:

• State Monitoring effective June 27, 2018. (42 CFR 488.422)

The Department recommended the enforcement remedy listed below to the CMS Region V Office for imposition: The CMS Region V Office concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

• Discretionary Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.41(a), effective August 26, 2018.

The CMS Region V Office will notify your fiscal intermediary that the denial of payment for new admissions is effective August 26, 2018. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective August 26, 2018.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

Further, Federal law, as specified in the Act at Sections 1819(f)(2)(B), prohibits approval of nurse assistant training programs offered by, or in, a facility which, within the previous two years, has been subject to a denial of payment. Therefore, your agency is prohibited from offering or conducting a Nurse Assistant Training/Competency Evaluation Programs or Competency Evaluation Programs for two years effective August 26, 2018. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. If this prohibition is not rescinded, under Public Law 105-15 (H.R. 968), you may request a waiver of this prohibition if certain criteria are met. Please contact the Nursing Assistant Registry at (800) 397-6124 for specific information regarding a waiver for these programs from this Department.

The CMS Region V Office will notify you of their determination regarding our recommendations, Nursing Aide Training and/or Competency Evaluation Programs (NATCEP) prohibition, and appeal rights.

ELECTRONIC PLAN OF CORRECTION (ePoC)

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

- Address how corrective action will be accomplished for those residents found to have been affected by the deficient practice;
- Address how the facility will identify other residents having the potential to be affected by the same deficient practice;
- Address what measures will be put into place or systemic changes made to ensure that

the deficient practice will not recur;

- Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system;
- Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. If the plan of correction is unacceptable for any reason, the State will notify the facility. If the plan of correction is acceptable, the State will notify the facility. Facilities should be cautioned that they are ultimately accountable for their own compliance, and that responsibility is not alleviated in cases where notification about the acceptability of their plan of correction is not made timely. The plan of correction will serve as the facility's allegation of compliance; and,
- Submit electronically to acknowledge your receipt of the electronic 2567, your review and your ePoC submission.

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

• 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 ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health, Licensing and Certification Program staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

VERIFICATION OF SUBSTANTIAL COMPLIANCE

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

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and we will recommend that the remedies imposed be discontinued effective the date of the on-site verification. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred

between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

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 August 26, 2018, the CMS Region V Office must deny payment for new admissions as mandated by the Social Security Act (the Act) at Sections 1819(h)(2)(D) and 1919(h)(2)(C) and Federal regulations at 42 CFR Section 488.417(b). This mandatory denial of payments will be based on the failure to comply with deficiencies originally contained in the Statement of Deficiencies, upon the identification of new deficiencies at the time of the revisit, or if deficiencies have been issued as the result of a complaint visit or other survey conducted after the original statement of deficiencies was issued. This mandatory denial of payment is in addition to any remedies that may still be in effect as of this date.

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by December 7, 2018 (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.

APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at https://dab.efile.hhs.gov no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

Tamika.Brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services
Departmental Appeals Board, MS 6132
Director, Civil Remedies Division
330 Independence Avenue, S.W.
Cohen Building – Room G-644

> Washington, D.C. 20201 (202) 565-9462

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Tamika Brown, Principal Program Representative by phone at (312) 353-1502 or by e-mail at Tamika.Brown@cms.hhs.gov.

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 Health Regulation Division P.O. Box 64900 St. Paul, Minnesota 55164-0900

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

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

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

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

Mr. Tom Linhoff, Fire Safety Supervisor Health Care Fire Inspections Minnesota Department of Public Safety State Fire Marshal Division 445 Minnesota Street, Suite 145 St. Paul, Minnesota 55101-5145

Email: tom.linhoff@state.mn.us Telephone: (651) 430-3012

Fax: (651) 215-0525

Feel free to contact me if you have questions.

Sincerely,

Joanne Simon, Enforcement Specialist

Minnesota Department of Health
Licensing and Certification Program
Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

PRINTED: 07/02/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
		245340	B. WING_		06	/07/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103	·	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
E 000	Initial Comments		E 00	00		
F 000	Emergency Prepare conducted on June a recertification sur		F 00	00		
	survey was comple Minnesota Departm your facility was in o of 42 CFR Part 483	June 7, 2018, a standard ted at your facility by the nent of Health to determine if compliance with requirements y, Subpart B, and ong Term Care Facilities.				
	as your allegation of Department's accepenrolled in ePOC, year the bottom of the	f correction (POC) will serve of compliance upon the otance. Because you are your signature is not required of first page of the CMS-2567 ic submission of the POC will cion of compliance.				
F 561 SS=E	on-site revisit of you validate that substate regulations has been your verification.	acceptable electronic POC, an ur facility may be conducted to ntial compliance with the en attained in accordance with	F 56	31		7/18/18
ABODATOR	promote and facilita through support of not limited to the rig (1) through (11) of t	e right to and the facility must ate resident self-determination resident choice, including but afts specified in paragraphs (f)	NATURE	TITLE		(X6) DATE

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

Electronically Signed

06/29/2018

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
		245340	B. WING			06/	07/2018	
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F 561	activities, schedule waking times), head care services consumers assessments, and applicable provision §483.10(f)(2) The choices about aspectation facility that are signed §483.10(f)(3) The with members of the community activities facility. §483.10(f)(8) The participate in other religious, and community activities facility. This REQUIREMED by: Based on observative review, the facility assess and implementation facility assess and implementation. Findings include: When interviewed who was assessed indicated she was	resident has a right to choose es (including sleeping and alth care and providers of health sistent with his or her interests, plan of care and other ons of this part. resident has a right to make ects of his or her life in the nificant to the resident. resident has a right to interact the community and participate in es both inside and outside the resident has a right to ractivities, including social, munity activities that do not ights of other residents in the entity i	F 5	R re pl: pr Al re Ro Oi by no	252, R44, R58, R50, and R43 h ceived a care conference to re- ans of care in relation to individ- eferences regarding their plan I 5 care plans have been updat flect changes. esident that reside at Galtier He enter have the potential to be a to this practice. Resident have re- otice that that television curfew iminated and will be discussed	view ualized of care. ed to ealth ffected eceived has been at the		
	just want to stay in Furthermore, R52	n coming down with a cold and bed and watch TV." stated, see that sign says we after 10:30 pm, and when I don't		cc ar	ext QAPI. Resident care confer- over resident choices and prefe- nd plans of care will be updated opropriate. Policies and proced	rences as		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		SHOULD BE	(X5) COMPLETION DATE	
F 561	turn on the TV bed does not mind." Restalked to her about rule is too strict es mind the television. Surveyor observed bedroom wall that families and staff. 10:30 p.m. This tin Resident Council." 1/19/2010. When interviewed and R58 were toge. The residents were facility and R44 posign observed in R4th floor did not understand stated, "That's not night and want to a should be allowed. head in agreement R44 was assessed and R58 was asses 5/2/18. When interviewed who was assessed the faci accommodating for explained that it is sleeping at night a on for awhile durin	up at night I sometimes like to ause I know my roommate 52 indicated no one has ever at the "rule" and expressed "The pecially if my roommate doesn't being on low." If a laminated sign on R52's reads," Attention Residents, All TV's are to be turned off at the has been determined by the The sign was dated on 6/4/18, at 6:04 p.m. R44 ether is a shared bedroom. The sign was dated on 6/4/18, at 6:04 p.m. R44 ether is a shared bedroom. The sign was dated on 6/4/18, at 6:04 p.m. R44 ether is a shared bedroom. The sign was dated as the signs posted so he why 3rd floor had to. R44 right, If I am awake during the quietly watch TV, then that "Roommate R58 was nodding the and stated "Yes." If as cognitively intact 4/21/18, assed as cognitively intact 4/27/18, lity's TV rule was not ar R50's needs or choices. R50 not unusual to have difficulty and usually having the television g the night helps. R50 stated essed to various staff that this	F 5	related to resident choice are has been reviewed and is constaff in all departments have educated on resident rights choices, preferences, and ferplan of care. Social Service/Designee will residents weekly x 3 weeks monthly x 2 months to ensure preferences are being met. Social Service/Designee will results of resident preference QAPI committee monthly x continued opportunities for elimprovements. Date of compliance 7/18/18	urrent. e been which include; ollowing the II audit 3 , then 3 x are resident II forward be audits to the 3 months for quality		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				E SURVEY IPLETED
		245340	B. WING_		06/	07/2018
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F 561	impairment on 4/18 rule was "too strict" when she is not abl wants the ability to said she has asked don not seem to ha accurate or enforce the director of nursi they do not work be television is connect to obtain proper he the night she will hat television if she chow the laminated sign observed to be possible. The laminated sign observed to be possible. When interviewed or registered nurse (Redesignee (SSD) exthird floor and not a about the restiction used after 10:30 pr from 2010, RN-A are should re-visit the restiction.	as having mild cognitive 1/18. R43 expressed that the because there are times e to sleep during the night and turn on the television. R43 about the rule but the staff we an answer if the rule is eable. R43 requested staff asking for "head sets" but was told ecause of the way the cted. R43 would like the facility ad sets so if she wakes during ave the ability to watch	F 56			
F 583 SS=D	watching television Personal Privacy/C	of have a policy regarding after 10:30 p.m. at night. onfidentiality of Records 1)-(3)(i)(ii)	F 58	33		7/18/18
		and Confidentiality. right to personal privacy and s or her personal and medical				

	OF DEFICIENCIES OF CORRECTION			E SURVEY PLETED			
		245340	B. WING			06/0	07/2018
	PROVIDER OR SUPPLIER			44	TREET ADDRESS, CITY, STATE, ZIP CODE 45 GALTIER AVENUE AINT PAUL, MN 55103		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIOI (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
F 583	§483.10(h)(l) Person accommodations, telephone commurand meetings of fathis does not requiprivate room for easy §483.10(h)(2) The residents right to pright to privacy in hwritten, and electron the right to send armail and other letter materials delivered including those delithan a postal service §483.10(h)(3) The and confidential perior (i) The resident has of personal and me provided at §483.7 federal or state law (ii) The facility must office of the State to examine a residual administrative recollaw. This REQUIREME by: Based on observative was maintal.	conal privacy includes medical treatment, written and nications, personal care, visits, mily and resident groups, but the facility to provide a ach resident. facility must respect the ersonal privacy, including the his or her oral (that is, spoken), onic communications, including and promptly receive unopened ers, packages and other if to the facility for the resident, ivered through a means other ce. resident has a right to secure ersonal and medical records. It is the right to refuse the release edical records except as 0(i)(2) or other applicable for allow representatives of the Long-Term Care Ombudsman ent's medical, social, and ords in accordance with State NT is not met as evidenced wition, interview and document failed to ensure personal ained for 2 of 5 residents (R44, or required staff assistance with	F	583	R44 and R58 are being provided pwith cares and are being treated widignity and respect. NA-A has bee re-educated on providing privacy a dignity with call cares. Residents that reside at Galtier Hecenter have the potential to be affeby this practice. Residents that reg	th n nd alth ected	

				DATE SURVEY COMPLETED		
		245340	B. WING		06/	07/2018
	PROVIDER OR SUPPLIER		/	STREET ADDRESS, CITY, STATE, ZIP CODE 145 GALTIER AVENUE SAINT PAUL, MN 55103	, ,	
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F 583	During interview wipp.m., R44 stated si roommate (R58) of During observation a.m., a nursing assapproach R58 in he assistance with mothe priviacy curtain room. NA-A washe to remove R58's cl breasts and the frothen gestured with and NA-A continue On 6/6/18 at 7:24 and applied her stoto put R44's urinary through a pair of le R44 stated, "you havill fit in there." NA bedside, leaving Rourtain open. R58 that time. NA-A lef she opened the dowalking by in the horoom where R44 lawearing only an inc R44 stated, "See wattitude and is not attitude and is not attitude and is not attitude as sindicated R58 was care dated 6/21/17 staff to assist the reference of the stated of th	th R44 on 6/4/418 at 5:34 taff did not always treat her r herself with dignity. In in of care on 6/6/18 at 7:01 sistant (NA)-A was observed to the room and began to provide orning care. NA-A did not pull and R44 was present in the ed R58's face, then continued othes and washed under her and of R58's perineum. NA-A her hand for R58 to turn over did to cleanse R58's buttock. In I	F 583	assistance with personal cares I received care plan reviews and care have been updated as app Policy and Procedure regarding and privacy have been reviewed current. Nursing assistants and licensed have been re-educated on proviprivacy during cares to promote DON/Designee will complete au cares 3 times weekly x 3 weeks times monthly for 2 months. DON/Designee will forward result and dignity audits to the QAPI comonthly x 3 months for continue opportunities for quality improved Date of compliance 7/18/18	plans of ropriate. dignity I and are nurses ding dignity. dits on then 3 llts of care ommittee ed	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPRODEFICIENCY)	ILD BE	(X5) COMPLETION DATE	
F 625 SS=D	stroke. Intervention procedures/tasks be dignity by ensuring R44's plan of care of was able to particip with assistance: bu zipper, put on shirt, R44's cognitive assindicated R44 was During interview with social service designal, they verified the follow the Resident provision of privacy with respect and dignotice of Bed Hold CFR(s): 483.15(d) (S483.15(d) (Notice of Bed Hold CFR(s): 483.15(d) (S483.15(d) (S483.	e of motion due to a history of his also included: "Explain all efore starting and promote privacy." dated 4/17/18, indicated R44 eate with aspects of self care tton shirts, tie shoes, use pull up pants, put on socks. Hessment dated 4/21/18, cognitively intact. th registered nurse (RN)-A and gnee (SSD) on 6/6/18 at 9:56 the facility expectation was to Bill of Rights (which includes by, and to treat all residents gnity. Policy Before/Upon Trnsfr	F 5			7/18/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′		E CONSTRUCTION ((X3) DATE SURVEY COMPLETED		
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F 625	resident to return; a (iv) The information of this section. §483.15(d)(2) Bedthe time of transfer hospitalization or the facility must provide resident represents specifies the duration described in paragrathis REQUIREMED by: Based on interview facility failed to provide acility failed to provide facility failed to provide the facility failed to to consistently provide the facility failed to to consistently provide facility failed to provi	chold notice upon transfer. At of a resident for perapeutic leave, a nursing to the resident and the pative written notice which con of the bed-hold policy raph (d)(1) of this section. NT is not met as evidenced and document review, the wide a Notice of Bed Hold and of 2 residents (R1 and R14) and to a hospital. In addition, ensure a system was in place ride bed hold notices in a structive pulmonary disease), the ease, Hepatitis C, sepsis attening complication of an inia (lung infection), C - differe colon caused by the bacteria of a resident in a dung abscess with	F6	325	R14 still resides at Galtier Health Coand has not been transferred out sin last acute transfer. R1 is no longer resident. Residents that reside at Galtier Health Center that transfer out for an acute have the potential to be affected by practice. The policy and procedure for resident bed hold have been reviewed and is current. Residents transferring to the hospital will receive the bed honotification form and social service working with the resident. Licensed Nurses and Social Service been educated on the bed hold police Social Service/designee will audit at acute transfers to ensure the resident been provided and the bed hold for that is has been reviewed x 3 month Social Service/Designee will forward results of the Bed Hold audits to the committee monthly x 3 months for continued opportunities for quality improvements. Date of compliance 7/18/18	Ith stay this for ed g out old will e have cy. II nt had m and ns.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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F 625	During interview or service assistant (S goes to the hospita with the nursing pacopy in a binder on During interview or practical nurse (LP form is sent with this in the chart. If it is been sent with her reviewed, and no but the administrator va.m., R1's record la hold. The administrator va.m., R1's record la hold. The administrator wa.m., R1's record la hold. The administrator va.m. administrator va.m	n 6/6/18 at 9:33 a.m., social SSA)-B stated, "when a person al, a bed hold paper is done aperwork. The nurses keep a	F 62	5		
	During interview or her daughter stated any information ab transferred to the h	tacks its own tissue). n 6/4/18, at 5:35 p.m., R14 and d the facility had not provided out a bed hold when she was nospital on 4/29/18. In addition, s not aware of the facility's bed				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 445 GALTIER AVENUE SAINT PAUL, MN 55103	•	
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F 625	hold policy. Record review reversion bed hold informate resident/family/legathe hospital transfer. A progress note daincluded: "Send to upper GI bleeding, A progress note daincluded: "EMTs (Etook resident to the evaluation d/t (due notified." On 6/6/18, at 1:14 stated the facility had during hospital transverified that the mewritten documentate the facility staff will hold policy. On 6/6/18, at 1:35 services director (Services director (Serv	ealed no written documentation ation was provided to the all representative at the time of r. ted 4/29/18 at 5:45 a.m., ER (emergency), concern for per Dr" ted 4/29/18 at 6:45 a.m., mergency Medical Technician) ER at [local hospital] for to) bloody emesis. Family was o.m., registered nurse (RN)-A ad a form that should be used sfers for bed hold. RN-A dical record lacked signed ion of a bed hold and stated, be reeducate regarding bed o.m., the facility's social SD) confirmed the medical ad written documentation of a fee SSD stated she'd spoken out did not document it. At 3:30 and she'd just spoken with dexplained the bed-hold policy	F 62			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION ING		(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		JLD BE	(X5) COMPLETION DATE
F 625 F 657 SS=D	transfer Resident be provided with be at admission and be therapeutic leave. I contact with the res the resident is abse arrange for their ret Care Plan Timing a CFR(s): 483.21(b)(s	ent amount before the s and their representative will ad hold and return information efore a hospital transfer or he facility will maintain in dent and representative while ent from the facility and turn if appropriate"	F 6			7/18/18
	§483.21(b)(2) A corbe- (i) Developed within the comprehensive (ii) Prepared by an includes but is not I (A) The attending p (B) A registered nurresident. (C) A nurse aide wiresident. (D) A member of fo (E) To the extent prothe resident and the An explanation musmedical record if the and their resident renot practicable for the resident's care plant (F) Other appropriate disciplines as deterior as requested by (iii)Reviewed and resident's care and resident's care and resident's care as requested by (iii)Reviewed and resident's care and resid	in 7 days after completion of assessment. interdisciplinary team, that imited to hysician. It is with responsibility for the sewith responsibility for the sewith responsibility for the sewith responsibility for the sexual control of the participation of the resident's representative(s). It is included in a resident's representative is determined the development of the sexual control of the s				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING		l'	(X3) DATE SURVEY COMPLETED				
		245340	B. WING			06/0	7/2018
NAME OF F	PROVIDER OR SUPPLIER		1	- (STREET ADDRESS, CITY, STATE, ZIP CODE		
0417155					445 GALTIER AVENUE		
GALITER	A VILLA CENTER			;	SAINT PAUL, MN 55103		
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F 657	Continued From pa	ge 11	F 6	357	,		
	This REQUIREMEN	NT is not met as evidenced					
	review, the facility f conferences were h	tion, interview and document ailed to ensure care neld after each assessment, e the resident in the care			R43 had a care conference, resident present and family/representative wa invited. Resident preferences and placare was reviewed with the resident a	s an of	
	planning process for	or 2 of 3 residents (R43 and			updates were made as appropriate. F	R52	
	R52) reviewed for				was present during his care conferen	nce	
					and resident representative was invite		
	Findings include:				dietician was also present. Weight ar		
		0/5/40 / 0.00 5/0			diet goals discussed with resident wit		
		on 6/5/18, at 8:26 a.m. R43			resident preferences integrated into t	the	
		about staff being aware of			plan of care. Resident that reside at Galtier Health		
		e, and awareness of her food ked about the plan of care and			Center have the potential to be affect		
		plan of care, R43 stated, "I			by this practice. Admitting residents w		
		y plan of care, and I can't			have an initial care conference within		
		about my plan of care."			first 48 hours of admission with	i ti iC	
	Tomomiser meeting	about my plan or care.			preferences and plan of reviewed and	d	
	R43's cognitive ass	sessment dated 4/18/18,			individualized with the resident. All ca		
		mild cognitive impairment.			conferences scheduled then after to		
		· ·			include an invitation to the resident,		
		on 6/6/18, at 8:44 a.m.			resident representative, and whomev	/er	
		N)-A and the social service			the resident choses to invite. Care		
		rified they were not aware of			conferences will honor resident choice		
		hen asked about her			and care plans will be updated to refl		
		conferences, RN-A and SSD			preferences. Registered dietician will		
		ast care conference had been			meet with all residents to ensure diet		
	,	d stated R43 and her family			plan of care, goals, and resident food		
		A and SSD stated R43's erence had been missed in			preferences are current and up to da Social service, Nursing, and dietary h		
		ed they had been waiting to			been educated on care conferences		
		mily about when they could			honoring resident choices with care p		
	attend.	my about whom they bound			updates made to reflect.	Juil	
					Administrator/designee to audit care		
	When interviewed	on 6/4/18, at 1:00 p.m. R52			conference schedules and care plan		
		pset about my weight gain and			updates weekly x 4 weeks, then 4 tim		
		elp me, and won't even give			week monthly x 3 months.		
		s a perfect example because I			Administer/Designee will forward res	ults	

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F 657	When interviewed and SSD verified the R52 was document confirmed the dietitattendance. They seem that would be scheen that would be sch	t lunch time and was told they alad." on 6/6/18 at 9:25 a.m. RN-A ne last care conference held for ted as 2/27/18. They also ian had not been in tated R52's quarterly care the end of May was overdue, fulled soon. e reviewed. An admission ented on 4/30/17 to be 135 ent weight was documented cording to care conference terly care conference had 18, with the resident and tian documented in the ng and Evaluation section of weight 150 # is 111% IWR); planned weight gain since of 119#, increase 30# /180 %). Although weight increase althy range, res (resident) with adequate intake. (discontinued) 3/5 (3/5/18) 2/2 po (oral) intake range from providing 1700-2200 cal/meals is) plus HS (hour of sleep) eased slightly 2/2 weight C (plan of care).	F 657	of the Care Conference audits QAPI committee monthly x 3 continued opportunities for qu improvements. Date of compliance 7/18/18	months for		

	MENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED			
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F 686 SS=G	registered dietitian the facility, and had weeks. The RD rev assessments from a dietitian had not reverified the resident with the nutritional present with the nutritional present with the resident of care conferenced the time of the exit. Treatment/Svcs to CFR(s): 483.25(b)(1) Present Seased on the compresident, the facility (i) A resident receive professional standard pressure ulcers and ulcers unless the indemonstrates that the (ii) A resident with president with	on 6/6/18, at 9:41 a.m. the (RD) stated she was new to worked there about four iewed the documented the previous RD, and verified net with the resident. The RD t should have been involved plan and stated she would ent as soon as possible. Sted regarding the scheduling s but none was provided by Prevent/Heal Pressure Ulcer 1)(i)(ii) egrity sure ulcers.	F 68			7/18/18
	with professional st promote healing, pr new ulcers from de This REQUIREMEN by: Based on observat review, the facility for interventions to pro- further breakdown of	andards of practice, to event infection and prevent veloping. NT is not met as evidenced ion, interview and document		R65 wound has been re-assessed measurements reviewed, new interventions were put into place, Nupdated, new orders for Prafo Boo heel, Registered Dietician reviewed	/ID t to left	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
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F 686	pressure ulcers. The consistently implement reassess the effect a timely manner, refacility acquired prean unstageable ulcer. R65. Findings include: On 6/4/18, at 1:43 min bed. R65 was positioned both hee buttocks, so his knew he appeared to be mattress. There was walking boot with V table, and another swas smaller, soft, at the bed on top of the what the boots were asking what boots? The bedside table a state when they we worn in the winter to During observation was asleep in bed. laying on his back, toward his buttocks R65's heels were put the bed, and he had himself. R65 did no either foot, as the ocould be seen under the same as the could be seen under the same as the could be seen under the same as the could be seen under the same as the same as the could be seen under the same as	ge 14 e failure of the facility to nent ordered interventions, and iveness of the interventions in sulted in the deterioration of a ssure ulcer from a stage II to er, which resulted in harm for o.m. R65 was observed laying sitioned on his back, and . Under the sheet, R65 had els pulled up towards the ees were bent and in the air as digging both heels into the s a light blue structured elcro straps on the bedside style of unstructured boot that and dark blue, in the corner of e sheet. When questioned e used for, R65 was confused, After pointing to the boots on and bed, R65 was unable to re used, and said they were on help with the cold. on 6/5/18, at 9:32 a.m. R65 Again, R65 was positioned with both heels pulled up with his knees in the air. ressed into the mattress on d a thin sheet pulled up over out appear to have boots on utline of the foot and toes er the sheet. The structured observed on the bedside	F6	886	resident plan of care and made upon as appropriate, new treatments or place, and care plans updated. Residents that resident Galtier Heat Center with current wounds have the potential to be affected by this prace. New assessment were completed or residents with wounds and are documented in wound rounds. Interventions for wounds have been reviewed with updates made as appropriate. All new or worsening will have a physician notification with intervention reviews and plan of call updates made. Licensed Nurses have been educated ensuring physician ordered interver in place in regards to residents with wounds, notifying the physician of reworsening wounds, and completing routine assessments and placing in wound rounds software. DON/designee to audit wounds dail weeks in wound rounds to ensure appropriate follow up occurring for wounds with changes, in addition a will occur 3 times weekly x 4 weeks residents with specific interventions pressure relief to ensure that they a place. DON/Designee will forward results resident wound audits to the QAPI committee monthly x 3 months for continued opportunities for quality improvements. Date of compliance 7/18/18	ers in Ith ne tice. on vounds th re ted on ntions new or the the ly x 4 uditing s for s for are in	

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F 686	During observation was observed lying blanket. R65 was not the outline of the founder the knit blank on the back, with le resting on the matter During interview on registered nurse (Rany current skin coot the eMR (electronic RN-D said R65 had for about 2-3 weeks and reported that Routlock ulcer, a left reposition the residup in a wheelchair if feet which were residup in a wheelchair in time, licensed pract R65 and stated, "Lestated to nearby stated in time, licensed pract R65 and stated, "Lestated to nearby stated to nearby	on 6/5/18, at 3:56 p.m. R65 in bed under a thin, white knit ot wearing shoes or boots as ot and toes could be seen set. R65 was supine, laying flat gs straight and both heels	F 6	86		

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F 686	wheelchair until 7:2 push R65 to the dir 7:47 a.m. R65 move the wheelchair using to pull himself, using a little at a time. The to have slid off R65 sideways. After breakfast at 8 observed propelling. The left boot was sto be sliding off the unprotected. At 9:0 room and removed R65 to the toilet. A boots back on R65 the wheelchair to we the resident's required. During interview or director of nursing measurements of the DON explained wound weekly, and manager or a nurse input the desalong with pictures wound tracking system and treatments had becalorie supplementair, keeping heels and a low air loss of did not see current wound, but though same as the left. T	20 a.m. when staff offered to hing room for breakfast. At yed around the dining room in hing his feet to dig into the flooring his arms to push the wheels he soft left boot was observed by heel and was twisted 2:58 a.m. on 6/6/18, R65 was g himself back to his room. 3:till twisted and was observed of foot, leaving the left heel of a.m. staff entered R65's are the boots prior to transferring the 1:50 a.m. staff put the soft of the so	F 68	6		

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F 686	scabbing again. The recent wound measured 10.0 which was larger the cm x 3.0 cm on 6/1 5/7/18). The DON about the accuracy measured the wound up a flexible ruler in show the wound six measure straight a wrapped the ruler at The DON stated sharge jump in docur 6/1/18 (3.5 cm x 3.0 cm), and would ask the left heel wound On 6/6/18 at 10:35 supine in bed. The R65's legs and feel wearing boots, had nothing on the left hed. The light blue from the bedside to boots were on the floor and stated all times." LPN-D dwere on the floor, be removed them. The balled up and startithe bandage, and ware large, dry flap of sone side, and above	pril, but had then started the DON confirmed the most surements were from 6/4/18, 0 centimeters (cm) x 6.0 cm, nan prior measurements (3.5 /18, 2.0 cm x 2.0 cm on stated she was concerned to fhow nursing staff and. In the pictures, staff held text to the skin opening to ze, some staff appeared to cross the wound, while others around the ankle to measure. The was concerned about the mented measurements from 0 cm) to 6/4/18 (10.0 cm x 6.0 k nursing staff to re-measure	F6	886			

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F 686	LPN-D measured the 5.0 cm, and measured the 5.0 cm, and measured the 5.0 cm, and measured the socks for LPN-K state as unstageable, be know how deep the dark, scabby tissue foam dressing to the socks for R65, as the trusty, brown spots of the R65's documentation reversacility on 1/30/18, Alzheimer's diseased weakness, and per During the most recent annual R65 was at risk for dependence on state mood/behaviors, and mood/behaviors, are assessed to be reluposition due to pair loading and reposit Further the assessing were to observe for skin breakdown. Review of the wour medical record (eM two pressure ulcersheel blister was cur unstageable, was a identified on 5/22/1	ne the entire area as 7.0 cm x red the dark area as 4.5 cm x ed the wound was categorized cause there was no way to wound went underneath the LPN-D applied an adhesive e wound, before getting clean he wound drainage had left on the inside of the sock.	F 6	86			

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F 686	acquired in the faci 2/20/18. Pressure I Guidelines provide the National Pressure I described an unstabeing a wound with which the base of the (devitalized tissue for brown) and/or Elbrown or black) in the slough/eschar is returned the wound, the true cannot be determined. The wound is a sistent of 3:28 p.m. the DON the nursing assistants boots on both feet, requirements section R65 to wear Spendicated staff were for the heels, and the PRAFO boots (cuskeep all pressure of indicated staff were for the heels, and wevery 2-3 hours who have the progress note wrincluded: "[Nurse Fwriter received ordered; will be her boots today".	ility, and was identified on Ulcer Documentation d by the facility, and written by ure Ulcer Advisory Panel, igeable pressure ulcer as a full thickness tissue loss in the ulcer is covered by slough that is yellow, tan, gray, green schar (dead tissue that is tan, the wound bed. Until the emoved to expose the base of edepth, and therefore stage, a.m., copies of the current are guide was requested. At provided an undated copy of int care guide, which directed to ensure R65 wore Spenco. Under the special on, there was guidance for to boots at all times to protect that R65 was being fitted for tom fitted supportive boots that off heels). The guidance also be to provide wound treatments were to turn and reposition R65	F	686				
		e appeared to be a pillow under						

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F 686	slightly elevated. The were observed on the next to them sat a was not observed theels rested on the On 6/7/18, at 7:51 a supposed to be we when R65 was up, on when R65 was idd not like to wear be on in bed because pressure. LF R65, and confirmed wearing any protect nursing assistant (I booties which [R65 much all the time."	ne two soft, dark blue boots the floor next to the bed, and new pair of PRAFO boots. R65 o be wearing boots as both	F6	86				
	got PRAFO boots f described how R65 the foot pedals who and rest heels on the bodyweight along in heels. The DON sa himself around the little dark blue boot while R65 moved a but the new PRAFO off. The DON said yesterday, which re PRAFO boots at all boots, the order was boots at all times, a	a.m. the DON confirmed R65 itted yesterday. The DON itted yesterday. The DON is liked to take his/her feet offen seated in the wheelchair, the floor, pulling his/her in the wheelchair using the hid this was how R65 propelled unit. The DON said the soft, is would twist and come offeround the unit in this manner, it boots were less likely to fall there was a new order created equired R65 to wear the litimes. Before the PRAFO is for R65 to wear the Spenco although the DON said R65 did wear them. The DON explained						

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F 686	that when it came to as the PRAFO bood was appropriate, and involved to approve When asked why the ordered yesterday, size of the wound rough at the interventions determined that the not working. Again soft little boots staff not stay in place, and self propelled to the new PRAFO bounded by the boot to protect the heel, providing the boot to protect the heel, providing the boot to protect the new PRAFO bounded by the boot to protect the heel will be a sked will a follow-up intervent to be ulcers when asked will did not seem to be ulcers when asked The DON said R65 another floor on 5/7 regular staff on the heel ulcers. The DO floated on the unit the work on the unit, the written on the nursi staff should know wagain reviewed the and noted that the after R65 moved on wondered out loud	o special order footwear, such its, therapy first assessed what and then the physician got ordering the special footwear. The PRAFO boots were just the DON replied that when the ecently got bigger, staff looked currently in place, and interventions obviously were the DON described how the fewere putting on R65 would and would twist around on the resident was very active the wheelchair using the feet. a.m. R65 was observed with the tots on, which had a hard surved around and away from space between the heel and the heel from pressure, and the heel from pressure, and the heel from pressure if R65 had any skin concerns. In had moved onto the unit from 1718, but explained that all the floor should know about R65's DN said that even if staff of fill in, and did not typically the details of R65's care were not assistant care guide, so all what R65 needed. The DON left heel ulcer measurements, increase in size had occurred into the new unit. The DON if the new staff needed time to the set, and get to know R65 after	F6	86				

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F 686	previously looked I had then gotten big whether there was could be why staff supposed to be had. During interview or physical therapy as meeting with R65 the nursing staff. PTA redescribed the man heels into the ground wheelchair. PTA redearlier that winter, a wheelchair at the propelled in the charms and feet. After yesterday, PTA quicontacting the orth R65 with PRAFO becompany was able facility yesterday arboots. During interview or administrator provincare guide, and exupdated today. The R65's need to weal both feet to protect.	N said that the left heel wound ike it was getting better, but ager. The DON questioned a communication issue, which were not all aware of what was ppening to protect R65's heels. In 6/7/18, at 10:37 a.m. the esistant (PTA) confirmed the day before at the request of said nursing called, and ner in which R65 dug both and to pull self along in the embered working with R65 and confirmed that R65 was in at time too, and also self air by using a combination of the being called by nursing ckly took a look at R65 before otic company to request fitting boots. PTA said the orthotics to come out quickly to the fternoon to fit R65 with the	F 68	6		
	also updated with t turned and repositi bed. During interview or registered dietitian	keep boots on. The guide was the requirement that R65 be oned every 20 minutes while in 6/7/18, at 12:14 p.m., the (RD) described having a he unit manager about R65.				

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		245340	B. WING			06/	07/2018	
	PROVIDER OR SUPPLIER	-		445 (ET ADDRESS, CITY, STATE, ZIP CODE GALTIER AVENUE NT PAUL, MN 55103			
(X4) ID PREF I X TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 686	RD explained bein breakdown yesterd Pure Protein (protein powder for wound explained R65 was calorie supplemen not as much as whence adding Pure explained how the needed by any restactors such as a right was going on with needed the extrain as R65's needs has wound breakdown. A progress note windicated "RD folloregarding resident Per [unit manager] pressure ulcers an ulcer] on heel. Respull [his/her] whee [his/her] heel agair [Unit manager] fee	g made aware of the skin day, and as a result, added sin shake) and Juven (nutrition healing) to R65's diet. RD is previously taking a high at which had some protein, but not R65 currently needed; a Protein and Juven. RD inutritional supplements ident really depended on resident's body size, and what a wound. RD said that R65 inutritional supplements added, and increased drastically with the	Fé	686				
	-2/26/18. Left heel centimeters (cm) x Keep clean and dr symptoms of infect symptoms of breal feet at all times, ke - 2/26/18. 120 cub (high calorie suppl	t orders revealed the following: blister measuring 4.5 4.0 cm noted on 2/20/18. y, monitor for signs and tion, or further signs and cdown. Spenco boots on both the pheels off the bed. ic centimeters (cc) of Hi-Cal tement) three times a day.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			445	REET ADDRESS, CITY, STATE, ZIP CODE 5 GALTIER AVENUE INT PAUL, MN 55103	,		
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F 686	hours and as neede-5/22/18. Order for blisters; therapy up-6/6/18. PRAFO both make sure that hee - 6/6/18. Left heel usymptoms of infect symptoms of break at all times, keep he - 6/6/18. One packed wound healing 6/6/18. One packed wound healing 6/6/18. 60 cc Prost (advanced wound of two times a day for On 6/5/18, review of eMR confirmed R6 pressure ulcers reladecreased mobility, dehydration. The cath having history of proscabbed over and of the fluid filled bliste. The care plan did non the right heel. In administering treatmonitoring for effect directed staff to avoid heel, and to keep health with bilateral Spend plan required staff to avoid heel, and to keep health with bilateral Spend plan required staff to assess and record measuring length, we possible. Staff were declines to the Med 11:40 a.m. a copy of the staff of the staff was assess and record measuring length, we consider the Med 11:40 a.m. a copy of the staff was assess and record measuring length, we consider the Med 11:40 a.m. a copy of the staff was assess and record measuring length, we consider the Med 11:40 a.m. a copy of the staff was assess and record measuring length, we consider the Med 11:40 a.m. a copy of the staff was assess and record measuring length, we can be successed to the Med 11:40 a.m. a copy of the staff was assess and record measuring length, we can be successed to the staff was assess and record measuring length, we can be successed to the staff was a copy of the staff was a co	position resident every 2 ed. off load boots for "2/2 heel dated." ots to be worn at all times to els remain offloaded. elcer: monitor for signs and ion, or further signs and down. Bilateral float boots on eels off the bed. et of Juven two times a day for estat Sugar Free AWC eare) nutritional supplement	F6	86				

	OF DEFICIENCIES OF CORRECTION	L. TIDENTIFICATION NUMBER:		TIPLE CO		(X3) DATE SURVEY COMPLETED	
		245340	B. WING			06	/07/2018
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(X4) ID PREF I X TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 686	pressure ulcers, so care plan had been review on 6/5/18. The most recent p chart at the time of encounter dated 4/following written at wound. [Continue] boots." The most reprogress note in thon 3/23/18, and did regarding pressure progress note from mention anything resultioner pencounter noted, "under from previous protect and relieved module for monitor included a Pressure Ulcer Adsystem that helps (decreasing PUSH) (increasing PUSH) (inc	to include the section about of unable to determine when the in last updated at the time of thysician progress note in the freview on 6/7/18, was for an freview on 6/7/18, was for an freview on the local cares, use Spenco eccent nurse practitioner are chart was for an encounter of not mention anything and use ulcers. The physician of a 3/15/18 encounter did not regarding pressure ulcers. The progress note from a 3/8/18 Left heel dry skin with old blood us blister," and "Continue to	Fe	586			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER		•	44	TREET ADDRESS, CITY, STATE, ZIP CODE 45 GALTIER AVENUE AINT PAUL, MN 55103	,		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
F 686	determined.) Tissue cm x 4.0 cm, depth PUSH 116/1/18: Clinical sta 25% bright pink or unknown. No drains-6/4/18: Clinical sta 100% slough (yello adherent. 6.5 cm x drainage. PUSH 12 Review of weekly w following history of -2/23/18: Clinical st loss of dermis). Tis blister. 4.5 cm x 4.2 serosanguineous d blood). PUSH 122/26/18: Clinical st 100% blood filled b depth. Moderate se PUSH 123/5/18: Clinical sta 100% blood filled b depth. Moderate se PUSH 12.	the true depth can not be e type: 100% intact skin. 7.0 unknown. No drainage. ge: Unstageable. Tissue type: red. 6.5 cm x 3.5 cm, depth age. PUSH 11. ge: Unstageable. Tissue type: w, devitalized tissue) loosely 3.5 cm, depth unknown. No	F6	886				
	100% blood filled b depth. Moderate se PUSH 12. -3/22/18: Clinical st 50% purple ecchyn 50% slough loosely with no depth. Ligh PUSH 13. -3/27/18: Clinical st purple ecchymosis	lister. 3.5 cm x 3.5 cm, with no crosanguineous drainage. rage: Stage II. Tissue type: nosis (subcutaneous bleeding), adherent. 4.0 cm x 3.5 cm, t serosanguineous drainage. rage: Stage II. Tissue type: % (subcutaneous bleeding), 50% erent. 4.0 cm x 3.5 cm, with no						

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F 686	depth. Light serosa 13. -4/2/18: Clinical star purple ecchymosis indicative of healthy loosely adherent. 4 Light serosanguine - 4/10/18: Clinical star 20% purple ecchym 50% slough loosely with no depth. No construction -4/23/18: Clinical star 20% purple ecchym 50% slough loosely with no depth. No construction -5/2/18: Clinical star purple ecchymosis slough loosely adhedepth. No drainage -5/7/18: Clinical star purple ecchymosis slough loosely adhedepth. No drainage -5/16/18: Clinical star purple ecchymosis slough loosely adhedepth. No drainage -5/16/18: Clinical star purple ecchymosis slough loosely adhedepth. No drainage -5/16/18: Clinical star purple ecchymosis 4.0 cm drainage. PUSH 10-5/22/18: Clinical star type: 65% deep maradherent. 3.5 cm x drainage. PUSH 11-6/1/18: Clinical star 65% deep maroon,	ge: Stage II. Tissue type: 20%, 30% bright beefy red (often y, healing tissue), 50% slough. 0 cm x 3.5 cm, with no depth. ous drainage. PUSH 13. tage: Stage II. Tissue type: nosis, 30% bright beefy red, adherent. 4.0 cm x 3.5 cm, trainage. PUSH 12. tage: Stage II. Tissue type: nosis, 30% bright beefy red, adherent. 2.0 cm x 3.0 cm, trainage. PUSH 10. tage: Stage II. Tissue type: nosis, 30% bright beefy red, adherent. 2.0 cm x 3.0 cm, trainage. PUSH 10. tage: Stage II. Tissue type: nosis, 30% bright beefy red, adherent. 2.0 cm x 3.0 cm, trainage. PUSH 10. tage: Stage II. Tissue type: 20%, 30% bright beefy red, 50% terent. 2.0 cm x 3.0 cm, with no and the push of the push	F	586			

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F 686	-6/4/18: Clinical sta 55% slough non-adhard adherent. 10.0 Moderate serosang -6/6/18: Clinical sta 50% deep maroon, 7.0 cm x 5.0 cm, deserosanguineous d The Skin Managem 11/28/17, had the foresidents that are a evaluated to determ be taken by the intedetermine approprisindividualized intervand treat skin break guideline, a comple guides the identification of inteor remove underlyir effectiveness of inteinterventions as appropriated upon discovered underlying the showing progree evaluation will be retreatment as appropriated upon discovered underlying the plan of control of the plan of contr	ge: Unstageable. Tissue type: herent, 45% necrotic (dead) or x 6.0 cm, depth unknown. Juineous drainage. PUSH 16. Ige: Unstageable. Tissue type: 50% slough loosely adherent. It is the perturbation of the pe	F6	886			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDII	IPLE CONSTRUCTION NG		COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE	
F 686	Post survey, on 6/9 administrator forwahad not been provided documentation provinterdisciplinary tea and had updated thinclude: 1. Therapy at all times 2. Interventions well Task list to monitor self-removal/displacemattress was order updated to reflect the email indicated the completed an action proper assessment ulcers, including editorious documents.	/18, at 9:31 a.m. the rded information by email that ded during survey. The vided post survey indicated the m had reviewed R65's status e resident's care plan to recommended Prafo boots on re placed in the [point of care] resident cement of the brace. 3. An air ed. 4. Care delivery guides he changes. In addition, the interdisciplinary team had in plan on 6/7/18, regarding and staging of pressure	F 64	36			
	diminish the facility interventions prescrimplemented, and cresident's heel ulce II to an unstageable Free from Unnec P CFR(s): 483.45(c)(3) \$483.45(c)(3) A psy affects brain activiti processes and beh	sychotropic Meds/PRN Use 3)(e)(1)-(5) cropic Drugs. chotropic drug is any drug that es associated with mental avior. These drugs include, o, drugs in the following	F 7	58		7/18/18	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION IG	(X3) DATE SURVEY COMPLETED
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F 758	Continued From pa	nge 30	F 75	58	
		ehensive assessment of a must ensure that			
	psychotropic drugs unless the medicat	dents who have not used are not given these drugs ion is necessary to treat a s diagnosed and documented d;			
	drugs receive grad behavioral interven	dents who use psychotropic ual dose reductions, and tions, unless clinically an effort to discontinue these			
	psychotropic drugs unless that medica	dents do not receive pursuant to a PRN order tion is necessary to treat a condition that is documented d; and			
	are limited to 14 da §483.45(e)(5), if the prescribing practitic appropriate for the beyond 14 days, he rationale in the resi	orders for psychotropic drugs ys. Except as provided in e attending physician or oner believes that it is PRN order to be extended or she should document their dent's medical record and n for the PRN order.			
	drugs are limited to renewed unless the prescribing practition the appropriatenes. This REQUIREMED by:	orders for anti-psychotic 14 days and cannot be attending physician or oner evaluates the resident for s of that medication. NT is not met as evidenced interview, the		R17's received a medication re	eview from

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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
F 758	facility failed to more consequences for (R17) for unnecess. Findings include: Review of the facility Management policy adverse consequences ymptom or event with a medication, in an individual's medicational or psychoconsequence procepsychoactive medicates adverse consequence contact the medicaregarding any medication, stabilizing disorders. Review of R17's Achad diagnoses includisorders. Review of R17's Achad diagnoses includisorder, and intractional medication administing indicated R17 utilizing medication also known and intractional medicational medication also known and intractional medication also known and intractional medication also known and intractional medica	nitor for potential adverse 1 of 5 residents reviewed bary medications. ty's Psychotropic Medication y, effective 11/28/17, defined nce as "an unpleasant that is due to or associated such as impairment or decline ental or physical condition or osocial status." The adverse edure clarified, "Residents on cations are monitored daily for nces," and directed staff to I doctor or nurse practitioner ication-related adverse ychoactive Medications were dication used for managing g mood, or treating psychiatric dmission Record revealed R17 uding unspecified dementia disturbance, major depressive	F 7	758	the physician and pharmacist with recommendations implemented an effect monitoring put in place. R17 mood and behavior program was reviewed with program revised and of care updated. Residents at Galtier health Center receive a psychoactive medication the potential to be affected by this practice. Residents that receive psychoactive medications have recommedication review with side effect monitoring put in place. Target most behavior programs have been reviewed and updated as appropriate. Nursing management and Social shave been educated on ensuring medication monitoring is in place as as ensuring that residents on psychoactive medications have tarmood and behavior plans in place. Social Services/designee will audit side effect monitoring and target mand behavior programs once week weeks to ensure in place. Social Services/Designee will forwaresults of the psychotropic medical monitoring audits to the QAPI commonthly x 3 months for continued opportunities for quality improvemed Date of compliance 7/18/18	s target I plans that have ceived a od and ewed services as well get for lood ly x 4 ard cion mittee	

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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 758	medication also know for major depressive According to the medications of the medications daily dispersion. A Care Area area of psychotropic receives psychotropic receives psychotropic management and to depression, and inspotential side effect [medications], and indicators. Monitore facility policy." R17's current electric reviewed 6/7/18, incomplete and to depression with pauditory hallucination of antipsychotic medications of depression of depression of depression of depression of depression of depression, and lor medications. An interestication of the medications of the medications of the medications. An interestication of the medications.	own as Effexor) 225 mg daily be disorder. Ost recent annual Minimum sessment dated 12/22/17, R17 sychotic and antidepressant uring the 7 day look back a Assessment (CAA) for the c drug use indicated: "[R17] pic [medications] for reatment of psychosis, somnia. Staff observe for its, effectiveness of any mood/behavioral ed per [medical doctor] and cronic record care plan dicated R17 used cations related to the diagnosis psychotic features, and ons. The care plan listed the outcomes resulting from use dications, and to be free of cations including movement it, hypotension, gait pation/impaction or all impairment. The care plan pressant medications related ression, and listed a goal for a discomfort or adverse antidepressant therapy. The cated R17 had a potential risk chosocial well-being related to ag time use of psychotropic ervention indicated staff were cations as ordered, and	F 7	58		

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F 758	practical nurse (LP effect monitoring with the treatment admining with the treatment admining with the treatment admining with the treatment admining with the psychotropic medical discourage of the psychotropic me	6/7/18, at 10:18 a.m. licensed N)-E said any required side as completed by the nurses on nistration record (TAR). s and TARs failed to provide itored R17 daily for potential erse consequences from	F 75	58			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
F 758 F 806 SS=F	re-evaluation of the antidepressants and and if the therapy with the facility interdiscimonitoring for effect consequences such diarrhea, anxiety, resomnolence, weigh appetite or falls. Resident Allergies,	nacist recommended need/benefit for the three d antipsychotic medications, vas to continue, recommended iplinary team ensure ongoing tiveness and potential adverse n as dizziness, nausea, ervousness, insomnia, t gain, anorexia, or increased	F 7			7/18/18	
	§483.60(d)(4) Food allergies, intolerance §483.60(d)(5) Appenutritive value to refood that is initially different meal choice. This REQUIREMENT by: Based on observative review, the facility fresidents' (R52, R1 choices. This had the residents who receive facility. Findings include: During an observative room on 6/4/18, at 100 and	that accommodates resident res, and preferences; raling options of similar residents who choose not to eat served or who request a re; NT is not met as evidenced rion, interview and document railed to accommodate 2 of 2 d) preferences for food repotential to affect all 83 rived meals provided by the residence of the third floor dining 12:00 p.m. R52 stated, "I don't hey took away our alternates"		Alternate meal choices have beer re-implemented and R52 and R14 been updated. Residents that reside at Galtier He Center have the potential to be aff by this practice. Menus have been reviewed and modified to reflect the alternate meals for each meal time posted for residents on each floor. Dietary manager, culinary aids, an nursing services have been educated offering alternative meals during e meal time.	have ealth ected ne e and is d		

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F 806	Review of the postoboard in the dining served for lunch. Now When interviewed aide (DA)-A stated, took those away laternative meal open and stated no explain management. On 6/4/18 at 5:28 phad an alternative since this new comband daughter to bring for they serve. You can sandwich, it's bad". During the evening 6/4/18 at 5:54 p.m. whether there was wouldn't want what stated the facility now build be residents of the property	ed menu, located on a bulletin room, verified pork was being o alternate choice was listed. on 6/4/18, at 12:10 p.m. dietary "There is no alternate, they st week." DA-A verified ations were no longer available, anation had been provided by b.m., R14 stated, "Rresidents food option before but have not apany took over. I call my bod for me, if I don't like what annot even call downstairs for a meal on second floor on DA-B was interviewed about an alternate meal if a resident towas being served. DA-B to longer had alternate meals. Sicion of the third floor dining and of 6/4/18, at 6:15 p.m. Were heard discussing how garding the removal of the total of the dining room are being served for dinner. No	F 806	Dietary Manager/designee service, offering of alternatiavailability of alternate meaweek x 4 weeks. Dietary manager/Designee results of the meal service QAPI committee monthly x continued opportunities for improvements Date of compliance 7/18/18	ive meals, and als 3 times a will forward audits to the 3 months for quality	

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	registered nurse (R designee (SSD) ver alternate meal option week". They said the to do with the new inhad not been involved planning process. Edietary manager alto were complaining at choices taken away. During an interview facility's regional curbad been no alternate form. The goal is formen with one cheer to a menu with one cheer to a menu with item residents to choose. A policy regarding a requested but not reconference. Infection Prevention CFR(s): 483.80(a)(§483.80 Infection CThe facility must estinfection prevention designed to provide comfortable environd development and tradiseases and infection designed to provide comfortable environdesigned to provide comfor	in N)-A and the social service rified there were no longer ons being provided since "last hey thought it had something management but stated they wed in the discussion, or RN-A said she'd reported to the ready last week, that residents about having the alternate food where the ready last week, that residents about having the alternate food where the ready last week, that residents about having the alternate food where the ready last week, that residents are meal options the day the was unaware of the issue end, "There should always be option for residents to choose or the facility to move to a finish special of the day, in addition as that are always available for the from." Control alternate food choices was received at the time of the exit of the control stablish and maintain an and control program as a safe, sanitary and ment and to help prevent the transmission of communicable	F 880			7/18/18

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		245340	B. WING		06	/07/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP (445 GALTIER AVENUE SAINT PAUL, MN 55103		
(X4) ID PREF I X TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE	(X5) COMPLETION DATE
F 880	and control prograr a minimum, the foll §483.80(a)(1) A system of conducted according accepted national staff, volunteers, viproviding services arrangement based conducted according accepted national staff, volunteers, viproviding services arrangement based conducted according accepted national staff, volunteers for the but are not limited to it in a system of survivial procedures for the but are not limited to it in a system of survivial procedures for the but are not limited to it in a system of survivial procedures for the persons in the facil (ii) When and to who communicable diserported; (iii) Standard and the tobe followed to provide to be followed to provivial procedure, and (B) A requirement to least restrictive posticumstances. (v) The circumstan must prohibit employed isease or infected.	stablish an infection prevention in (IPCP) that must include, at lowing elements: stem for preventing, identifying, and controlling infections is diseases for all residents, sitors, and other individuals under a contractual distupent the facility assessmenting to §483.70(e) and following standards; ten standards, policies, and program, which must include, to: veillance designed to identify cable diseases or reverse of infections should be ransmission-based precautions revent spread of infections; isolation should be used for a but not limited to: uration of the isolation, e infectious agent or organism that the isolation should be the ssible for the resident under the ces under which the facility oyees with a communicable I skin lesions from direct ints or their food, if direct	F8	380		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245340	B. WING			06/0	7/2018
	PROVIDER OR SUPPLIER			44	REET ADDRESS, CITY, STATE, ZIP CODE 5 GALTIER AVENUE AINT PAUL, MN 55103		
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F 880	(vi)The hand hygie by staff involved in §483.80(a)(4) A sy identified under the corrective actions §483.80(e) Linens Personnel must ha transport linens so infection. §483.80(f) Annual The facility will cor IPCP and update to This REQUIREME by: Based on observative review, the facility control practices to spread of infection implement hand hy 2 of 5 residents (R sanitary technique drainage bag for 1 for catheter care; for conditions for 3 of to ensure 5 of 5 m maintained in a satisfication. R44 was interview stated staff did not the catheter drainait. In addition, R44	ene procedures to be followed direct resident contact. In stem for recording incidents of facility's IPCP and the taken by the facility. In andle, store, process, and as to prevent the spread of as to prevent the spread of the review. In andle of the state of th	F 8	380	An infection prevention and control program has been implemented to surveillance and minimize and preventions. R44 and R58 receiving appropriate care with the standard precautions as it relates to hygiene. R44 is receiving appropriate catheter care using the correct star precautions technique. Medication and medication carts have been cleaned sanitized per standards of practice and sanitized per standards of practice implemented for rocleaning. Resident and staff that reside and a employed at Galtier health center in the potential to be affected by this practice. DON/designee to ensure ongoing updates and follow up to the program. Hand sanitizers and soap	vent the are correct to hand ate ndard rooms eaned ctice outine are lave	
	R44 was interview stated staff did not the catheter draina it. In addition, R44 wash their hands thave huge concern	utilize alcohol wipes to sanitize age bag tube after they emptied			Resident and staff that reside and a employed at Galtier health center he the potential to be affected by this practice. DON/designee to ensure ongoing updates and follow up to the state of the state	ne IPIC os are ate nts	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		l ' '	TIPLE CONSTRUCTION NG		(X3) DATE SURVEY COMPLETED	
		245340	B. WING_		06/	07/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COI 445 GALTIER AVENUE SAINT PAUL, MN 55103		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 880	on 4/21/18. During an observation nursing assistant (I which was shared gloves, wet a wash washed R58's face under R58's breast NA-A had R58 turn washed R58's rectsame gloves, NA-A brief on R58, applied and dressed R58 washing hands, or observed to handle mechanism on the R58's closet, assist the bed, put R58's to the wheel chair. R58's hair in a brust the brakes on the wopen the bedside of brush, moving the trash can liner. NA- and left the room washing hands. At 7:20 a.m. on 6/6 shared bedroom of NA-A had a trash bwhich NA-A set on bedroom door. NA-discarded in the balanother pair of glowhand hygiene. The and NA-A removed placed it into the trash can into the trash can into the trash can liner.	age 39 assessed as cognitively intact ation on 6/6/17, at 7:01 a.m. NA)-A entered R58's bedroom with R44, donned a pair of acloth in the bathroom sink and a. NA-A proceded to wash ats and the front perineal area. aled to the side, and NA-A al area. While wearing the applied a clean incontinent and gripper socks to R58's feet, with pants and a shirt. Without removing gloves, NA-A was at the remote control bed, touched the clothing in ted R58 to sit up on the side of shoes on, and transfered R58 NA-A, then fingered through shing fashion. NA-A adjusted wheel chair and continued to drawers looking for a hair trash can and replacing the -A then removed the gloves without using hand sanitizer, or all 17, NA-A returned to the f R58 and R44 wearing gloves. ag of linens in her hands the floor by the closed -A removed the gloves and athroom trash and donned wes from the bathroom without re were trash bags on a roll at a trash bag from the roll and ash container. NA-A removed the room without hand	F 8	and are receiving appropriate care. Medication rooms and rearts will receive routine clear sanitizing. Licensed nurses, nursing ass housekeeping, and facility lead have been educated on IPIC hand hygiene, catheter care, conditions related to medication medication carts. DON/designee will audit IPIC hand hygiene, catheter care, conditions once weekly x 4 wears a monthly x 3 months. DON/Designee will forward reinfection control program, praenvironmental audits to the Q committee monthly x 3 month continued opportunities for quimprovements. Date of compliance 7/18/18	nedication nings and istants, dership program, and sanitary on room and program, and sanitary eeks, then 2 esults of the ctices and API s for	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
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	PROVIDER OR SUPPLIER			445	REET ADDRESS, CITY, STATE, ZIP CODE GALTIER AVENUE INT PAUL, MN 55103	, ,	
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F 880	with a clean incontinuash cloths. NA-A verified to bathroom because room was in the barobtain gloves, then picked up the trash been brought in from that bag into the trace of gloves without had NA-A then began conserved to go into and to obtain supplication of the trace of gloves. NA-A was R44's catheter tubin bag through R44's empty the urine from NA-A went into the to drain the urine in the floor without a but the tubing, used a refrom the tip of the trace of the graduate poured the water in container on the bac crumbled a paper to graduate container. In gloves and donned hygiene. NA-A wet bathroom to be use wash cloths fell on and placed it into the can. NA-A verified to	•	F	880			
		oiled linens came from, NA-A t have brought that in here."					

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		245340	B. WING		06	6/07/2018	
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 880	Then NA-A remove with the trash bag of the bedroom reapphygiene, and procedrainage bag and the NA-A washed R44's prior to reaching for opened the period on R44's rectal are put on R44's rectal are put on R44's rectal are put on R44's pajambag from a roll of bepicked up R44's terminated the picked up R44's terminated the picked up R44's terminated the gloves NA-A left the residence went down the hall punched in a key collinen and trash. At the gloves, but still wash her hands. When interviewed of was unable to state washed, but stated washed, but stated washed. The facility policy H11/28/17, included: vigorously for at leasurfaces of the hand with water and drying disposable towel; a hand sink with the other washed.	ed the gloves and left the room of dirty linen. NA-A returned to died gloves without hand reded to thread the catheter ubing through R44's pants. Is buttocks and rectal area of a tube of peri guard. NA-A ard and applied the ointment of a. NA-A then applied a brief, and bottoms, removed a trash ags sitting on the night stand, and shoes, adjusted R44's closer to the bed, made the bed constituted and disposed of the dirty that time, NA-A finally removed did not use hand sanitizer or the long hands should be great the seconds." In 6/6/18, at 7:55 a.m. NA-A is how long hands should be great at 8:00 a.m. and 6/6/18, at 8:00 a.m. and 6/6/18, at 8:00 a.m. and considerated in the seconds."	F8	80			

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	TIPLE CONSTRUCTION NG		TE SURVEY MPLETED
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRE ((EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APF DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 880	registered nurse (Rexpectation would be for handwashing, or changing gloves. The facility policy Pdated 2015, included drainage bag. To be including a protection antiseptic wipe suct to provide privacy, apply gloves. Place underneath the drain on top of the barrie close the clamp and tube or clamp with any residual urine. according o your or to its storage location discarded, and performed the two mesplatters of different brown, pink and blain doutside of the comultiple pills on the drawers that had fasystems the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed to the comultiple pills on the drawers that had fasystems the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed to the comultiple pills on the drawers that had fasystems the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed to the comultiple pills on the drawers that had fasystems the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed to the comultiple pills on the drawers that had fasystems the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed to the comultiple pills on the drawers that had fasystems the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed to the comultiple pills on the drawers that had fasystems the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed the comultiple pills on the drawers that had fasystems the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed the comultiple pills on the drawers the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed the comultiple pills on the drawers the facility paper debris throughloor medication roof dirty and gritty with floor of sand and performed the comultiple	exN)-A verified the facility be to follow the facility policy or alcohol gel use, whenever derineal and Catheter Care ed: "Emptying a urinary egin, gather your supplies we barrier, graduate, and an h as an alcohol pad. Be sure perform hand hygiene, and e the barrier on the floor inage bag. Place the graduate r. Once the urine has drained, d wipe the end of the drain the antiseptic wipe to remove Cleanse the graduate rganization's policy and return on. Remove your gloves, form hand hygiene."	F8	80		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BU I LD	TIPLE CONSTRUCTION ING		TE SURVEY MPLETED
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F 880	heavy accumulation debris present. The and tan substance the sink and faucet side of the cupboar damaged, splintere was not a cleanable. During an observat medication room or verified the two me multiple splatters or throughout the dray carts. As on the thir were noted to have medication drawers blister packs, and the debris throughout the medication room flowith a heavy accumand paper particles. The counters and caccumulation of gradebris present. The and tan in color accimulation of gradebris present.	of gray matter, dust particles, is sink had a thick scum gray accumulated all throughout handles. The Formica on the d by the sink was water d, bubbling, crumbling and is surface. ion of the second floor of 6/5/18, at 10:33 a.m. LPN-C dication carts were soiled with f different colored substances wers and the outsides of the rd floor, the medication carts pills in the bottoms of the set that had fallen out of the here was cardboard and paper the drawers. The second floor for was also dirty and gritty mulation on the floor of sand as well as hair and grime. Subicles had a heavy as matter, dust particles, as sink had a thick scum gray cumulated all throughout the rolled and discolored from the tape on the cubicles was	F8	880		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION ()		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING				(X3) DATE SURVEY COMPLETED	
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F 880	The fourth floor modirty and gritty. The heavy accumulation debris present. The and tan in color accounts and they did not know they	dedication room floor was also be counters and cubicles had a conformal of gray matter, dust particles, the sink had a thick scum gray comulated all throughout the indles. During the observation, werified the nurses are puthe medication carts clean ow who was responsible for the medication carts or a usekeeping (DH) reviewed the medication carts or a usekeeping (DH) reviewed the medication cart findings on the morning a.m., DH verified the house in the was responsible to clean the individual of the interest of the intere	F	380				

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '	IPLE CONSTRUCTION NG		E SURVEY PLETED
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F 880 F 921 SS=F	we have to get the Safe/Functional/Sa CFR(s): 483.90(i) §483.90(i) Other Er The facility must prosanitary, and comforesidents, staff and This REQUIREMENT by: Based on observation failed to maintain a environment. This awith unpainted walls bathrooms (R6, R3 R58), 5 residents (Funkept privacy curts on third and fourth water fountains and third floor storage reunclean elevator floto affect all visitors elevators. Findings include: When interviewed and R40 verified in had a 5 foot by 5 fo and patched and water fountains were missi overhead privacy of mesh section of the black brown gray and section gray and section of the black brown gray and section gray gray and section gray gray gra	nurses to open the door." nitary/Comfortable Environ nvironmental Conditions ovide a safe, functional, ortable environment for	F 88		o, R42, ed move, R43, d 4th 3rd ed and r is ms for p sident ave the tice. A ensure place to have and been	7/18/18
		s a stale odor that permeated		corrections.		

	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
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F 921	the bathroom. During an observat R44 and R58 point the extent of the between the extent of the between and black in that did not appear concern that the basometimes there were the bathroom. The brown grime build of urine detected. It shared by 4 reside R44 the bathroom day. " During an interview expressed concern bedroom and bathrown was not clean. Obstrevealed the grout tank was black and was separating from privacy curtains were privacy curtain was splatters. R57 was the findings. During observation times upon entering water fountain on the reddish brown substrain as well as a hime like substance fountain. During observation to the privacy curtain of the reddish brown substrain as well as a hime like substance fountain.	tion on 6/4/18, at 4:00 p.m. led to the ceiling area running edroom that appeared dark color against the white ceiling clean. R44 expressed athroom was not clean and vas an odor "like old urine" in toilet base grout had a black up and there was a strong odor R44 expressed the bathroom is ints (R6, R42) and according to is "not cleaned very well every of on 6/4/18, at 6:00 p.m. R43 in about seeing bugs in the ground the base of the toilet of brown in areas and the floor in the grout area. The bedroom ere missing hooks and the stained with large gray R43's roommate and verified on throughout various dates and go the facility 6/4/18, the public hird and fourth floor had a stance appearing around the neavy accumulation of white eron the spigot of the water and upon entrance to the facility a.m. and throughout various	F 921	Administrator/designee will audenvironment, cleanliness, and daily x 2 weeks then 3 times with months. Administrator/Designee will for results of the environmental to the QAPI committee monthly x for continued opportunities for improvements. Date of compliance 7/18/18	facilities eekly x 3 ward ur audits to 3 months	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BU I LDI		NSTRUCTION		E SURVEY MPLETED
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F 921	prevented the surfabare wood was expinterviewed on 6/7/administrator was a flooring, but the corcapital expenditure approved by the concurrence of	and gouges in the flooring that ace from being cleanable as posed in multiple areas. When 18, at 2:00 p.m. the aware of the issue with the aware of the issue with the appropriation. Ital rounds with the ctor (ED) on 6/7/18, at 8:56 pove findings that the facility of finish painting rooms, to go the privacy curtains, and the around toilet bases needed to be a public water fountain drains around the earn of the ED verified there was needed. The ED verified there was not these issues but when staff ey should be documented on cated at each nursing desk. It facility did not have a routine ar room painting, privacy the troom painting, privacy the troom painting staff to report the privacy curtains mesh in with a large hole, curtain hooks and difficult to pull on the troom and hooks loose as well and the is been more than five the housekeeping manager and	F 9	21			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG		TE SURVEY MPLETED
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F 921	curtain to give reside LPN-D verified the will tell [housekeep keeping to come ta On 6/6/18, at 10:33 verified that privacy large torn and the comultiple areas that hooks are holding the HK-A stated, "I amhere I transferred from 1 transferre	icult time pulling the privacy lent privacy. LPN-F and finding and LPN-F indicated, "I ing director] from house	F 92	21		

NAME OF PROVIDER OR SUPPLIER GALTIER A VILLA CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR 150 DENTIFYING INFORMATION) F 921 Continued From page 49 During a random observation on 6/7/18, at 10:15 a.m., surveyor observed the storage room on 3rd droor by the nursing station while a resident was getting ice. This surveyor noted that the resident weight scale was in the room and the carpet had multiple black spots, paper crumbs and ice buckets were in the room. During an interview with (LPN)-J on 6/7/18, at 1:31 p.m., stated that staff normally weigh resident in the storage room and the weight scale was also and ice buckets are normally kept in this room. LPN-A added that the storage room is always filthy and has been for months; stating the Administrator was informed nothing has been done yet. During an interview with the administrator on 6/7/18, at 12:41 p.m., observation of the 3rd floor storage room was verified. The admin stated she spoke with MD-G regarding carpet condition in the 3rd floor storage and there is a plan in place to replace the carpet. Also, the maintenance staff is on work restriction and have to wait until regional maintenance director comes back to work for them to complete task together. No date is set yet. No work order was available for review.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG		TE SURVEY MPLETED
STREET ADDRESS LITY STATE, ZIP CODE 445 GALTIER A VILLA CENTER (XA) 10 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) FOR PREFIX TAG Continued From page 49 During a random observation on 6/7/18, at 10:15 a.m., surveyor observed the storage room on 3rd floor by the nursing station while a resident was getting ice. This surveyor noted that the resident weight scale was in the room and the carpet had multiple black spots, large areas of red stained spots, paper crumbs and ice buckets were in the room. During an interview with (LPN)-J on 6/7/18, at 1:31 p.m., stated that staff normally weigh resident in the storage room and the weight scale is kept in there. During an interview with (LPN)-A on 6/7/18, at 1:36 p.m., stated that staff normally weigh residents in the storage room and the weight scale is kept in there. During an interview with (LPN)-A on 6/7/18, at 1:36 p.m., stated that staff normally weigh residents in the storage room and the weight scale is kept in there. During an interview with the administrator on 6/7/18, at 12:41 p.m., observation of the 3rd floor storage and there is a plan in place to replace the carpet. Also, the maintenance staff is on work restriction and have to wait until regional maintenance director comes back to work for them to complete task together. No date			245340	B. WING_		06	/07/2018
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 921 Continued From page 49 During a random observation on 6/7/18, at 10:15 a.m., surveyor observed the storage room on 3rd floor by the nursing station while a resident was getting ice. This surveyor noted that the resident weight scale was in the room and the carpet had multiple black spots, large areas of red stained spots, paper crumbs and ice buckets were in the room. During an interview with (LPN)-A on 6/7/18, at 1:31 p.m., stated that staff normally weigh resident in the storage room and the weight scale is kept in there. During an interview with (LPN)-A on 6/7/18, at 1:36 p.m., stated that staff normally weigh residents in the storage room and the weight scale and ice bucket are normally kept in this room. LPN-A added that the storage room is always filthy and has been for months; stating the Administrator was informed nothing has been done yet. During an interview with the administrator on 6/7/18, at 12:41 p.m., observation of the 3rd floor storage room was verified. The admin stated she spoke with MD-G regarding carpet condition in the 3rd floor storage and there is a plan in place to replace the carpet. Also, the maintenance staff is on work restriction and have to wait until regional maintenance director comes back to work for them to complete task together. No date					445 GALTIER AVENUE		
During a random observation on 6/7/18, at 10:15 a.m., surveyor observed the storage room on 3rd floor by the nursing station while a resident was getting ice. This surveyor noted that the resident weight scale was in the room and the carpet had multiple black spots, large areas of red stained spots, paper crumbs and ice buckets were in the room. During an interview with (LPN)-J on 6/7/18, at 1:31 p.m., stated that staff normally weigh resident in the storage room and the weight scale is kept in there. During an interview with (LPN)-A on 6/7/18, at 1:36 p.m., stated that staff normally weigh residents in the storage room and the weight scale and ice bucket are normally kept in this room. LPN-A added that the storage room is always filthy and has been for months; stating the Administrator was informed nothing has been done yet. During an interview with the administrator on 6/7/18, at 12:41 p.m., observation of the 3rd floor storage room was verified. The admin stated she spoke with MD-G regarding carpet condition in the 3rd floor storage and there is a plan in place to replace the carpet. Also, the maintenance staff is on work restriction and have to wait until regional maintenance director comes back to work for them to complete task together. No date	PRÉF I X	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	N SHOULD BE	COMPLETION
	F 921	During a random of a.m., surveyor obserfloor by the nursing getting ice. This surveight scale was in multiple black spots spots, paper crumber room. During an interview 1:31 p.m., stated the resident in the storal is kept in there. During an interview 1:36 p.m., stated the residents in the storal is kept in the storal in the storal is kept in the storal in t	bservation on 6/7/18, at 10:15 erved the storage room on 3rd g station while a resident was rveyor noted that the resident in the room and the carpet had is, large areas of red stained is and ice buckets were in the v with (LPN)-J on 6/7/18, at not staff normally weigh age room and the weight scale of with (LPN)-A on 6/7/18, at not staff normally weigh area room and the weight et are normally kept in this did that the storage room is as been for months; stating the informed nothing has been with the administrator on many observation of the 3rd floor verified. The admin stated she egarding carpet condition in the and there is a plan in place et. Also, the maintenance staff on and have to wait until ince director comes back to complete task together. No date	F 92	21		



PRINTED: 07/09/2018 FORM APPROVED OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** A. BUILDING 01 - MAIN BUILDING 245340 B. WING 06/05/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE **GALTIER A VILLA CENTER** SAINT PAUL, MN 55103 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 INITIAL COMMENTS K 000 THE FACILITY'S POC WILL SERVE AS YOUR ALLEGATION OF COMPLIANCE UPON THE DEPARTMENT'S ACCEPTANCE. YOUR SIGNATURE AT THE BOTTOM OF THE FIRST PAGE OF THE CMS-2567 WILL BE USED AS VERIFICATION OF COMPLIANCE. 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. A Life Safety Code Survey was conducted by the Minnesota Department of Public Safety, State Fire Marshal Division. At the time of this survey Galtier Health Center was found not in compliance with the requirements for participation in Medicare/Medicaid at 42 CFR. Subpart 483.70(a). Life Safety from Fire, and the 2012 edition of National Fire Protection Association (NFPA) Standard 101, Life Safety Code (LSC) Chapter 19 Existing Health Care. PLEASE RETURN THE PLAN OF CORRECTION FOR THE FIRE SAFETY **DEFICIENCIES** (K-TAGS) TO: IF OPTING TO USE AN EPOC, A PAPER COPY OF THE PLAN OF CORRECTION IS NOT REQUIRED. Health Care Fire Inspections State Fire Marshal Division 445 Minnesota St., Suite 145 (X6) DATE

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

TITLE

Electronically Signed

06/29/2018

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.

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ` ′	TIPLE CONSTRUCTION NG 01 - Main Building		E SURVEY PLETED
		245340	B. WING	-	06/	05/2018
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
K 000	DEFICIENCY MUS FOLLOWING INFO 1. A description of v to correct the deficit 2. The actual, or processing the second of the seco	tate.mn.us and n@state.mn.us RRECTION FOR EACH T INCLUDE ALL OF THE DRMATION: what has been, or will be, done ency. poposed, completion date. In title of the person rection and monitoring to ence of the deficiency. In the way of the deficiency of the deficiency. In the way of the deficiency of the deficiency of the deficiency. In the way of the deficiency of the	K 0			
K 363 SS=D	NOT MET as evide Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting co required enclosures hazardous areas re and are made of 1 3 wood or other mate	42 CFR, Subpart 483.70(a) is need by: pridor openings in other than sof vertical openings, exits, or sist the passage of smoke 3/4 inch solid-bonded core rial capable of resisting fire for Doors in fully sprinklered	K 3	63		6/29/18

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 01 - MAIN BUILDING	(X3) DATE SURVEY COMPLETED
		245340	B. WING	-	06/05/2018
	PROVIDER OR SUPPLIER	ē	4	STREET ADDRESS, CITY, STATE, ZIP CODE 145 GALTIER AVENUE SAINT PAUL, MN 55103	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETION
K 363	the passage of smito rooms containing materials have possible latches are prohibit requirements do not contain flam Clearance between covering is not excomplying with 7.2 with a device capal when a force of 5 ll impediment to the devices that releas pulled are permitte of unlimited height meeting 19.3.6.3.6 shall be labeled an materials in complismoke compartme window assemblies sprinklered comparrestrictions in area frames in window a 19.3.6.3, 42 CFR F and 485 Show in REMARKS protection ratings, etc. This REQUIREMED by: The facility failed to (19.3.6.3, 42 CFR F and 485) This deficient practices are provided to the contained to the containe	ints are only required to resist oke. Corridor doors and doors grammable or combustible sitive latching hardware. Roller ted by CMS regulation. These of apply to auxiliary spaces that imable or combustible material. In bottom of door and floor reeding 1 inch. Powered doors 1.9 are permissible if provided ble of keeping the door closed both is applied. There is no closing of the doors. Hold open the when the door is pushed or doors are permitted. Dutch doors are permitted. Door frames down made of steel or other ance with 8.3, unless the notice is sprinklered. Fixed fire is are allowed per 8.3. In rot mets there are no or fire resistance of glass or assemblies. Parts 403, 418, 460, 482, 483, and the doors are permitted. Door frames or fire resistance of glass or assemblies. Parts 403, 418, 460, 482, 483, and the doors are permitted. Door frames or fire resistance of glass or assemblies.	K 363	The smoke compartment door wa adjusted and shuts properly. Com achieved 6/13/18. Maintenance will check all fire doo	pliance
	(19) the residents, smoke compartme	staff and visitors within the nt.		monthly.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
	245340	B. WING	——————————————————————————————————————	06/	05/2018	
NAME OF PROVIDER OR SUPPLIER GALTIER A VILLA CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103			
PREFIX (EACH DEFICIENCY	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
on 6/5/2018, observed the following found the smoke compared by room 313 would at this deficient practice.	een 09:00 AM and 01:00 PM ations and staff interview	К3	63			

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM		PROVIDER #	MULTIPLE CONSTRUCTION A, BUILDING: 01 - MAIN BUILDING	DATE SURVEY COMPLETE:
FOR SNFs AND		245340	B. WING	6/5/2018
	VIDER OR SUPPLIER	STREET ADDRESS, 445 GALTIER A SAINT PAUL, M		
ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIE	NCIES		
К 930	sections 11.7.2 through 11.7.4 (NFPA 9 11.7 (NFPA 99) This REQUIREMENT is not met as e The facility failed to comply with Life This deficient practice could affect the Findings Include: On facility tour between 09:00 AM and following: The storage and use of liquid oxygen in	oment n base reservoir con 99). videnced by: Safety Code (11.7.2 safety of all the res d 01:00 PM on 6/5/2 n base reservoir con	through 11.7.4 (NFPA 99).) Sidents, staff and visitors within the Facility 2018, observations and staff interview revea tainers are being used in resident rooms. Stenance Director at the time of discovery.	

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

The above isolated deficiencies pose no actual harm to the residents



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered June 22, 2018

Ms. Catherine Scoville, Administrator Galtier A Villa Center 445 Galtier Avenue Saint Paul, MN 55103

Re: State Nursing Home Licensing Orders - Project Number S5340027

Dear Ms. Scoville:

The above facility was surveyed on June 4, 2018 through June 7, 2018 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules and Statutes. At the time of the survey, the survey team from the Minnesota Department of Health, Health Regulation Division, noted one or more violations of these rules or statutes that are issued in accordance with Minn. Stat. § 144.653 and/or Minn. Stat. § 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 and/or statute of the Minnesota Department of Health.

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

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

The assigned tag number appears in the far left column entitled "ID Prefix Tag." The state statute/rule number and the corresponding text of the state statute/rule out of compliance is listed in the "Summary Statement of Deficiencies" column and replaces the "To Comply" portion of the correction order. This column also includes the findings that are in violation of the state statute or rule after the statement, "This MN Requirement is not met as evidenced by." Following the surveyors findings are

Galtier A Villa Center June 22, 2018 Page 2

the Suggested Method of Correction and the Time Period For Correction.

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

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

Although no plan of correction is necessary for State Statutes/Rules, please enter the word "corrected" in the box available for text. You must then indicate in the electronic State licensure process, under the heading completion date, the date your orders will be corrected prior to electronically submitting to the Minnesota Department of Health. We urge you to review these orders carefully, item by item, and if you find that any of the orders are not in accordance with your understanding at the time of the exit conference following the survey, you should immediately contact Susie Haben, Unit Supervisor at (651) 201-3794 or susie.haben@state.mn.us.

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,

Joanne Simon, Enforcement Specialist

Minnesota Department of Health

Licensing and Certification Program

Program Assurance Unit

Health Regulation Division

Telephone: 651-201-4161 Fax: 651-215-9697

Email: joanne.simon@state.mn.us

cc: Licensing and Certification File

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GALTIER	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 000	Initial Comments		2 000			
	****ATTE N	NTION*****				
	NH LICENSING	CORRECTION ORDER				
	144A.10, this correct pursuant to a survey found that the deficit herein are not corrected shall I with a schedule of the Minnesota Department.					
	corrected requires of requirements of the number and MN Ru When a rule contain comply with any of tlack of compliance. re-inspection with a result in the assess	nether a violation has been compliance with all rule provided at the tag alle number indicated below. In several items, failure to the items will be considered a Lack of compliance upon any item of multi-part rule will ment of a fine even if the item aring the initial inspection was				
	that may result from orders provided tha the Department with	hearing on any assessments n non-compliance with these t a written request is made to nin 15 days of receipt of a nt for non-compliance.				
	receipt of State licer the Minnesota Depa Informational Bullet http://www.health.st	participate in the electronic nsure orders consistent with artment of Health in 14-01, available at ate.mn.us/divs/fpc/profinfo/infections in the licensing orders are				

Minnesota Department of Health
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE TITLE Electronically Signed 06/29/18 Minnesota Department of Health
STATEMENT OF DEFICIENCIES (X1)

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) I D	SUMMARY STA	TEMENT OF DEFICIENCIES	ID ID	PROVIDER'S PLAN OF CORRECT		(X5)
PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	COMPLETE DATE
2 000	Continued From pa	ge 1	2 000			
	you electronically. is necessary for State enter the word "corrected. You must then State licensure proceompletion date, the corrected prior to el Minnesota Department's staff, the following correction that you and identify the date.	Ith orders being submitted to Although no plan of correction ate Statutes/Rules, please rected" in the box available for indicate in the electronic cess, under the heading e date your orders will be lectronically submitting to the nent of Health. 7, 2018 surveyors of this visited the above provider and ction orders are issued. Four electronic plan of have reviewed these orders, when they will be completed.				
	federal software. Ta assigned to Minnes Nursing Homes.	ag numbers have been sota state statutes/rules for				
	column entitled "ID statute/rule out of c "Summary Stateme and replaces the "T correction order. The findings which are in after the statement, evidence by." Follow	umber appears in the far left Prefix Tag." The state ompliance is listed in the ent of Deficiencies" column o Comply" portion of the nis column also includes the n violation of the state statute , "This Rule is not met as wing the surveyors findings Method of Correction and rection.				
	FOURTH COLUMN "PROVIDER'S PLA APPLIES TO FEDE	RD THE HEADING OF THE N WHICH STATES, IN OF CORRECTION." THIS ERAL DEFICIENCIES ONLY. R ON EACH PAGE.				

Minnesota Department of Health

STATE FORM 6899 VDSH11 If continuation sheet 2 of 54

	ENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE COMPI		SURVEY LETED			
		00480	B. WING		06/0	7/2018
	PROVIDER OR SUPPLIER	445 GALT	DRESS, CITY, S IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 000	Continued From pa	ge 2	2 000			
	PLAN OF CORREC	QUIREMENT TO SUBMIT A CTION FOR VIOLATIONS OF E STATUTES/RULES.				
2 302	MN State Statute 14 or related disorder	44.6503 Alzheimer's disease train	2 302			7/18/18
	ALZHEIMER'S DIS DISORDER TRAIN MN St. Statute 144					
	Alzheimer's disease or related of segregated or gene care staff	ity serves persons with disorders, whether in a eral unit, the facility's direct rs must be trained in dementia				
	related disorders; (2) assistance with (3) problem solving and (4) communication (c) The facility shall written or electronic training program, the trained, the frequent topics covered.	of Alzheimer's disease and activities of daily living; with challenging behaviors;				
	This MN Requirements	ent is not met as evidenced				

Minnesota Department of Health

STATE FORM 6899 VDSH11 If continuation sheet 3 of 54

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GALTIER	R A VILLA CENTER		IER AVENUI UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETE DATE
2 302	Continued From pa	ge 3	2 302			
	Based on interview failed to provide a detraining for the care dementia/Alzheime format to consumer Findings Include: On 6/7/18, at 2:30 pthe facility did not havailable for consurdementia/Alzheime The facility's admissive residents at admission information foun on dementia/Alzheime The facility admissive residents at admission information foun on dementia/Alzheime The facility administrator or desimplement demention direct care staff and any new employees. The facility could critheir staff training pemployees trained attraining, as required the administrator of auditing system to expense of the period of the provided of the period of the period of the provided of the period of	and record review, the facility lescription of facility staff of residents with r's, in written or electronic rs. D.m., the administrator stated ave written information mer's related to r's training provided to staff. Sion packet, provided to sion was reviewed. There was d related to training for staff mer's. The administrator ation. THOD OF CORRECTION: The signee could develop and a care training and ensure all d their supervisors, including a receive the required training. The eate a document describing rogram, categories of and the frequency of the did to provide to consumers. The designee could develop and the frequency of the did to provide to consumers.		As of 2017, communication of staff Alzheimer's disease training was p within the survey binder at the entr. Galtier for residents and family. W statue, it states that the information staff dementia training must be givevery resident/family member. Statraining on Alzheimer's disease incount is not limited to Causes of behaproblems and Psychosocial Needs Galtier has moved this document to admission packet. It will be provide residents/family at admission. In straining will be provided on 6/28, 6/7/2 for all shifts. Training will be provided annual training through Relias on lilearning system. Activity Director of communicate during resident countall staff are trained for dementia dis Administrator/designee to monitor. of new admissions weekly x 4 quait thereafter. Audits results will be brought to mo QA. Administrator/designee to more	rovided ance of lithin the one to aff ludes avior of the ed to all ervice (29 and rovided ditional ine will cil that sease. Audits rterly	
2 555	(21) days. MN Rule 4658.0408 Plan of Care; Devel	5 Subp. 1 Comprehensive lopment	2 555			7/18/18
		lopment. A nursing home nprehensive plan of care for				

Minnesota Department of Health

STATE FORM 6899 VDSH11 If continuation sheet 4 of 54

	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY,	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		TIER AVENU			
040.15	CHMMADV CTA	TEMENT OF DEFICIENCIES	UL, MN 551	PROVIDER'S PLAN OF CORRECT	ION	0/5)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 555	Continued From pa	ge 4	2 555			
	completion of the coassessment as defice comprehensive plant by an interdisciplinate attending physician responsibility for the appropriate staff in the resident's needs practicable, with the the resident's legal representative. This MN Requirements: This MN Requirements: Based on observation review, the facility faconferences were hand failed to include	ent is not met as evidenced on, interview and document ailed to ensure care neld after each assessment, the the resident in the care or 2 of 3 residents (R43 and		Corrected.		
	Findings include:					
	expressed concern preferences for care allergies. When ask participation in the phave never seen m	on 6/5/18, at 8:26 a.m. R43 about staff being aware of e, and awareness of her food ked about the plan of care and plan of care, R43 stated, "I y plan of care, and I can't about my plan of care."				
		essment dated 4/18/18, mild cognitive impairment.				
	registered nurse (R designee (SSD) ver R43's concerns. Wi	on 6/6/18, at 8:44 a.m. N)-A and the social service rified they were not aware of hen asked about her conferences, RN-A and SSD				

Minnesota Department of Health

STATE FORM 6899 VDSH11 If continuation sheet 5 of 54

AND DIAM OF CORRECTION () / IDENTIFICATION AND DED		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		00480	B. WING		06/	07/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		IER AVENUE UL, MN 5510			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETE DATE
2 555	held on 1/26/18, an had attended. RN-Aquarterly care confed April/May, and state hear from R43's far attend. When interviewed of stated, "I am very use the facility will not home a salad, today is asked for a salad addid not have any sate when interviewed of and SSD verified the R52 was document confirmed the dietit attendance. They sometimed to school to the would be school R52's weights were weight was document would be school R52's weights were weight was document as 161 pounds. Accounted the last quarrounds and the last quarrounds are the last quarrounds. They sometimed the last quarrounds as 161 pounds. Accounted the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds. They were weight was document to the last quarrounds. Accounted the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds. Accounted the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds. They were weight was document to the last quarrounds. Accounted the last quarrounds are the last quarrounds. Accounted the last quarrounds are the last quarrounds. Accounted the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds are the last quarrounds. Accounted the last quarrounds are the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds are the last quarrounds. They were weight was document to the last quarrounds are the last quarrounds. They was a last quarrounds are the last quarrounds are the last quarrounds are the last quarrounds. They was a last quarrounds are the last quarrounds are the last quarrounds are the last quarrounds.	ast care conference had been d stated R43 and her family and SSD stated R43's erence had been missed in ed they had been waiting to mily about when they could on 6/4/18, at 1:00 p.m. R52 pset about my weight gain and elp me, and won't even give a perfect example because I t lunch time and was told they lad." on 6/6/18 at 9:25 a.m. RN-A e last care conference held for led as 2/27/18. They also lian had not been in tated R52's quarterly care the end of May was overdue, uled soon. It reviewed. An admission ented on 4/30/17 to be 135 lent weight was documented cording to care conference had las, with the resident and	2 555	DEFICIENCY)		
	the chart, "current v (ideal weight range) November weight of days from 120#(25° to slightly above he benefits from gain v	ng and Evaluation section of veight 150 # is 111% IWR); planned weight gain since f 119#, increase 30# /180 %). Although weight increase althy range, res (resident) with adequate intake. (discontinued) 3/5 (3/5/18) 2/2				

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STATEMEN	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00480	B. WING		06/0	7/2018	
	PROVIDER OR SUPPLIER	445 GALT	DRESS, CITY, SIER AVENUE				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES ' MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE	
2 555	(secondary to) gain 75-100% of meals per (calories from meal snackneeds incregainContinue POr There was no docudietitian had discus risks and benefits a with the resident at conference, or since When interviewed or registered dietitian the facility, and had weeks. The RD reversessments from a dietitian had not reverified the resident with the nutritional procedure with the resident	po (oral) intake range from providing 1700-2200 cal/meals s) plus HS (hour of sleep) pased slightly 2/2 weight C (plan of care). mentation to indicate the sed R52's weight gain or the associated with the weight gain the time of the care e. on 6/6/18, at 9:41 a.m. the (RD) stated she was new to worked there about four iewed the documented the previous RD, and verified net with the resident. The RD to should have been involved plan and stated she would ent as soon as possible. Sted regarding the scheduling is but none was provided by THOD OF CORRECTION: The signee could develop and in centered plan of care do around the resident. Into the driving force in the possible and when the	2 555				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00480	B. WING		06/0	7/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE			
GALTIEF	R A VILLA CENTER		IER AVENUI				
			UL, MN 551				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROID DEFICIENCY)	D BE	(X5) COMPLETE DATE	
2 900	Continued From pa	ge 7	2 900				
2 900	MN Rule 4658.0525 Ulcers	5 Subp. 3 Rehab - Pressure	2 900			7/18/18	
	comprehensive res of nursing services	sores. Based on the ident assessment, the director must coordinate the ursing care plan which					
	without pressure so pressure sores unle condition demonstra	o enters the nursing home ores does not develop ess the individual's clinical ates, and a physician they were unavoidable; and					
	receives necessary	ho has pressure sores y treatment and services to event infection, and prevent yeloping.					
	by: Based on observati review, the facility fa interventions to pro- further breakdown of ulcer for 1 of 3 resid pressure ulcers. Th consistently implement reassess the effection a timely manner, re facility acquired pre	on, interview and document ailed to implement tect the skin and prevent of a facility acquired pressure dents (R65) reviewed for e failure of the facility to nent ordered interventions, and iveness of the interventions in sulted in the deterioration of a ssure ulcer from a stage II to er, which resulted in harm for		Corrected.			
	Findings include:						
		o.m. R65 was observed laying sitioned on his back, and					

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STATEMENT OF DE AND PLAN OF COR		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCT I ON	(X3) DATE COMP	SURVEY LETED
, 2 . 2 3.		152.V.II 16. V.16.V.V.	A. BUILDING:	A. BUILDING:		
		00480	B. WING		06/0	7/2018
NAME OF PROVIDE	ER OR SUPPL I ER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
GALTIER A VILI	LA CENTER		IER AVENUE			
	CLIMANA DV CTA		UL, MN 551		ON	0.5
	EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
cover position buttoon he appropriate walking table, was so the best what asking the best worn. During was a laying towar R65's the best himse either could light best table. During was could light best table.	oned both heecks, so his known peared to be eless. There wang boot with V and another semaller, soft, all and another semaller sema	Under the sheet, R65 had als pulled up towards the sees were bent and in the air as digging both heels into the sa light blue structured selcro straps on the bedside style of unstructured boot that and dark blue, in the corner of see sheet. When questioned er used for, R65 was confused, After pointing to the boots on and bed, R65 was unable to re used, and said they were to help with the cold. on 6/5/18, at 9:32 a.m. R65 Again, R65 was positioned with both heels pulled up so, with his knees in the air. The structured observed on the bedside on 6/5/18, at 3:56 p.m. R65 in bed under a thin, white knit of wearing shoes or boots as of and toes could be seen set. R65 was supine, laying flat gs straight and both heels	2 900			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00480	B. WING	_	06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER			STATE, ZIP CODE	-	
GALTIEF	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
2 900	Continued From pa	ge 9	2 900			
	and reported that R buttock ulcer, a left reposition the reside On 6/6/18, at 7:06 a up in a wheelchair i feet which were resa.m. R65 propelled the hallway. He use the wheels little by I off the foot pedals, digging his heels in time, licensed pract R65 and stated, "Le stated to nearby stated to nearby stated to nearby stated to nearby stated in propelled self wheelchair. R65 was blue boots on both heels and sides of thave any firm suppocomfort type cushic was open, exposing a single strap over was observed to was wheelchair until 7:2 push R65 to the din 7:47 a.m. R65 move the wheelchair usin to pull himself, usin a little at a time. The to have slid off R65 sideways.	s. RN-D looked in the eMR 65 had a history of a closed heel ulcer, and orders to ent every two hours. a.m., R65 was observed sitting in his room with socks on both ting on the footrests. At 7:08 himself in the wheelchair into ed both arms to slowly move ittle, and also moved his feet pulling the chair along by to the floor and pulling. At that cical nurse (LPN)-K greeted et's get your boots on." LPN-K aff, "[R65] needs to wear e time." At 7:10 a.m. R65 fout of the room in the as now wearing the soft, dark feet. The boots covered the the feet, and did not appear to ort, but rather offered a soft, on. The entire top of the boot go the top of the foot, except for the foot near the ankle. R65 ander the hallway in the 0 a.m. when staff offered to ing room for breakfast. At ed around the dining room in g his feet to dig into the floor g his arms to push the wheels e soft left boot was observed to the land was twisted				
	observed propelling The left boot was st to be sliding off the	:58 a.m. on 6/6/18, R65 was himself back to his room. till twisted and was observed foot, leaving the left heel 1 a.m. staff entered R65's				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
		445 GALT	IER AVENUE			
GALTIEF	R A VILLA CENTER	SAINT PA	UL, MN 551	03		
(X4) I D	SUMMARY STA	TEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECT	ION	(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE	COMPLETE DATE
2 900	Continued From pa	ge 10	2 900			
	room and removed R65 to the toilet. At boots back on R65	the boots prior to transferring 9:09 a.m. staff put the soft 's feet before leaving R65 in ratch a movie in the room, per				
	director of nursing of measurements of the DON explained wound weekly, and manager or a nurse nurse input the desalong with pictures wound tracking system and treatments had bee calorie supplement air, keeping heels of and a low air loss of did not see current wound, but thought same as the left. The measurements and almost closed in Apscabbing again. The recent wound measured 10.00 which was larger the cm x 3.0 cm on 6/1 5/7/18). The DON about the accuracy measured the wounup a flexible ruler needs and measured the wounup and measured the wounu	6/6/18, at 10:06 a.m. the (DON) discussed the he left heel pressure ulcer. It that a nurse assessed the that it could be a nurse on duty. After assessing, the cription and measurements, of the wound, in the electronic tem. The DON pulled up in the electronic wound it was noted all current on initiated on 2/23/18: a high leaving the wound open to off the bed, using an ointment, mattress. The DON stated she treatments for the right the treatment should be the ne DON reviewed the weekly asid the left heel wound had oril, but had then started be DON confirmed the most surements were from 6/4/18, and prior measurements (3.5 /18, 2.0 cm x 2.0 cm on stated she was concerned of how nursing staff and. In the pictures, staff held ext to the skin opening to				
	show the wound size measure straight accurate wrapped the ruler at the DON stated should be shown to b	re, some staff appeared to cross the wound, while others bround the ankle to measure. He was concerned about the mented measurements from				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:		COIVII	LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GAI TIFE	R A VILLA CENTER		IER AVENUE			
0, (2.112.		SAINT PA	UL, MN 551	03		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU! CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 900	Continued From pa	ge 11	2 900			
	cm), and would ask the left heel wound On 6/6/18 at 10:35	a.m., R65 was observed to be				
	R65's legs and feet wearing boots, had nothing on the left f bed. The light blue from the bedside ta boots were on the f	covers were turned down, so were visible. R65 was not a sock on the right foot, but oot. R65's heels rested on the structured boot was missing ble, and the soft, dark blue loor. LPN-K and LPN-D				
	re-measure the left asked LPN-D why t the floor and stated all times." LPN-D d were on the floor, b	nd prepared to assess and heel. At 10:38 a.m. LPN-K he dark blue boots were on , "[R65] needs to wear them at id not know why the boots ut stated R65 sometimes				
	balled up and starti the bandage, and w a large, dry flap of s one side, and abov	e bandage on the left heel was ng to fall off. LPN-D removed vashed the wound. There was skin still partially attached on the flap was a dark				
	LPN-D measured to 5.0 cm, and measu 2.5 cm, LPN-K state as unstageable, be	ype area. At 10:41 a.m., ne the entire area as 7.0 cm x red the dark area as 4.5 cm x ed the wound was categorized cause there was no way to				
	dark, scabby tissue foam dressing to th socks for R65, as the	wound went underneath the LPN-D applied an adhesive wound, before getting clean be wound drainage had left on the inside of the sock.				
	facility on 1/30/18, v Alzheimer's disease weakness, and per	s admission record ealed R65 was admitted to the with diagnoses including: e, generalized muscle ipheral vascular disease. eent quarterly Minimum Data				

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STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	172010
GALTIER A VILLA CENTER			IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
2 900	Set (MDS) assessing assessed R65 to be impaired, with a brie (BIMS) score of 3 (impairment). The camost recent annual R65 was at risk for dependence on stamood/behaviors, ar assessed to be reluposition due to pain loading and reposition due to pain loading and reposition further the assessing were to observe for skin breakdown. Review of the wound medical record (eM two pressure ulcersheel blister was currunstageable, was a identified on 5/22/13 currently categorize acquired in the facil 2/20/18. Pressure L Guidelines provided the National Pre	nent dated 5/7/18, staff had a severely cognitively of interview for mental status indicating severe cognitive are area assessment for the MDS dated 2/6/18, indicated pressure injury due to ff for activities of daily living, and pain. In addition, R65 was actant to move or change and staff were to provide off ioning to prevent pressure. The indicated licensed staff indications of pressure or and record in the electronic rently categorized as cquired in the facility, and was actant to the facility, and was actant to move or change as a unstageable, also lity, and was identified on by the facility, and written by the facility and written by the facility, and written by the facility, and written by the facility and written by the facility, and written by the facility and wri	2 900			

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NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER A VILLA CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MIST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFEX TAGS COMPLETE TAGS CROSS-REFERENCE TO THE APPROPRIATE 2 900 Continued From page 13 the nursing assistant care guidae, which directed nursing assistants to ensure R65 wore Spenco boots on both feet. Under the special requirements section, there was guidance for R65's heels, and that R65 was being fitted for PRAFO boots (custom fitted supportive boots that keep all pressure off heels). The guidance also indicated staff were to provide wound treatments for the heels, and were to turn and reposition R65 every 2-3 hours while in bed. A progress note written on 6/6/18, at 1:13 p.m. included: "[Nurse Practitioner] updated and this writer received orders for PRAFO boots to be ordered; will be here at 3 PM to fit [R65] for the boots today". On 6/7/18, at 7:45 a.m. R65 was observed sleeping in bed under a sheet. R65 was laying on his back, and there appeared to be a pillow under R65's knees, because both knees were bent and slightly elevated. The two soft, dark blue boots were observed on the floor next to the bed, and next to them sat a new pair of PRAFO boots, R65 was not observed to be wearing boots as both heels rested on the mattress.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
A45 GALTIER AVENUE SAINT PAUL, MN 55103 ((A4) ID PREFIX TAG (EACH DEFICIENCY MIST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) 2 900 Continued From page 13 the nursing assistant care guide, which directed nursing assistants to ensure R65 wore Spenco boots on both feet. Under the special requirements section, there was guidance for R65's heels, and that R65 was being fitted for PRAFO boots (custom fitted supportive boots that keep all pressure off heels). The guidance also indicated staff were to provide wound treatments for the heels, and were to turn and reposition R65 every 2-3 hours while in bed. A progress note written on 6/6/18, at 1:13 p.m. included: "[Nurse Practitioner] updated and this writer received orders for PRAFO boots to be ordered; will be here at 3 PM to fit [R65] for the boots today". On 6/7/18, at 7:45 a.m. R65 was observed sleeping in bed under a sheet, R65 was laying on his back, and there appeared to be a pillow under R65's knees, because both knees were bent and slightly elevated. The two soft, dark blue boots were observed on the floor next to the bed, and next to them sat a new pair of PRAFO boots. R65 was not observed to be wearing boots as both heels rested on the mattress.			00480	B. WING		06/	07/2018
(X4) ID PREFIX TAG (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2 900 Continued From page 13 the nursing assistant care guide, which directed nursing assistants to ensure R65 wore Spenco boots on both feet. Under the special requirements section, there was guidance for R65 to wear Spenco boots (custom fitted supportive boots that keep all pressure of heels). The guidance also indicated staff were to provide wound treatments for the heels, and were to turn and reposition R65 every 2-3 hours while in bed. A progress note written on 6/6/18, at 1:13 p.m. included: "[Nurse Practitioner] updated and this writer received orders for PRAFO boots to be ordered; will be here at 3 PM to fit [R65] for the boots today". On 6/7/18, at 7:45 a.m. R65 was observed sleeping in bed under a sheet. R65 was laying on his back, and there appeared to be a pillow under R65's knees, because both knees were bent and slightly elevated. The two soft, dark blue boots were observed on the floor next to the bed, and next to them sat a new pair of PRAFO boots, R65 was not observed to be wearing boots as both heels rested on the mattress.	NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE		
SUMMARY STATEMENT OF DEFICIENCIES PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH DEFICIENCY)	GALTIEF	R A VILLA CENTER					
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 2 900 Continued From page 13 the nursing assistant care guide, which directed nursing assistants to ensure R65 wore Spenco boots on both feet. Under the special requirements section, there was guidance for R65 to wear Spenco boots at all times to protect R65's heels, and that R65 was being fitted for PRAFO boots (custom fitted supportive boots that keep all pressure off heels). The guidance also indicated staff were to provide wound treatments for the heels, and were to turn and reposition R65 every 2-3 hours while in bed. A progress note written on 6/6/18, at 1:13 p.m. included: "[Nurse Practitioner] updated and this writer received orders for PRAFO boots to be ordered; will be here at 3 PM to fit [R65] for the boots today". On 6/7/18, at 7:45 a.m. R65 was observed sleeping in bed under a sheet. R65 was laying on his back, and there appeared to be a pillow under R65's knees, because both knees were bent and slightly elevated. The two soft, dark blue boots were observed on the floor next to the bed, and next to them sat a new pair of PRAFO boots. R65 was not observed to be wearing boots as both heels rested on the mattress.		I		UL, MN 5510			
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On 6/7/18, at 7:51 a.m., LPN-D stated R65 was supposed to be wearing the soft, dark blue boots when R65 was up, and that they should also be on when R65 was in bed. LPN-D also stated R65 did not like to wear the boots, but that they should be on in bed because R65 always dragged both heels against the mattress in bed, which could cause pressure. LPN-D looked in the room at R65, and confirmed R65 was not currently wearing any protective boots. At 8:02 a.m. nursing assistant (NA)-C stated, "[R65] has little booties which [R65] is supposed to wear pretty	2 900	the nursing assistant nursing assistants to boots on both feet. requirements sectic R65 to wear Spence R65's heels, and the PRAFO boots (cust keep all pressure or indicated staff were for the heels, and wevery 2-3 hours which was not observed ordered; will be here boots today". On 6/7/18, at 7:45 as sleeping in bed und his back, and there R65's knees, becaus lightly elevated. The were observed on the next to them sat and was not observed to heels rested on the On 6/7/18, at 7:51 as supposed to be wear when R65 was up, on when R65 was up, on when R65 was up, on when R65 was indid not like to wear be on in bed because pressure. LP R65, and confirmed wearing any protect nursing assistant (Note the control of the contro	ant care guide, which directed on ensure R65 wore Spenco Under the special on, there was guidance for to boots at all times to protect at R65 was being fitted for from fitted supportive boots that ff heels). The guidance also to provide wound treatments were to turn and reposition R65 idle in bed. Itten on 6/6/18, at 1:13 p.m. ractitioner] updated and this ers for PRAFO boots to be at 3 PM to fit [R65] for the a.m. R65 was observed er a sheet. R65 was laying on appeared to be a pillow under use both knees were bent and ne two soft, dark blue boots the floor next to the bed, and new pair of PRAFO boots. R65 to be wearing boots as both mattress. In.m., LPN-D stated R65 was laring the soft, dark blue boots and that they should also be not bed. LPN-D also stated R65 the boots, but that they should see R65 always dragged both eattress in bed, which could N-D looked in the room at 1 R65 was not currently tive boots. At 8:02 a.m. IA)-C stated, "[R65] has little				

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	E CONSTRUCTION	(X3) DATE	SURVEY LETED
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:	JILDING:		LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
CALTIE	R A VILLA CENTER	445 GALT	IER AVENUE	E		
GALITER	A VILLA CENTER	SAINT PA	UL, MN 551	03		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETE DATE
2 900	Continued From pa	ge 14	2 900			
2 900	much all the time." intervention, but me to this unit. On 6/7/18, at 8:22 a got PRAFO boots fidescribed how R65 the foot pedals whe and rest heels on the bodyweight along in heels. The DON sa himself around the little dark blue boots while R65 moved a but the new PRAFO off. The DON said tyesterday, which re PRAFO boots at all boots, the order was boots at all times, a not always like to with the total when it came to as the PRAFO boots was appropriate, ar involved to approve When asked why the second in the process of the pr	NA-C said this was not a new entioned that R65 was newer a.m. the DON confirmed R65 litted yesterday. The DON liked to take his/her feet off en seated in the wheelchair, ne floor, pulling his/her in the wheelchair using the id this was how R65 propelled unit. The DON said the soft, is would twist and come off round the unit in this manner, it boots were less likely to fall there was a new order created quired R65 to wear the litmes. Before the PRAFO is for R65 to wear the second though the DON said R65 did wear them. The DON explained to special order footwear, such that the the physician got is ordering the special footwear. The PRAFO boots were just the DON replied that when the	2 900			
	size of the wound re	ecently got bigger, staff looked currently in place, and				
	determined that the not working. Again	interventions obviously were the DON described how the were putting on R65 would				
	not stay in place, ar R65's feet because	nd would twist around on the resident was very active he wheelchair using the feet.				
	the new PRAFO bo	a.m. R65 was observed with lots on, which had a hard lurved around and away from space between the heel and				

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		IER AVENUE			
			UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 900	Continued From pa	ge 15	2 900			
	ensure the heels we	he heel from pressure, and ere floated off the bed.				
	DON was asked when did not seem to be ulcers when asked The DON said R65 another floor on 5/7 regular staff on the heel ulcers. The DO floated on the unit twork on the unit, the written on the nursing staff should know wagain reviewed the and noted that the inafter R65 moved or wondered out loud adjust to R65's care the move. The DON previously looked lill had then gotten big whether there was a could be why staff was supposed to be hap	riew on 6/7/18, at 8:37 a.m. the ry some of the nursing staff aware of R65's pressure if R65 had any skin concerns. had moved onto the unit from 7/18, but explained that all the floor should know about R65's DN said that even if staff of fill in, and did not typically e details of R65's care were ng assistant care guide, so all what R65 needed. The DON left heel ulcer measurements, ncrease in size had occurred not the new unit. The DON if the new staff needed time to es, and get to know R65 after N said that the left heel wound ke it was getting better, but ger. The DON questioned a communication issue, which were not all aware of what was opening to protect R65's heels.				
	physical therapy as meeting with R65 th nursing staff. PTA s described the mann heels into the groun wheelchair. PTA rerearlier that winter, a a wheelchair at that propelled in the chaarms and feet. Afte yesterday, PTA quick	6/7/18, at 10:37 a.m. the sistant (PTA) confirmed ne day before at the request of aid nursing called, and ner in which R65 dug both and to pull self along in the membered working with R65 and confirmed that R65 was in a time too, and also self air by using a combination of the being called by nursing contic company to request fitting				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, S	STATE, ZIP CODE	•	
GALTIEF	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 900	Continued From pa	ge 16	2 900			
	company was able	oots. PTA said the orthotics to come out quickly to the ternoon to fit R65 with the				
	administrator provious care guide, and expupdated today. The R65's need to wear both feet to protect encourage R65 to lalso updated with the	6/7/18, at 11:05 a.m. the ded a new nursing assistant plained that it had been a updated care guide included PRAFO boots at all times on and float the heels, and to keep boots on. The guide was the requirement that R65 be boned every 20 minutes while in				
	registered dietitian conversation with the RD explained being breakdown yesterd. Pure Protein (prote powder for wound hexplained R65 was calorie supplement not as much as whence adding Pure explained how the needed by any residuators such as a rewas going on with a needed the extra needed the extra neas R65's needs had wound breakdown.	6/7/18, at 12:14 p.m., the (RD) described having a ne unit manager about R65. It made aware of the skin ay, and as a result, added in shake) and Juven (nutrition nealing) to R65's diet. RD previously taking a high which had some protein, but at R65 currently needed; Protein and Juven. RD nutritional supplements dent really depended on esident's body size, and what a wound. RD said that R65 utritional supplements added, d increased drastically with the				
	indicated "RD follow regarding resident's Per [unit manager],	itten on 6/6/18, at 3:20 p.m., wed up with [unit manager] s unstageable [pressure ulcer]. resident with history of d had a stage II [pressure				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` ′	E CONSTRUCTION		E SURVEY PLETED
		00480	B. WING		06/	07/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	·	
GALTIEF	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORF (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETE DATE
2 900	Continued From pa	ge 17	2 900			
	pull [his/her] wheeld [his/her] heel again: [Unit manager] feel resident's heels to defollow."	dent uses [his/her] heels to chair and resident drags st the mattress when in bed. s this is what caused open. RD will continue to orders revealed the following:				
	-2/26/18. Left heel I centimeters (cm) x Keep clean and dry symptoms of infecti symptoms of break feet at all times, ker - 2/26/18. 120 cubic (high calorie supple -2/26/18. Apply Vita feet and legs twice - 2/26/18. Turn and hours and as neede -5/22/18. Order for blisters; therapy up -6/6/18. PRAFO bo make sure that hee - 6/6/18. Left heel u symptoms of infecti	olister measuring 4.5 4.0 cm noted on 2/20/18. If, monitor for signs and on, or further signs and down. Spenco boots on both ep heels off the bed. It centimeters (cc) of Hi-Cal ement) three times a day. Imin A and D ointment to both daily. If position resident every 2 ed. If load boots for "2/2 heel dated." It ots to be worn at all times to all remain offloaded. Icer: monitor for signs and on, or further signs and				
	at all times, keep he - 6/6/18. One packed wound healing 6/6/18. 60 cc Prost (advanced wound of two times a day for On 6/5/18, review of the confirmed R6 pressure ulcers reladecreased mobility, dehydration. The care	et of Juven two times a day for stat Sugar Free AWC care) nutritional supplement				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
2 900	scabbed over and of the fluid filled blister. The care plan did non the right heel. In administering treatmonitoring for effect directed staff to avoid heel, and to keep howith bilateral Spendiplan required staff to shift to ensure it wassess and record measuring length, appossible. Staff were declines to the Med 11:40 a.m. a copy or requested. A portion provided, but failed pressure ulcers, so care plan had been review on 6/5/18. The most recent phother dated 4/7 following written abound. [Continue] I boots." The most reprogress note in the on 3/23/18, and did regarding pressure progress note from mention anything renurse practitioner pencounter noted, "Lunder from previous protect and relieve."	closed. The care plan noted r to the left heel on 2/20/18. ot mention the pressure ulcer terventions included ments as ordered and diveness. The care plan old positioning R65 on the left eels off the bed at all times to boots. Additionally, the care to monitor the dressing each is intact and adhering, and wound healing weekly, by width, and depth where to report improvement and lical Doctor. On 6/6/18 at of the care plan was not the care plan was to include the section about unable to determine when the last updated at the time of a local cares, use Spenco ecent nurse practitioner to chart was for an encounter not mention anything ulcers. The physician a 3/15/18 encounter did not egarding pressure ulcers. The rogress note from a 3/8/18 left heel dry skin with old blood is blister," and "Continue to"	2 900			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
		00480	B. WING		06/0	7/2018
NAME OF	PROV I DER OR SUPPL I ER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE	1 2212	
GALTIE	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 900	included a Pressure (PUSH) score which Pressure Ulcer Advaystem that helps of (decreasing PUSH (increasing PUSH) (increasing PUSH) number was wound was assess as the wound size, types. Review of the week the following history ulcer: -5/22/18: Clinical st thickness tissue los ulcer is covered so determined.) Tissue cm x 4.0 cm, depth PUSH 116/1/18: Clinical sta 25% bright pink or unknown. No drains-6/4/18: Clinical sta 100% slough (yello adherent. 6.5 cm x drainage. PUSH 12. Review of weekly we following history of -2/23/18: Clinical st loss of dermis). Tis blister. 4.5 cm x 4.2 serosanguineous diblood). PUSH 122/26/18: Clinical st 100% blood filled b depth. Moderate se PUSH 12.	e Ulcer Scale for healing th, according to the National visory Panel, is a scoring compare the improvement numbers) or deterioration numbers) of a wound. The calculated each time the ed, using data collected such drainage amount, and tissue the right heel pressure tage: unstageable (full so in which the base of the the true depth can not be type: 100% intact skin. 7.0 unknown. No drainage. The compared to the visual type: red. 6.5 cm x 3.5 cm, depth age: Unstageable. Tissue type: w, devitalized tissue) loosely 3.5 cm, depth unknown. No	2 900			

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STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT I PL	E CONSTRUCTION	(X3) DATE	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED
		00480	B. WING		06/07/2018	
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS CITY S	STATE, ZIP CODE		
			IER AVENUE			
GALTIE	R A VILLA CENTER		UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 900	Continued From pa	ge 20	2 900			
2 900	100% blood filled bloodepth. Moderate set PUSH 123/12/18: Clinical stat 100% blood filled bloodepth. Moderate set PUSH 123/22/18: Clinical stat 50% purple ecchym 50% slough loosely with no depth. Light PUSH 133/27/18: Clinical stat purple ecchymosis slough loosely adhedepth. Light serosat 134/2/18: Clinical stat purple ecchymosis, indicative of healthy loosely adherent. 4. Light serosanguine 4/10/18: Clinical stat 20% purple ecchym 50% slough loosely with no depth. No drainage -5/7/18: Clinical state.	lister. 3.5 cm x 3.5 cm, with no prosanguineous drainage. age: Stage II. Tissue type: lister. 3.5 cm x 3.5 cm, with no prosanguineous drainage. age: Stage II. Tissue type: lister. 3.5 cm x 3.5 cm, with no prosanguineous drainage. age: Stage II. Tissue type: lister. 3.5 cm, lister sanguineous drainage. age: Stage II. Tissue type: % (subcutaneous bleeding), 50% erent. 4.0 cm x 3.5 cm, with no linguineous drainage. PUSH age: Stage II. Tissue type: 20% and solve	2 900			

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER		DRESS, CITY, S	STATE, ZIP CODE	1 00/0	172010
GALTIEF	R A VILLA CENTER		IER AVENUE			
	T		UL, MN 551			Т.
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
2 900	Continued From pa	ge 21	2 900			
	slough loosely adhed depth. No drainage -5/16/18: Clinical st type: 45% blood fille ecchymosis. 4.0 cm drainage. PUSH 10-5/22/18: Clinical st type: 65% deep ma adherent. 3.5 cm x drainage. PUSH 11-6/1/18: Clinical sta 65% deep maroon, 3.5 cm x 3.0 cm, de PUSH 11-6/4/18: Clinical sta 55% slough non-adhard adherent. 10.0 Moderate serosang -6/6/18: Clinical sta 50% deep maroon,	erent. 2.0 cm x 2.0 cm, with no . PUSH 9. age: Unstageable. Tissue end blister, 55% purple in x 5.0 cm, depth unknown. No				
	11/28/17, had the foresidents that are a evaluated to determ be taken by the interdetermine approprisindividualized intervand treat skin break guideline, a comple guides the identification of interventions are protified upon discovered.	nent Guideline, effective billowing purpose: "To ensure dmitted to the facility are nine appropriate measures to erdisciplinary care team to ate measures and rentions to prevent, reduce adown." Additionally, per the ate, comprehensive evaluation ation of residents at risk, and he risk for breakdown; rventions to stabilize, reduce ng risk factors; evaluate the erventions; modify the propriate. The dietitian will be very of a wound, when a expectedly, and if a wound is				

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/07/2018	
GALTIER A VILLA CENTER 445 GAL			DRESS, CITY, SIER AVENUE			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 900	not showing progre evaluation will be retreatment as approwith a change in coper risk factors ider modify the plan of canalysis for new sk physician/nurse prasupervisor/designer progress in two were physician/nurse pradeteriorating or increplan of care as appoper of care as appo	ess in 2-4 weeks. A therapy equested for positioning and priate upon admission and ndition. Evaluate interventions at tified and re-evaluate and tare based on root cause in alterations. Consult with a notitioner, family and a if the ulcer(s) has not shown eks. Consult with the actitioner if the wound is reases in size. Re-evaluate ropriate. 1/18, at 9:31 a.m. the reded information by email that ded during survey. The vided post survey indicated the m had reviewed R65's status e resident's care plan to recommended Prafo boots on the placed in the [point of care] resident the emant of the brace. 3. An air ed. 4. Care delivery guides the enemant of the brace. 3. An air ed. 4. Care delivery guides the enemant of the brace in addition, the interdisciplinary team had an plan on 6/7/18, regarding and staging of pressure ucation with proper ent, and pictures utilized for the information provided did not a responsibility to ensure ribed should have been did not diminish the fact the rhad increased from a Stage	2 900			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	ORESS, CITY, S	STATE, ZIP CODE		
GALTIER	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 900	The director of nursiall residents at risk they are receiving the treatment/services from developing an pressure ulcers. The designee, could condelivery of care; to deservices are implended pressure ulcer developments.	sing or designee, could review for pressure ulcers to assure the necessary to prevent pressure ulcers do to promote healing of the director of nursing or induct random audits of the ensure appropriate care and nented; to reduce the risk for	2 900			
2 965	-Nutritional Status Subpart. 2. Nutrition must ensure that a which supplies the determined by the cassessment. Subs	nal status. The nursing home resident is offered a diet caloric and nutrient needs as comprehensive resident titutes of similar nutritive value residents who refuse food	2 965			7/18/18
	by: Based on observati review, the facility fa residents' (R52, R1 choices. This had the	ent is not met as evidenced on, interview and document ailed to accommodate 2 of 2 4) preferences for food ne potential to affect all 83 ved meals provided by the		Corrected.		

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VDSH11 If continuation sheet 24 of 54

AND DIAN OF CORRECTION INTERPRETATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
00480		B. WING		06/	07/2018	
	PROVIDER OR SUPPLIER	445 GALT	DRESS, CITY, S IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPR I ATE	(X5) COMPLETE DATE
2 965	During an observation on 6/4/18, at want the pork and the last week without the Review of the poster board in the dining served for lunch. Now When interviewed a caide (DA)-A stated, took those away last alternative meal operand stated no explain management. On 6/4/18 at 5:28 phad an alternative from daughter to bring for they serve. You car sandwich, it's bad". During the evening 6/4/18 at 5:54 p.m., whether there was a wouldn't want what stated the facility now purpose they were regalternative meal opmenu on the bulleting without the same and they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the bulleting without they were regalternative meal opmenu on the well without they were regalternative meal opmenu on the well without they were regalternative meal opmenu on the well without they were regalternative meal opmenu on the well without they were regalternative meal opmenu on the well without they were regalternative meal	ion of the third floor dining 12:00 p.m. R52 stated, "I don't hey took away our alternates elling us why." ed menu, located on a bulletin room, verified pork was being a alternate choice was listed. on 6/4/18, at 12:10 p.m. dietary "There is no alternate, they st week." DA-A verified tions were no longer available, anation had been provided by .m., R14 stated, "Rresidents ood option before but have not pany took over. I call my ood for me, if I don't like what anot even call downstairs for a meal on second floor on DA-B was interviewed about an alternate meal if a resident was being served. DA-B to longer had alternate meals. Sign of the third floor dining g of 6/4/18, at 6:15 p.m. overe heard discussing how garding the removal of tion. Review of the posted in board in the dining room	2 965			
	upset they were regalternative meal opmenu on the bulleti indicated tacos wer alternate choice wa	garding the removal of tion. Review of the posted n board in the dining room e being served for dinner. No				

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AND BLAN OF CORRECTION INTERIOR NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	00480		B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE	•	
GALTIER	R A VILLA CENTER		IER AVENUE			
			UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
2 965	Continued From pa	ge 25	2 965			
	week ago and no o residents] why."	ne told us [employees or				
	registered nurse (R designee (SSD) veralternate meal option week". They said to do with the new of had not been involved planning process. Edietary manager allowere complaining a choices taken away. During an interview facility's regional curbad been no alternate before, but said shountil later. She state an alternate meal of from. The goal is formen with one check to a menu with item residents to choose. A policy regarding as	on 6/5/18, at 11:54 a.m. the illinary director confirmed there ate meal options the day was unaware of the issue ed, "There should always be option for residents to choose or the facility to move to a f special of the day, in addition as that are always available for				
	registered dietitian policies and proced residents who requ a meal of equal nut dietitian or designed regarding these policies.	THOD OF CORRECTION: The or designee could develop lures related to ensuring est an alternate meal receive ritive value. The registered e could educate staff lices, and audit resident ince to these policies and				

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AND BLAN OF CORRECTION TO THE INTERIOR NUMBER:		` '		(X3) DATE COMP	SURVEY LETED
	00480	B. WING		06/0	7/2018
PROVIDER OR SUPPLIER					
A VILLA CENTER					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL	D BE	(X5) COMPLETE DATE
Continued From pa	ge 26	2 965			
TIME PERIOD FOF (21) days.	R CORRECTION: Twenty-one				
MN Rule 4658.0800 Program	Subp. 1 Infection Control;	21375			7/18/18
home must establis control program des	h and maintain an infection signed to provide a safe and				
by: Based on observati review, the facility fa control practices to spread of infections implement hand hys 2 of 5 residents (R4 sanitary technique fa drainage bag for 1 of for catheter care; fa conditions for 3 of 3 to ensure 5 of 5 me maintained in a san Findings include: R44 was interviewe stated staff did not to the catheter drainag it. In addition, R44 wash their hands be have huge concerns	on, interview and document ailed to implement infection minimize and prevent the s. Staff failed to appropriately giene during personal care for 4 and R58); failed to utilize for emptying a urinary of 1resident (R44) observed ailed to maintain sanitary a medication rooms; and failed dication carts were itary condition. d on 6/4/18 at 5:34 p.m., and utilize alcohol wipes to sanitize ge bag tube after they emptied stated staff do not always etween cares and stated, "I s about infection control here."		Corrected		
According to a Brief	f Interview for Mental Status				
	PROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LS Continued From pa TIME PERIOD FOF (21) days. MN Rule 4658.0800 Program Subpart 1. Infection home must establist control program destablist control program destablist control program destablist control practices to spread of infections implement hand hys 2 of 5 residents (R4 sanitary technique for drainage bag for 1 of for catheter care; fat conditions for 3 of 3 to ensure 5 of 5 memaintained in a san Findings include: R44 was interviewed stated staff did not be the catheter drainage it. In addition, R44 wash their hands be have huge concerns According to a Brief (BIMS), R44 was as	OPENOTIFICATION NUMBER: O0480 PROVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 TIME PERIOD FOR CORRECTION: Twenty-one (21) days. MN Rule 4658.0800 Subp. 1 Infection Control; Program Subpart 1. Infection control program. A nursing home must establish and maintain an infection control program designed to provide a safe and sanitary environment. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to implement infection control practices to minimize and prevent the spread of infections. Staff failed to appropriately implement hand hygiene during personal care for 2 of 5 residents (R44 and R58); failed to utilize sanitary technique for emptying a urinary drainage bag for 1 of 1 resident (R44) observed for catheter care; failed to maintain sanitary conditions for 3 of 3 medication rooms; and failed to ensure 5 of 5 medication carts were maintained in a sanitary condition. Findings include: R44 was interviewed on 6/4/18 at 5:34 p.m., and stated staff did not utilize alcohol wipes to sanitize the catheter drainage bag tube after they emptied it. In addition, R44 stated staff do not always wash their hands between cares and stated, "I have huge concerns about infection control here." According to a Brief Interview for Mental Status (BIMS), R44 was assessed as cognitively intact	OPENOTION OUASO RECOVIDER OR SUPPLIER A VILLA CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 TIME PERIOD FOR CORRECTION: Twenty-one (21) days. MN Rule 4658.0800 Subp. 1 Infection Control; Program Subpart 1. Infection control program. A nursing home must establish and maintain an infection control program designed to provide a safe and sanitary environment. This MN Requirement is not met as evidenced by; Based on observation, interview and document review, the facility failed to implement infection control practices to minimize and prevent the spread of infections. Staff failed to appropriately implement hand hygiene during personal care for 2 of 5 residents (R44 and R58); failed to utilize sanitary technique for emptying a urinary drainage bag for 1 of 1resident (R44) observed for catheter care; failed to maintain sanitary conditions for 3 of 3 medication rooms; and failed to ensure 5 of 5 medication carts were maintained in a sanitary condition. Findings include: R44 was interviewed on 6/4/18 at 5:34 p.m., and stated staff did not utilize alcohol wipes to sanitize the catheter drainage bag tube after they emptied it. In addition, R44 stated staff do not always wash their hands between cares and stated, "I have huge concerns about infection control here." According to a Brief Interview for Mental Status (BIMS), R44 was assessed as cognitively intact	OF CORRECTION DOMANO B. WING B. WING B. WING ROYUDER OR SUPPLIER STREET ADDRESS. CITY. STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 TIME PERIOD FOR CORRECTION: Twenty-one (21) days. MN Rule 4658.0800 Subp. 1 Infection Control; Program Subpart 1. Infection control program. A nursing home must establish and maintain an infection control program designed to provide a safe and sanitary environment. This MN Requirement is not met as evidenced by: Based on observation, interview and document review, the facility failed to implement infection control program designed to provide a safe and sanitary environment. This maintain and infections of the facility failed to implement infection control program designed to provide a safe and sanitary environment. Corrected Corrected	OF CORRECTION DENTIFICATION NUMBER: A BUILDING: COMP

Minnesota Department of Health

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AND BLAN OF CORRECTION INTERPRETATION NUMBER:		(X1) PROVIDER/SUPPLIER/CLIA	` '	E CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
GALTIEI	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPERTION OF T	D BE	(X5) COMPLETE DATE
21375	During an observation nursing assistant (Nowhich was shared vigloves, wet a washed R58's face under R58's breast NA-A had R58 turned washed R58's rectas same gloves, NA-A brief on R58, applied and dressed R58 wighter washing hands, or observed to handle mechanism on the R58's closet, assist the bed, put R58's to the wheel chair. In R58's hair in a brust the brakes on the wopen the bedside distribution brakes on the wopen the bedside distribution. At 7:20 a.m. on 6/6 shared bedroom of NA-A had a trash bowhich NA-A set on bedroom door. NA-discarded in the baranother pair of glov hand hygiene. Ther and NA-A removed placed it into the trathe gloves and left the washing or sanitizing At 7:24 a.m. on 6/6.	ion on 6/6/17, at 7:01 a.m. NA)-A entered R58's bedroom with R44, donned a pair of cloth in the bathroom sink and NA-A proceded to wash and the front perineal area. Bed to the side, and NA-A all area. While wearing the applied a clean incontinent and gripper socks to R58's feet, with pants and a shirt. Without removing gloves, NA-A was the remote control bed, touched the clothing in ed R58 to sit up on the side of shoes on, and transfered R58 NA-A, then fingered through hing fashion. NA-A adjusted wheel chair and continued to rawers looking for a hair rash can and replacing the A then removed the gloves ithout using hand sanitizer, or without using hand sanitizer, or line R58 and R44 wearing gloves. The R58 and R44 wearing gloves and the floor by the closed A removed the gloves and throom trash and donned the sfrom the bathroom without the were trash bags on a roll a trash bag from the roll and the container. NA-A removed the room without hand	21375			

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PRINTED: 07/02/2018 FORM APPROVED

21375 Continued From page 28 wash cloths. NA-A was unable to go into the bathroom because someone from the adjoinning room was in the bathroom. NA-A left the room to obtain gloves, then returned to the room and picked up the trash bag from the floor that had been brought in from another area and placed that bag into the trash can, before donning a pair of gloves without hand washing or sanitizing. NA-A then began cares for R44. NA-A was observed to go into R44's closest to get clothing, and to obtain supplies from R44's dresser drawers. NA-A was observed to attempt to thread R44's catheter tubing and full urinary drainage bag through R44's parts. R44 directed NA-A to empty the urine from the bag first. At that time, NA-A went into the bathroom to obtain a graduate to drain the urine into. NA-A set the graduate on the floor without a barrier, drained the urine from the tubing, used a napkin to wipe drips of urine from the tip of the tubing, took the graduate to the bathroom and poured the urine into the toilet, rinsed the graduate with water from the sink, poured the water into the toilet, set the graduate container on the back of the toilet tank, and crumbled a paper towel which she put into the gloves and donned another pair without any hand hygiene. NA-A wet multiple washcloths in the bathroom to be used for R44. One of the wet wash cloths fell on the floor and NA-A picked it up and placed it into the bag that was in the trash	Minneso	<u>ta Department of He</u>	ealth				
AMME OF PROVIDER OR SUPPLIER GALTIER A VILLA CENTER SITER TADDRESS. CITY, STATE, ZIP CODE 445 GALTIER A VENUE SAINT PAUL, MN 55103 (CAL) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG COntinued From page 28 wash cloths, NA-A was unable to go into the bathroom because someone from the adjoinning room was in the bathroom. NA-A left the room to obtain gloves, then returned to the room and picked up the trash bag from the floor that had been brought in from another area and placed that bag into the trash can, before donning a pair of gloves without hand washing or sanitizing. NA-A then began cares for R44. NA-A was observed to go into R44's closet to get clothing, and to obtain supplies from R44's dresser drawers. NA-A was observed to attempt to thread R44's catheter tubing and full uninary drainage bag through R44's pants. R44 directed NA-A to empty the urine from the bag first. At that time. NA-A went into the bathroom to obtain a graduate to drain the urine into. NA-A set the graduate on the floor without a barrier, drained the urine from the tip of the tubing, took the graduate to the bathroom and poured the urine into the toilelt, rinsed the graduate with water from the sink, poured the water into the toilet, set the graduate container on the back of the toilet, set the graduate container. NA-A then removed the gloves and donned another pair without any hand hygiene. NA-A wet multiple washoldhis in the bathroom to be used for R44. One of the wet wash cloths fell on the floor and NA-A picked it up and placed it into the bag that was in the trash.				` ′			
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can. NA-A verified that particular trash bag contained contaminated linen. When asked where the bag of soiled linens came from, NA-A stated, "I should not have brought that in here." Then NA-A removed the gloves and left the room with the trash bag of dirty linen. NA-A returned to the bedroom reapplied gloves without hand hygiene, and proceeded to thread the catheter		wash cloths. NA-A bathroom because room was in the ba obtain gloves, then picked up the trash been brought in fro that bag into the traof gloves without hat NA-A then began cobserved to go into and to obtain suppl drawers. NA-A was R44's catheter tubin bag through R44's empty the urine fro NA-A went into the to drain the urine in the floor without a kind the tubing, used an from the tip of the to bathroom and pour rinsed the graduate poured the water in container on the bac crumbled a paper to graduate container gloves and donned hygiene. NA-A wet bathroom to be used wash cloths fell on and placed it into the contained contamir where the bag of so stated, "I should not Then NA-A remove with the trash bag of the bedroom reapp	was unable to go into the someone from the adjoinning throom. NA-A left the room to returned to the room and bag from the floor that had m another area and placed ash can, before donning a pair and washing or sanitizing. ares for R44. NA-A was R44's closet to get clothing, ies from R44's dresser observed to attempt to thread and full urinary drainage pants. R44 directed NA-A to m the bag first. At that time, bathroom to obtain a graduate atto. NA-A set the graduate on parrier, drained the urine from the partier, drained the urine from the sink, atto the toilet, set the graduate to the red the urine into the toilet, with water from the sink, and owel which she put into the another pair without any hand multiple washcloths in the red for R44. One of the wet the floor and NA-A picked it up the bag that was in the trash that particular trash bag mated linen. When asked coiled linens came from, NA-A at have brought that in here." The date of gloves and left the room of dirty linen. NA-A returned to lied gloves without hand				

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
,	INDIVIDUAL CONTROL INC.		A. Building:		JOINI LETED	
			D MINO			
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
CALTIES	NA VIII A CENTED	445 GALT	IER AVENUE	.		
GALITER	R A VILLA CENTER	SAINT PA	UL, MN 551	03		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETE DATE
21375	'		21375			
	prior to reaching for opened the peri gua on R44's rectal area put on R44's pajam bag from a roll of bapicked up R44's ter wheel chair to be cland adjusted the piremoved the gloves NA-A left the reside went down the hall punched in a key calinen and trash. At the gloves, but still wash her hands.	s buttocks and rectal area at tube of peri guard. NA-A ard and applied the ointment a. NA-A then applied a brief, a bottoms, removed a trash ags sitting on the night stand, nois shoes, adjusted R44's oser to the bed, made the bed llows, all without having s, or performed hand hygiene. Into the dirty utility room, ode and disposed of the dirty that time, NA-A finally removed did not use hand sanitizer or on 6/6/18, at 7:55 a.m. NA-A how long hands should be				
	When interviewed of	"maybe for 5 seconds." on 6/6/18, at 8:00 a.m. urse (LPN)-A stated, "Hands for 60 seconds."				
	11/28/17, included: vigorously for at lea surfaces of the han with water and dryir disposable towel; a	and Hygiene Guidelines dated "Rubbing hands together est 20 seconds covering all ds and fingers; rinsing hands ng thoroughly with a nd turning off the faucet on the disposable paper towel."				
	registered nurse (R expectation would to for handwashing, or changing gloves.	on 6/6/18, at 8:44 a.m. N)-A verified the facility be to follow the facility policy r alcohol gel use, whenever				
	The facility policy P	erineal and Catheter Care				

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AND DIAM OF CORRECTION IN INCIDENTIAL INCI		(X2) MULTIPLE A. BUILDING:	E CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
00480		B. WING		06/0	07/2018	
NAME OF PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	TATE, ZIP CODE			
	445 GALT	IER AVENUE				
GALTIER A VILLA CENTER	SAINT PA	UL, MN 5510	03			
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETE DATE	
drainage bag. To be including a protective antiseptic wipe such to provide privacy, papply gloves. Place underneath the drain on top of the barriest close the clamp and tube or clamp with any residual urine. Caccording o your or to its storage located discarded, and perform when interviewed of verified staff were experineal cleansing at the perineal cleansing at the perineal cleansing at the perineal cleansing at the sink and factor medication room or verified the two means platters of different brown, pink and blatters of different brown, pink and blatters of the complete pills on the drawers that had factor systems the facility paper debris through floor medication room dirty and gritty with floor of sand and path and grime. The counterprivate present. The and tan substance the sink and faucet side of the cupboar.	ed: "Emptying a urinary egin, gather your supplies we barrier, graduate, and an as an alcohol pad. Be sure perform hand hygiene, and the barrier on the floor inage bag. Place the graduate of wipe the end of the drain the antiseptic wipe to remove Cleanse the graduate ganization's policy and return on. Remove your gloves, form hand hygiene." on 6/6/18, at 8:44 a.m. RN-A expected to follow the policy for and catheter care. Ion of the third floor of 6/6/18 at 8:14 a.m., LPN-B dication carts had multiple to colored substances, tan, ack, throughout the drawers earts. In addition, there were bottoms of the medication llen out of the blister pack utilizes, and cardboard and shout the drawers. The third of floor was observed to be a heavy accumulation on the aper particles, as well as hair inters and cubicles had a of gray matter, dust particles, sink had a thick scum gray accumulated all throughout handles. The Formica on the d by the sink was water d, bubbling, crumbling and	21375				

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		(X2) MULT I PL	E CONSTRUCTION	(X3) DATE		
AND PLAN	AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMP	LETED
			_			
		00480	B. WING		06/0	7/2018
NAME OF	PROV I DER OR SUPPL I ER	STREET AD	ORESS, CITY, S	STATE, ZIP CODE		
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OALIILI	NA VILLA OLIVIEN	SAINT PA	UL, MN 551	03		
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21375	Continued From pa	ge 31	21375			
	medication room or verified the two med multiple splatters of throughout the draw carts. As on the thir were noted to have medication drawers blister packs, and the debris throughout the medication room flowith a heavy accumand paper particles. The counters and caccumulation of gradebris present. The and tan in color accisink and faucet han multiple layers of casurface which was a splatter of the counters and cannultiple layers of casurface which was a splatter of the counters and tan in color accising and faucet han multiple layers of casurface which was a splatter of the counters and tan in color accising a splatter of the counters and tan in color accising a splatter of the counters and tan in color accising a splatter of the counters and tan in color accising a splatter of the counters and tan in color accising a splatter of the counters and tan in color accising a splatter of the counters and tan in color accising a splatter of the counters and tan in color accising a splatter of the counters and tan in color accising a splatter of the counters and tan in color accision accision and tan in color accision and tan in color accision and tan in color accision accision and tan in color accision accision and tan in color accision accision accision accision accision accisio	ion of the second floor in 6/5/18, at 10:33 a.m. LPN-C dication carts were soiled with if different colored substances wers and the outsides of the ind floor, the medication carts pills in the bottoms of the is that had fallen out of the inere was cardboard and paper ine drawers. The second floor ion was also dirty and gritty inulation on the floor of sand in, as well as hair and grime. Indicate had a heavy in matter, dust particles, is sink had a thick scum gray cumulated all throughout the indles. The cubicles had iellophane tape throughout the indled and discolored from ind the tape on the cubicles was face.				
	the fourth floor on 6 and LPN-E verified soiled. The cart had pills at the bottom of	ion of the Medication room on 6/5/18, at 10:48 a.m. LPN-D the medication cart was d splatters of different colors, of the medication drawers that				
	paper particles and throughout the drav	e blister packs, and there were small pieces of cardboard vers of the medication cart. dication room floor was also				
	dirty and gritty. The heavy accumulation debris present. The	e counters and cubicles had a n of gray matter, dust particles, s sink had a thick scum gray				
	sink and faucet han LPN-D and LPN-E	cumulated all throughout the odles. During the observation, verified the nurses are the medication carts clean				

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AND BLAN OF CORRECTION \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		` '	E CONSTRUCTION	(X3) DATE	SURVEY LETED	
		A. BUILDING:				
		00480	B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		IER AVENUE			
	CHAMAADVCTA		UL, MN 551		ION	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21375	Continued From pa	ge 32	21375			
	but they did not kno	ow who was responsible for the e medication carts or				
	medication room ar of 6/6/18. At 11:46 keeping departmen floors, counters and rooms but stated no let them know when stated there was no	sekeeping (DH) reviewed the nd cart findings on the morning a.m., DH verified the house t was responsible to clean the d sinks in the medication ursing staff were supposed to n it needed to be done. DH o specific policy and procedure dication carts and the				
	housekeeper (H)-A fourth floor verified dependent upon the the locked medicati it is difficult to get the	on 6/6/18, at 11:50 a.m. who works full time on the the housekeeping staff are enursing staff to let them into on rooms. H-A stated, "Often he nurse to open the doors. I the trash and make sure there vailable."				
	who works full time housekeeping staff nursing staff to let t medication room ar paper towels and e much all that is don	on 6/6/18, at 11:55 a.m. H-B on the third floor verified the were dependent on the hem into the locked at stated, "Usually replacing mptying the garbage is pretty e in the med rooms because nurses to open the door."				
	The director of nurs infection control pra and educate staff. designee, could con	THOD OF CORRECTION: sing or designee, could review actices during personal cares The director of nursing or aduct random audits of the ensure appropriate care and				

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STATEMEN	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
		00480	B. WING	B. WING		7/2018	
NAME OF F	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE	•		
GALTIER	R A VILLA CENTER		IER AVENUI UL, MN 551				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
21375	Continued From pa	ge 33	21375				
	services are implen risk of infection.	nented in order to reduce the					
	TIME PERIOD FOR (21) days.	R CORRECTION: Twenty-one					
21426	MN St. Statute 144A.04 Subd. 3 Tuberculosis Prevention And Control		21426			7/18/18	
	maintain a comprehinfection control procurrent tuberculosis issued by the Unite Control and Preven Tuberculosis Elimin Morbidity and Morta This program must infection control plaunpaid employees, residents, and volume Health shall provide regarding implements.	e provider must establish and nensive tuberculosis ogram according to the most infection control guidelines distates Centers for Disease tion (CDC), Division of nation, as published in CDC's fality Weekly Report (MMWR). include a tuberculosis in that covers all paid and contractors, students, inteers. The Department of extechnical assistance intation of the guidelines.					
	by: Based on document facility failed to ensing was conducted.	ent is not met as evidenced It review and interview, the It review and interview and int		R26, R50, R62 and R75 did not has screening prior to admission and a members did not have TB screenifile.	4 staff		

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING:		(X3) DATE S COMPL	
		00480	B. WING		06/07	7/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21426	Continued From pa	ge 34	21426			
	(CDC) guidelines for R62 and R75) revie admission, and 4 of and E-D) reviewed. Findings include: R26 was admitted to admission record. Findings include: R26 was admitted to admission record. Findings include: R50 was admitted to admission record. Findings included to admission record. Findings included and included to include and did not received. R62 was admitted to medical record included in	or 4 of 5 residents (R26, R50, ewed for TB screening upon f 5 employees (E-A, E-B, E-C for TB screening upon hire. To the facility 7/28/14, per R26's medical record lacked B symptom screening. To the facility 4/22/18, per R50's medical record lacked B symptom screening. R50's uded documentation of R50 rest two-step tuberculin skin 18. Although the results were gative, the results were not ude millimeters of induration d the second two-step TST. To the facility 5/4/18. R62's uded documentation of R62 rest two-step tuberculin skin		R26, R50, R62 and R75 now have completed TB screening. An aud completed on all residents. Track residents will be done through Poi Care. An audit was completed for staff on 6/22. All staff will have complescreening by 7/18. All new employees will begin the screen process during the orienta. They will be given the required readate and will not be able to work thave it read. Then the infection conurse will provide the 2nd step dath employee. Complete compliance will be com 7/18. DON/designee to monitor.	it was sing for int Click members eted TB TB tion tour. ading until they ontrol tes to	
	test (TST) on 5/23/2 documented neithe	18. However, the results were r as negative nor as the ation and did not received the				
	medical record include having received a fittest (TST) on 5/12/1 were documented r	to the facility 5/1/18. R75's uded documentation of R75 rst two-step tuberculin skin 18. Nevertheless, the results neither as negative nor as the ation and did not received the ST.				
		6/18, and did not received a ning and the two-step TST.				

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		00480	B. WING		06/	07/2018
NAME OF PROVIDER OR S		445 GALT	DRESS, CITY, S IER AVENUE LUL, MN 551			
PREFIX (EACH DI	EFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPR I ATE	(X5) COMPLETE DATE
E-C was his TB sympton E-D was his Quantiferor result howe screening. On 6/5/18 at (DON) and confirmed to include the confirmed to include the confirmed the steps and Th	red on 3 m screen red on 4 m screen red on 3 m red on of read red red red red red red red red red re	ge 35 /27/18, and did not received a ning and the two-step TST /3/18, and did not received a ning and the two-step TST /6/18, and received Id blood test with negative not received a TB symptom .m., the director of nursing te nurse consultant (CNC) documentation was supposed line TB symptoms screening, meters of induration, and ading. CNC indicated, she nentation was lacking TST toms screening. CNC added, at the facility expectations, staff educated on this concerns. .m., the DON verified that TST is supposed to include the lows screening, 2-step testing, ation, and interpretation of d, "This is not our expectation em in place and all our staff members on the erculosis Control in Minnesota is dated July 2013, Screening rs (HCWs) directed "An in working with patients after a low screen (i.e., no symptoms e) and a negative Release Assays [IGRA] (blood est step) dated within 90 days cond TST may be performed	21426			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: COMI			SURVEY LETED	
		00480	B. WING		06/0	7/2018
	PROVIDER OR SUPPLIER	445 GALT	DRESS, CITY, S IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21426	after the HCW start Serial TB screening Serial TB screening components: 1. Assessing for cur disease, 2. Assessing TB his 3. Testing for the pr Mycobacterium tube either a one-step TS General principles All reports or copie any related chest X should be maintaine TST documentatio the test (i.e., month millimeters of indura document "0" mm) positive or negative SUGGESTED MET director of nursing of policies regarding T staff and could ensi- ensure compliance.	es working with patients g consists of three rrent symptoms of active TB story, and esence of infection with erculosis by administering ST or single IGRA es of TST or IGRA results and -ray and medical evaluations ed in the employee's record. In should include the date of I, day, year), the number of ation (if no induration, and interpretation (i.e.,)" THOD OF CORRECTION: The or designee could review TB screening, could educate ure audits were conducted to	21426			
21535	Drug Usage; Gener		21535			7/18/18
	must be free from uunnecessary drug is	al. A resident's drug regimen unnecessary drugs. An s any drug when used: dose, including duplicate drug				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED	
			A. BOILDING.			
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	ORESS, CITY, S	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		IER AVENUE UL, MN 551			
(VA) ID	SLIMMADV STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION		(VE)
(X4) ID PREFIX TAG	(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
21535	Continued From pa	ge 37	21535			
	D. in the prese which indicate the ordiscontinued. In addition to the dipart 4658.1310, the with provisions in the Code of Federal Ref 483.25 (1) found in Operations Manual Long-Term Care Fade Department of Health Care Finance This standard is included available through the standard in the control of the standard is included in the control of the standard is included in the control of the cont	quate indications for its use; or nce of adverse consequences dose should be reduced or rug regimen review required in e nursing home must comply ne Interpretive Guidelines for egulations, title 42, section Appendix P of the State, Guidance to Surveyors for acilities, published by the Ith and Human Services, sing Administration, April 1992. corporated by reference. It is ne Minitex interlibrary loan ite Law Library. It is not				
	by: Based on documer facility failed to mor consequences for (R17) for unnecess Findings include:			Corrected		
	Management policy adverse consequer symptom or event twith a medication, sin an individual's must functional or psychoconsequence procepsychoactive medicadverse consequer	ty's Psychotropic Medication of effective 11/28/17, defined once as "an unpleasant that is due to or associated such as impairment or decline ental or physical condition or osocial status." The adverse edure clarified, "Residents on cations are monitored daily for onces," and directed staff to I doctor or nurse practitioner				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION		E SURVEY PLETED	
		00480	B. WING		06/	07/2018
NAME OF	PROVIDER OR SUPPLIER	STREET AL	DRESS, CITY, S	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		TIER AVENUE AUL, MN 551			
	CUMMADVCTA				DDDECTION	0.5
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPR I ATE	(X5) COMPLETE DATE
21535	Continued From pa	ge 38	21535			
	consequences. Psy defined as any med behavior, stabilizing disorders. Review of R17's Ad had diagnoses includes	cation-related adverse rehoactive Medications were dication used for managing mood, or treating psychiatric mission Record revealed R17 uding unspecified dementia disturbance, major depressive ranial injury.				
	medication adminis indicated R17 utilize medications: Aripip medication also kno (mg) daily to treat dinjury with psychotic (antidepressant me major depressive diantidepressant me for insomnia, and V	dication) 200 mg at bedtime enlafaxine (antidepressant own as Effexor) 225 mg daily				
	Data Set (MDS) ass had received antips medications daily di period. A Care Area area of psychotropi receives psychotropi management and tr depression, and ins potential side effect [medications], and a	ost recent annual Minimum sessment dated 12/22/17, R17 sychotic and antidepressant uring the 7 day look back a Assessment (CAA) for the c drug use indicated: "[R17] bic [medications] for reatment of psychosis, somnia. Staff observe for its, effectiveness of any mood/behavioral and				
	R17's current electr	onic record care plan				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00480	B. WING		06/0	7/2018
	PROVIDER OR SUPPLIER	445 GALT	IER AVENUE			
OALIILI	(A VILLA GENTER	SAINT PA	UL, MN 551	03		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21535	reviewed 6/7/18, incantipsychotic medic of depression with pauditory hallucination goal of no negative of antipsychotic medicular related complication of discomfor disturbance, constipled to diagnosis of depression and lorged to diagnosis of depression reactions related to care plan also indictional terration in psychological for alteration in psychological nurse (LPI effect monitoring with the treatment adminibration of the MAR evidence staff moniside effects or adversional procession of the monitoring interview on practical nurse (LPI effect monitoring with the treatment adminibration of the monitoring with the treatment adminibration of the monitoring with the treatment adminibration of the monitoring interview on director of nursing (should be monitoring fiects daily on the TAR and was unable monitoring. The DC switched from paper electronic forms in	dicated R17 used cations related to the diagnosis osychotic features, and ons. The care plan listed the outcomes resulting from use dications, and to be free of cations including movement t, hypotension, gait oation/impaction or I impairment. The care plan pressant medications related ression, and listed a goal for a discomfort or adverse antidepressant therapy. The ated R17 had a potential risk chosocial well-being related to a time use of psychotropic ervention indicated staff were cations as ordered, and ent side effects. 6/7/18, at 10:18 a.m. licensed N)-E said any required side as completed by the nurses on nistration record (TAR). s and TARs failed to provide itored R17 daily for potential erse consequences from	21535			

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D WINO		(X3) DATE SURVEY COMPLETED	
00480 B. WING		06/07/2018	
NAME OF PROVIDER OR SUPPLIER GALTIER A VILLA CENTER STREET ADDRESS, CITY 445 GALTIER AVENU SAINT PAUL, MN 55	IE .		
(X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETE	
automatically printed on the paper MAR/TAR forms, but when the facility switched to use of the electronic MAR/TAR, the daily side effect monitoring had to be entered as an order before the monitoring would show up as a daily task. The DON confirmed nursing staff had not been monitoring R17 daily for side effects on the TAR, and believed this had happened since the February switch to the electronic MAR/TAR. During the course of the interview, the DON entered an order for nursing to monitor R17 daily for side effects. The facility's consultant pharmacist had documented a recommendation for R17 on 6/5/18: "Use of two or more antidepressants simultaneously may increase risk of side effects; in such cases, there should be documentation of expected benefits that outweigh the associated risks and monitoring for any increase in side effects." The pharmacist recommended re-evaluation of the need/benefit for the three antidepressants and antipsychotic medications, and if the therapy was to continue, recommended the facility interdisciplinary team ensure ongoing monitoring for effectiveness and potential adverse consequences such as dizziness, nausea, diarrhea, anxiety, nervousness, insomnia, somnolence, weight gain, anorexia, or increased appetite or falls. SUGGESTED METHOD OF CORRECTION: The Director of Nursing could review the policy and procedures for use of psychoactive			
medications with the licensed staff to meet the requirements of the state and federal regulations including monitoring for adverse consequences with the use of psychoactive medications. TIME PERIOD FOR CORRECTION Twenty-one			

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	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					SURVEY PLETED
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
GALTIER	R A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE
21535	Continued From pa	ge 41	21535			
	(21) days.					
21695	Subp. 4. Houseke	eration, & Maintenance eping. A nursing home must	21695			7/18/18
	necessary to mainta comfortable interior	ng and maintenance services ain a clean, orderly, and , including walls, floors, ixtures, equipment, lighting,				
	by: Based on observati failed to maintain a environment. This a with unpainted walls bathrooms (R6, R3, R58), 5 residents (F unkept privacy curts on third and fourth t water fountains and third floor storage re unclean elevator flo	ent is not met as evidenced on and interview, the facility sanitary and orderly affect 2 residents (R38, R40) s, 8 residents with shared 8, R40, R42, R43, R44, R57, R38, R40, R43, R57, R3) with ain, all residents and visitors floor who used the public I all residents who use the form. Furthermore, the or surfaces had the potential and residents who used the		Corrected.		
	Findings include:					
	and R40 verified in had a 5 foot by 5 fo and patched and wa According to R38 th "for several weeks." curtains were missi	on 6/4/18, at 2:00 p.m. R38 their room that the east wall ot area that had been scraped as missing a painted surface. The ewall area had been like that 'The overhead privacy ng hooks, and one of the urtains had a large tear in the				

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER			STATE, ZIP CODE		
GALTIER	A VILLA CENTER		IER AVENUE UL, MN 551			
(X4) ID PREF I X TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETE DATE
21695	Continued From pa	ge 42	21695			
	black brown gray as appeared to be an	e curtain. The bathroom had a rea around the toilet base that uncleanable surface on the s a stale odor that permeated				
	R44 and R58 pointed the extent of the bed brown and black in that did not appear concern that the basometimes there we the bathroom. The brown grime build up of urine detected. It is shared by 4 resider	ion on 6/4/18, at 4:00 p.m. ed to the ceiling area running droom that appeared dark color against the white ceiling clean. R44 expressed throom was not clean and as an odor "like old urine" in toilet base grout had a black up and there was a strong odor R44 expressed the bathroom is ats (R6, R42) and according to s "not cleaned very well every				
	expressed concern bedroom and bathr was not clean. Obs revealed the grout a tank was black and was separating fror privacy curtains we privacy curtain was	on 6/4/18, at 6:00 p.m. R43 about seeing bugs in the oom and that the bathroom ervation of the bathroom around the base of the toilet brown in areas and the floor in the grout area. The bedroom re missing hooks and the stained with large gray R43's roommate and verified				
	times upon entering water fountain on the reddish brown subsiderain as well as a h	throughout various dates and g the facility 6/4/18, the public hird and fourth floor had a stance appearing around the eavy accumulation of white on the spigot of the water				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT I PL	E CONSTRUCTION	(X3) DATE	SURVEY
	OF CORRECTION	` IDENTIFICATION NUMBER:	` ′		' '	LETED
		00480	B. WING	<u> </u>	06/0	7/2018
NAME OF	PROV I DER OR SUPPL I ER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		IER AVENUE			
	T		UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETE DATE
21695	Continued From pa	ge 43	21695			
21695	During observation on 6/4/18, at 11:30 times in the facility, had multiple tears a prevented the surfa bare wood was expinterviewed on 6/7/2 administrator was a flooring, but the corcapital expenditures approved by the colouring environmental direct a.m. verified the abneeded a system to around and check to grout replacement a be evaluated. Furth director verified the needed to be replaced to be de-liminot a facility policy on the housekeepe issues. 06/04/18, 01:26 PM the middle is torn with middle is torn with missing and loose a curtain on the track resident stated that	upon entrance to the facility a.m. and throughout various the small and large elevators and gouges in the flooring that ace from being cleanable as osed in multiple areas. When 18, at 2:00 p.m. the aware of the issue with the mpany was still formulating at that would need to be reporation. Ital rounds with the ctor (ED) on 6/7/18, at 8:56 ove findings that the facility of finish painting rooms, to go the privacy curtains, and the around toilet bases needed to ermore, the maintenance public water fountain drains and the faucet parts and the faucet parts ared. The ED verified there was not these issues but when staff and the facet hoursing desk. If acility did not have a routine aroom painting, privacy the troom painting, privacy the troom painting staff to report. If the privacy curtains mesh in the large hole, curtain hooks and difficult to pull on the and hooks loose as well and its been more than five thousekeeping manager and	21695			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING:	E CONSTRUCTION	(X3) DATE COMP	SURVEY PLETED	
		00480	B. WING		06/0	7/2018
	PROVIDER OR SUPPLIER	445 GALT	DRESS, CITY, SIER AVENUE			
(X4) I D PREF I X TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
21695	remain torn and have pull and observed I (LPN)-F having difficurtain to give residue LPN-D verified the will tell [housekeeping to come talendary of the first of the property	ve loose tracks and difficult to licensed practical nurse cult time pulling the privacy lent privacy. LPN-F and finding and LPN-F indicated, "I ng director] from house	21695			

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STATEMEN	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED	
	00480		B. WING		06/0	7/2018
	PROVIDER OR SUPPLIER	445 GALT	DRESS, CITY, SIER AVENUE			
(X4) ID PREFIX TAG	ID SUMMARY STATEMENT OF DEFICIENCIES FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	.D BE	(X5) COMPLETE DATE
21695	During a random of a.m., surveyor obsefloor by the nursing getting ice. This surveight scale was in multiple black spots spots, paper crumb room. During an interview 1:31 p.m., stated thresident in the stora is kept in there. During an interview 1:36 p.m., stated thresidents in the stora is kept in there. During an interview 1:36 p.m., stated thresidents in the stora is kept in the stora is kept in there. During an interview 6:36 p.m., stated thresidents in the stora always filthy and hare Administrator was in done yet. During an interview 6:7/18, at 12:41 p.m. storage room was was spoke with MD-G rethe 3rd floor storage to replace the carpet is on work restriction regional maintenant work for them to coil is set yet. No work suggested the suggested of the storage could ensure maintenance programment of the suggested of th	poservation on 6/7/18, at 10:15 erved the storage room on 3rd station while a resident was reveyor noted that the resident the room and the carpet had is, large areas of red stained is and ice buckets were in the with (LPN)-J on 6/7/18, at at staff normally weigh age room and the weight scale with (LPN)-A on 6/7/18, at at staff normally weigh rage room and the weight et are normally kept in this is been for months; stating the informed nothing has been with the administrator on incomplete. The administrator on incomplete is a plan in place et. Also, the maintenance staff in and have to wait until ce director comes back to implete task together. No date order was available for review.	21695			

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		(X1) PROVIDER/SUPPLIER/CLIA				DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMP	LETED	
		00480	B. WING		06/0	7/2018	
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S	STATE, Z I P CODE			
GALTIER	R A VILLA CENTER		IER AVENUE				
	Г		UL, MN 551				
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUI CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETE DATE	
21695 21830	maintenance schedon a routine basis. policies and proced changes and perfor rounds/audits period maintenance is adefacility could report assurance performative for furth ongoing compliance. TIME PERIOD FOR (21) days.	fulled or needed in the facility. The facility could create lures, educate staff on these rm environmental dically to ensure preventative equately completed. The those findings to the quality ance improvement (QAPI) er recommendations to ensure	21695 21830			7/18/18	
	Residents of HC Farsubd. 10. Participy notification of family (a) Residents shall in the planning of the includes the opport alternatives with incopportunity to requestare conferences, a family member or oboth. In the event the present, a family member or conferences. (b) If a resident with the event of the includes the opportunity to requestare conferences, a family member or conferences. (b) If a resident with the event of the includes of the include of the includes of	ac.Bill of Rights pation in planning treatment;	21000			77 107 10	

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OTATEMENT OF DEFIDIENCIES (VA) PROVIDED/OURD/JED/OUR		()(0) 14111 7101	E CONCERNATION	LOON DATE	OLIDA (EX	
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
ANDILAN	OF CONNECTION	IDENTIFICATION NOMBER.	A. BUILDING:			LLILD
		00480	B. WING		06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE		
			IER AVENUE			
GALTIER	RA VILLA CENTER		UL, MN 551			
(X4) ID		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID DDEELY	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
PREF I X TAG	•	SC IDENTIFYING INFORMATION)	PREF I X TAG	CROSS-REFERENCED TO THE APPROPRIES		DATE
				DEFICIENCY)		
21830	Continued From pa	go 47	21830			
21000	•		21000			
		articipate in treatment				
		e facility knows or has reason				
		ent has an effective advance				
		trary or knows the resident has				
		that they do not want a family				
		n treatment planning. After				
		ember but prior to allowing a				
		articipate in treatment				
		must make reasonable				
		vith reasonable medical				
	•	ne if the resident has				
		ce directive relative to the				
		e decisions. For purposes of				
		asonable efforts" include:				
		e personal effects of the				
	resident;	a mandinal managed of the				
		e medical records of the				
		session of the facility;				
		ny emergency contact or tacted under this section				
		nt has executed an advance				
		er the resident has a				
		the resident normally goes for				
	care; and	the resident normally goes for				
		e physician to whom the				
		oes for care, if known,				
		nt has executed an advance				
		y notifies a family member or				
		ncy contact or allows a family				
		ate in treatment planning in				
		s paragraph, the facility is not				
		damages on the grounds that				
		e family member or				
		or the participation of the				
		improper or violated the				
	patient's privacy rig	• •				
		isonable efforts to notify a				
		esignated emergency contact,				
		empt to identify family				

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	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:		COMPLETED	
	00480		B. WING		06/0	7/2018
		00400			1 00/0	112010
NAME OF I	PROV I DER OR SUPPL I ER	STREET AD	DRESS, CITY, S	STATE, ZIP CODE		
0417155	NANULA OFNITED	445 GALT	IER AVENUE	≣		
GALITER	R A VILLA CENTER	SAINT PA	UL, MN 551	03		
(V 4) ID	STIMMADY STA	TEMENT OF DEFICIENCIES		PROVIDER'S PLAN OF CORRECTION)NI	(VE)
(X4) I D PREF I X		/ MUST BE PRECEDED BY FULL	ID PREFIX	(EACH CORRECTIVE ACTION SHOUL		(X5) COMPLETE
TAG			TAG	CROSS-REFERENCED TO THE APPROP	PRIATE	DATE
				DEFICIENCY)		
21830	Continued From pa	ac 19	21830			
21030	Continued From pa	ge 46	21030			
	members or a design	gnated emergency contact by				
		onal effects of the resident				
		cords of the resident in the				
		acility. If the facility is unable				
		ember or designated				
		within 24 hours after the				
	admission, the facility shall notify the county social service agency or local law enforcement					
	agency that the resident has been admitted and the facility has been unable to notify a family					
		ited emergency contact. The				
		O ,				
		ce agency and local law				
		y shall assist the facility in				
		ying a family member or				
		ncy contact. A county social				
		ocal law enforcement agency				
		y in implementing this				
		able to the resident for				
		ounds that the notification of				
		or emergency contact or the				
		family member was improper				
	or violated the patie	ent's privacy rights.				
	This MN Requireme	ent is not met as evidenced				
	by:					
		on, interview and document		R44 stated the R58 was not alway	s	
				treated with dignity by the aides.		
	review, the facility failed to comprehensively assess and implement a plan of care based on			would leave R44 and R58 uncover		
		es for 5 of 5 residents (R52,		the privacy curtain open. The aide		
		3) reviewed for choices.		since terminated from Galtier.		ļ
	11177, 1100, 1100, 114	o, reviewed for offolioes.		Reeducation for all staff on resider	at dianity	
	Findings include:			completed on 6/28, 6/29 and 7/2.	it digitity	
	i mangs molude.			The Activities department will visit	with	
	When intensioused	on 6/4/18 of 1:11 n m D50		each resident and discuss 5 things		ļ
		on 6/4/18, at 1:11 p.m. R52				ļ
		as cognitively intact 4/20/18,		residents would like staff to know a		ļ
		n bed watching television and		them. Resident likes sign will han		
		coming down with a cold and		resident's room for staff. Staff will		
	∣ just want to stay in	bed and watch TV."		educated on resident preferences	and the	

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AND BLAN OF CORRECTION INTERPRETATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	00480		B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY, S	STATE, ZIP CODE	•	
GALTIE	R A VILLA CENTER		IER AVENUI UL, MN 551			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
21830	Furthermore, R52 scannot watch TV at feel well and wake turn on the TV becadoes not mind." R5 talked to her about rule is too strict espmind the television Surveyor observed bedroom wall that r families and staff. A 10:30 p.m. This tim Resident Council." 1/19/2010. When interviewed and R58 were toge The residents were facility and R44 poisign observed in R44th floor did not had did not understand stated, "That's not night and want to q should be allowed.' head in agreement R44 was assessed and R58 was asses 5/2/18. When interviewed of who was assessed the faciliaccommodating for explained that it is a sleeping at night and want target.	stated, see that sign says we fter 10:30 pm, and when I don't up at night I sometimes like to ause I know my roommate 2 indicated no one has ever the "rule" and expressed "The recially if my roommate doesn't being on low." a laminated sign on R52's reads," Attention Residents, all TV's are to be turned off at re has been determined by the The sign was dated on 6/4/18, at 6:04 p.m. R44 ther is a shared bedroom. Italking about choices in the nited to a duplicate laminated for these signs posted so he why 3rd floor had to. R44 right, If I am awake during the uietly watch TV, then that I Roommate R58 was nodding	21830	sheets hanging in the room. DON to audit personal cares daily weekly x 4 and quarterly thereafte members will be reeducated on the Audit will be discussed at monthly DON/designee to monitor	r. Staff e spot.	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:			(X3) DATE SURVEY COMPLETED	
00480			B. WING		06/0	7/2018
	PROVIDER OR SUPPLIER	445 GALT	DRESS, CITY, S IER AVENUE UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETE DATE
21830	is not a good rule for R43 was assessed impairment on 4/18 rule was "too strict" when she is not abl wants the ability to said she has asked don not seem to ha accurate or enforce the director of nursi they do not work be television is connect to obtain proper heat the night she will have television if she chown about the restriction used after 10:30 pm from 2010, RN-A ar should re-visit the reindividual residents. The facility does now watching television of sure sure construction of sure construction.	as having mild cognitive /18. R43 expressed that the because there are times e to sleep during the night and turn on the television. R43 about the rule but the staff ve an answer if the rule is table. R43 requested staff ask ng for "head sets" but was told ecause of the way the sted. R43 would like the facility ad sets so if she wakes during the results of the res	21830			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING:		(X3) DATE SURVEY COMPLETED		
	00480		B. WING		06/0	7/2018
NAME OF	PROVIDER OR SUPPLIER	STREET ADI	DRESS, CITY,	STATE, ZIP CODE		
GALTIEF	R A VILLA CENTER		IER AVENUI UL, MN 551			
(X4) ID PREFIX TAG	EFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH C			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETE DATE
21830	Continued From pa	ge 51	21830			
	TIME PERIOD FOR CORRECTION: Twenty-one (21) days.					
21855	MN St. Statute 144.651 Subd. 15 Patients & Residents of HC Fac.Bill of Rights		21855			7/18/18
	residents shall have and privacy as it rel personal care progr consultation, exami confidential and sha Privacy shall be res bathing, and other a	nent privacy. Patients and the right to respectfulness ates to their medical and tram. Case discussion, nation, and treatment are all be conducted discreetly. Pected during toileting, activities of personal hygiene, or patient or resident safety or				
	by: Based on observati review, the facility fa privacy was maintal R58) reviewed who personal care. The findings include During interview wit p.m., R44 stated sta roommate (R58) or During observation a.m., a nursing assi approach R58 in he assistance with mot the privacy curtain a room. NA-A washe	ent is not met as evidenced on, interview and document ailed to ensure personal ined for 2 of 5 residents (R44, required staff assistance with e: th R44 on 6/4/418 at 5:34 aff did not always treat her herself with dignity. in of care on 6/6/18 at 7:01 istant (NA)-A was observed to be room and began to provide rning care. NA-A did not pull and R44 was present in the d R58's face, then continued othes and washed under her		A sign was posted in a public area Resident Council voted for TVs to by 10:30pm which was votedon 10 ago. Surveyors found the facility from comprehensively implement a plat based on resident preferences. This sign has now been taken down was discussed at the April resident meeting. The Activities department visit with each resident and discustings the residents would like stak now about them. It will hang in the resident's room for staff to know the better. Staff will be educated on repreferences and the sheets hanging resident's room. Facility will be in compliance by 7/18. Resident Council will discuss and concerns will be brought to the	be off D years railed to n of care vn and it t council nt will ss 5 ff to ne nem esident	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING: (X3) DATI COM			SURVEY LETED	
00480 B. WING					06/0	7/2018
NAME OF I	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP CODE		
GALTIER	R A VILLA CENTER		IER AVENUI UL, MN 551			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETE DATE
21855	breasts and the from then gestured with I and NA-A continued. On 6/6/18 at 7:24 a and applied her store to put R44's urinary through a pair of leg R44 stated, "you haw will fit in there." NA bedside, leaving R4 curtain open. R58 that time. NA-A left she opened the door walking by in the har room where R44 lay wearing only an inc R44 stated, "See w attitude and is not restated, "She [NA-A] R58's cognitive assindicated R58 was ocare dated 6/21/17, staff to assist the redressing due to decimpairment of range stroke. Intervention procedures/tasks bedignity by ensuring R44's plan of care of was able to particip with assistance: but zipper, put on shirt,	nt of R58's perineum. NA-A her hand for R58 to turn over d to cleanse R58's buttock. m. NA-A approached R44 ckings. NA-A then attempted catheter bag and tubing agings R44 was going to wear we to empty the urine before it -A stepped away from the l4 uncovered, with the privacy was present in the room at the residents' room and when or, there was a resident allway who looked into the y uncovered on her bed ontinent brief. At that time, that I mean, she [NA-A] has an espectful of me." d on 6/6/18, at 8:20 a.m. and does not give me privacy." essment dated 5/2/18, cognitively intact. The plan of included interventions for esident with all grooming and crease in muscle strength and er of motion due to a history of as also included: "Explain all effore starting and promote privacy." dated 4/17/18, indicated R44 atte with aspects of self care ton shirts, tie shoes, use pull up pants, put on socks. essment dated 4/21/18,	21855	Administrator to be discussed at QAPI. Administrator/designee to		

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STATEMENT OF DEFICIENCIES (X1)

NAME OF PROVIDER OR SUPPLIER GALTIER A VILLA CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 445 GALTIER AVENUE SAINT PAUL, MN 55103 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG Continued From page 53 During interview with registered nurse (RN)-A and social service designee (SSD) on 6/6/18 at 9:56 a.m., they verified the facility expectation was to follow the Resident Bill of Rights (which includes provision of privacy), and to treat all residents with respect and dignity. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could establish training initiatives for employees to ensure Resident Rights, including privacy and dignity are a clearly defined facility practice.			(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED	
NAME OF PROVIDER OR SUPPLIER GALTIER A VILLA CENTER SUMMARY STATEMENT OF DEFICIENCIES SAINT PAUL, MN 55103 (X4) ID PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DURIng interview with registered nurse (RN)-A and social service designee (SSD) on 6/6/18 at 9:56 a.m., they verified the facility expectation was to follow the Resident Bill of Rights (which includes provision of privacy), and to treat all residents with respect and dignity. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could establish training initiatives for employees to ensure Resident Rights, including privacy and dignity are a clearly defined facility practice.	00480		B. WING		06/0	7/2018		
SAINT PAUL, MN 55103	NAME OF	PROVIDER OR SUPPLIER	STREET ADI			1 00/0	112010	
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) 21855 Continued From page 53 During interview with registered nurse (RN)-A and social service designee (SSD) on 6/6/18 at 9:56 a.m., they verified the facility expectation was to follow the Resident Bill of Rights (which includes provision of privacy), and to treat all residents with respect and dignity. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could establish training initiatives for employees to ensure Resident Rights, including privacy and dignity are a clearly defined facility practice.	GALTIEF	R A VILLA CENTER						
During interview with registered nurse (RN)-A and social service designee (SSD) on 6/6/18 at 9:56 a.m., they verified the facility expectation was to follow the Resident Bill of Rights (which includes provision of privacy), and to treat all residents with respect and dignity. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could establish training initiatives for employees to ensure Resident Rights, including privacy and dignity are a clearly defined facility practice.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF I X	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRO	LD BE	COMPLETE	
social service designee (SSD) on 6/6/18 at 9:56 a.m., they verified the facility expectation was to follow the Resident Bill of Rights (which includes provision of privacy), and to treat all residents with respect and dignity. SUGGESTED METHOD OF CORRECTION: The director of nursing (DON) or designee could establish training initiatives for employees to ensure Resident Rights, including privacy and dignity are a clearly defined facility practice.	21855	Continued From pa	ge 53	21855				
TIME PERIOD FOR CORRECTION: Twenty-one (21) days	21855	During interview wit social service desig a.m., they verified the follow the Resident provision of privacy with respect and dig SUGGESTED MET. The director of nurse establish training in ensure Resident Ridignity are a clearly TIME PERIOD FOR	th registered nurse (RN)-A and the (SSD) on 6/6/18 at 9:56 he facility expectation was to Bill of Rights (which includes), and to treat all residents gnity. THOD OF CORRECTION: Sing (DON) or designee could itiatives for employees to ghts, including privacy and defined facility practice.	21855				

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